



**Aging  
Services**

# OKLAHOMA alz State Plan 2016

*Because of the impact of Alzheimer's disease on the citizens of Oklahoma, the Oklahoma Department of Human Services - Aging Services, in collaboration with community partners, presents this Oklahoma State Plan to the Governor of Oklahoma this 22<sup>nd</sup> day of February, 2016.*



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February 22, 2016

Dear friends:

Alzheimer's disease viciously assaults a growing number of Oklahomans and has far reaching impact on families, communities, budgets and long-term care support systems. A snapshot can be found in the infographs and data to follow.

Last year, Governor Fallin issued Executive Order 2015-32 instructing DHS Aging Services to review and revise the State's plan for addressing Alzheimer's disease. The original plan was developed in 2009. That effort was championed by then legislators Senator Tom Ivestor and Representative David Dank.

This plan was reviewed and revised in consultation with the Oklahoma Alzheimer's Association with other initial state agency and community partners comprising the workgroup. After the first draft, review was then expanded to individuals with specialized expertise and experience and with their feedback additionally incorporated. So the document you have before you reflects the work of several dozen Oklahomans. I am very grateful for their time, service and input.

You will note that recommendations are categorized into four areas: Caregiving & Case Management, Education & Training, Service Enhancement & Delivery, and State Government. Some recommendations carry an associated cost but many reflect activities we can do as a State to ensure we are positioned to help Oklahomans impacted by Alzheimer's to the greatest extent possible. Like you, I am anxious to celebrate the day when a cure is announced for this disease.

The Oklahoma Alzheimer's Association is a great resource for anyone needing assistance and I encourage you to visit [www.alz.org/oklahoma](http://www.alz.org/oklahoma). Likewise, please let me know if you have thoughts on the plan or if you need guidance from DHS Aging Services on additional older adult issues.

Sincerely,

A handwritten signature in black ink that reads "Lance Robertson".

Lance Robertson,  
Director

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*Thank you to the following members of the Oklahoma State Alzheimer's Caucus for their support in the fight against Alzheimer's disease.*

### Senate

Senator Mark Allen

Senator Stephanie Bice

Senator Brian Crain

Senator Jack Fry

Senator David Holt

Senator Darcy Jech

Senator Ron Justice

Senator Gary Stanislawski

Senator Roger Thompson

Senator Ervin Yen

### House of Representatives

Representative John Bennett

Representative David Brumbaugh

Representative Ed Cannaday

Representative Ann Coody

Representative Jason Dunnington

Representative Jon Echols

Representative Mark Lepak

Representative Randy McDaniel

Representative John Montgomery

Representative Cyndi Munson

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# 2015 ALZHEIMER'S DISEASE FACTS AND FIGURES

**1** IN **3**

**SENIORS**  
dies with Alzheimer's or  
another dementia.



**ALMOST TWO THIRDS**  
of Americans with Alzheimer's  
disease are women.



It's the only cause of death  
in the top 10 in America that  
**CANNOT BE PREVENTED,  
CURED OR SLOWED.**

Alzheimer's  
disease is the  
**6TH LEADING  
CAUSE OF DEATH  
IN THE UNITED  
STATES.**

**EVERY 67 SECONDS** someone in the United States develops the disease.

Only

**45%**

of people with  
**ALZHEIMER'S**  
disease or their  
caregivers report  
**BEING TOLD OF  
THEIR DIAGNOSIS.**



More than

**90%**

of people with the  
four most common  
types of **CANCER**  
have been  
**TOLD OF THEIR  
DIAGNOSIS.**



By 2050, these costs  
could rise as high as  
**\$1.1 TRILLION.**



In 2015, Alzheimer's and  
other dementias will cost the  
nation **\$226 BILLION.**

alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS.™



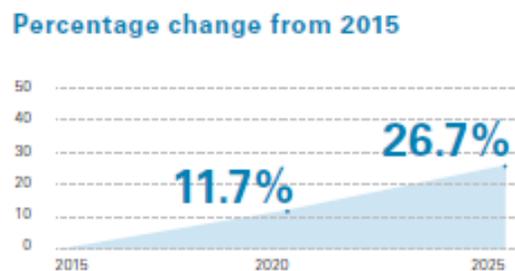
# Oklahoma Alzheimer's Statistics

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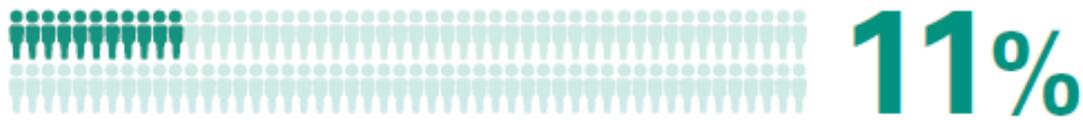
Over **5 million Americans** are living with Alzheimer's, and as many as **16 million** will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$226 billion** in 2015, increasing to **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.

## 65+ Number of people aged 65 and older with Alzheimer's by age Totals may not add due to rounding

Year	65-74	75-84	85+	TOTAL
2015	9,100	27,000	25,000	61,000
2020	11,000	29,000	26,000	67,000
2025	12,000	36,000	28,000	76,000



## % Percentage of seniors with Alzheimer's disease



## # Number of deaths from Alzheimer's disease in 2012

# 1,145

• 79% increase in Alzheimer's deaths since 2000

## \$\$ Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	# of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2012	214,000	244,000,000	\$3,004,000,000	\$121,000,000
2013	218,000	248,000,000	\$3,093,000,000	\$125,000,000
2014	220,000	250,000,000	\$3,046,000,000	\$130,000,000

For more information, view the *2015 Alzheimer's Disease Facts and Figures* report at [alz.org/facts](http://alz.org/facts).

## Our healthcare system is gradually being overtaken by Alzheimer's



In 2014, 15.5 million caregivers provided an estimated 18 billion hours of unpaid care valued at more than \$220 billion.



1 in 3 seniors dies with Alzheimer's disease or another dementia.



Alzheimer's is the only cause of death among the top 10 in America that cannot be prevented, cured or even slowed.



Someone develops Alzheimer's every 67 seconds.

## Alzheimer's is the most under-recognized public health crisis of our time

Women are at the epicenter of the Alzheimer's epidemic.

**1 in 6**

In her 60s, a woman's estimated lifetime risk for Alzheimer's is 1 in 6. For breast cancer, it is 1 in 11.

**60%**

More than 60% of Alzheimer's caregivers are women.

**2/3**

Almost 2/3 of Americans with Alzheimer's disease are women.

**2.5**

There are 2.5 times more women than men providing intensive 'on-duty' care, 24 hours a day, for someone with Alzheimer's.

*"There are 60,000 Oklahomans currently living with Alzheimer's and they are joined by more than 220,000 unpaid family caregivers.*

*The compounding of this disease over the next decade puts our entire healthcare system at risk. Until research is funded at the appropriate level resulting in breakthroughs, we know the number of Oklahoma families impacted by Alzheimer's will escalate at a rate with which we simply cannot keep pace."*

**Mark Fried**  
Alzheimer's Association, CEO  
Oklahoma Chapter

## The effect of Alzheimer's and dementia caregiving on the workplace



54% had to go in late or leave early



15% had to give up working entirely



15% had to take a leave of absence



13% had to switch from full to part-time

TABLE 1

**Total Medicaid Costs for Americans Age 65 and Older Living with Alzheimer's Disease and Other Dementias by State, 2015 and 2025 (in millions)**

State	2015	2025	Percent Increase from 2015	State	2015	2025	Percent Increase from 2015
Alabama	\$ 751	\$ 1,102	46.6%	Montana	\$ 140	\$ 214	52.8%
Alaska	\$ 52	\$ 108	107.5%	Nebraska	\$ 289	\$ 386	33.6%
Arizona	\$ 280	\$ 494	76.1%	Nevada	\$ 158	\$ 303	92.1%
Arkansas	\$ 290	\$ 415	43.0%	New Hampshire	\$ 211	\$ 330	56.6%
California	\$ 3,079	\$ 4,886	58.7%	New Jersey	\$ 1,821	\$ 2,610	43.3%
Colorado	\$ 486	\$ 761	56.5%	New Mexico	\$ 172	\$ 292	69.9%
Connecticut	\$ 821	\$ 1,147	39.6%	New York	\$ 4,000	\$ 5,550	38.8%
Delaware	\$ 195	\$ 303	55.6%	North Carolina	\$ 1,031	\$ 1,575	52.8%
District of Columbia	\$ 114	\$ 128	12.6%	North Dakota	\$ 169	\$ 224	32.5%
Florida	\$ 2,137	\$ 3,409	59.5%	Ohio	\$ 2,196	\$ 2,932	33.5%
Georgia	\$ 989	\$ 1,593	61.0%	Oklahoma	\$ 437	\$ 613	40.2%
Hawaii	\$ 189	\$ 276	46.2%	Oregon	\$ 215	\$ 321	48.8%
Idaho	\$ 125	\$ 200	59.9%	Pennsylvania	\$ 3,070	\$ 3,848	25.3%
Illinois	\$ 1,465	\$ 2,100	43.4%	Rhode Island	\$ 397	\$ 542	36.7%
Indiana	\$ 894	\$ 1,218	36.1%	South Carolina	\$ 520	\$ 840	61.4%
Iowa	\$ 576	\$ 768	33.4%	South Dakota	\$ 148	\$ 205	39.0%
Kansas	\$ 402	\$ 546	35.8%	Tennessee	\$ 907	\$ 1,406	55.0%
Kentucky	\$ 635	\$ 887	39.7%	Texas	\$ 2,177	\$ 3,499	60.7%
Louisiana	\$ 611	\$ 899	47.3%	Utah	\$ 140	\$ 220	56.6%
Maine	\$ 172	\$ 255	48.1%	Vermont	\$ 90	\$ 140	56.0%
Maryland	\$ 991	\$ 1,544	55.8%	Virginia	\$ 814	\$ 1,307	60.6%
Massachusetts	\$ 1,501	\$ 2,014	34.1%	Washington	\$ 424	\$ 653	54.0%
Michigan	\$ 1,252	\$ 1,731	38.3%	West Virginia	\$ 352	\$ 504	43.0%
Minnesota	\$ 734	\$ 1,052	43.3%	Wisconsin	\$ 662	\$ 933	41.0%
Mississippi	\$ 482	\$ 694	43.9%	Wyoming	\$ 70	\$ 117	67.0%
Missouri	\$ 766	\$ 1,083	38.8%	<b>U.S. TOTAL</b>	<b>\$40,599</b>	<b>\$59,154</b>	<b>45.7%</b>

\*All cost figures are reported in 2015 dollars. Totals may not add due to rounding.

## Workgroup Assessment and Recommendations

The workgroup on the effect of Alzheimer’s disease in Oklahoma categorized its findings into four categories - caregiver assistance and case management, education and training, service enhancement and delivery, and state government. Accompanying each individual recommendation, the workgroup has provided an explanation of the need and who would most likely be responsible for implementation.

### Caregivers and Case Management

Rick Birkel of the Rosalyn Carter Institute said, “Because caregivers are viewed as expendable resources in systems of care, they are overlooked, ill-prepared and poorly supported. Investing community resources in educating and training caregivers, providing them with a wide range of support, including respite, and celebrating their achievements and lives, results in a higher quality of care, healthier, more effective caregivers, and a better quality of life for the entire community.”

Caring for a person with Alzheimer’s disease is often the effort of many people. Caregiving is often done in the home, although it is also done sometimes from long distances. According to the *2015 Alzheimer’s Disease Facts and Figures* report, caregivers of people with Alzheimer’s disease provide more hours of help than caregivers of other older people, and because Alzheimer’s and other dementias usually progress slowly, most caregivers spend many years in the caregiving role. As a result, many caregivers experience high levels of stress and negative effects on their own health, employment, income and financial security. In fact, the stresses of caregiving can often cause the caregiver to become ill and die prior to the person with Alzheimer’s disease.

Case management plays an important role in caregiving. Access to case management services links the person with the disease, as well as their caregiver, to important information and tools to make use of services and support. Increasing access to case managers would favorably affect the health and well-being of both the caregiver and the person with Alzheimer’s disease. Reduction of caregiver stress is associated with future cost-savings. For example, stress reduction associated with caregiving could lower the likelihood of premature nursing home placement and lower rates of ER visits. Unfortunately, case management can be costly, and even when available, many caregivers are unaware such services exist or where to find them.

Therefore, the workgroup has made the following recommendations to fill gaps in services available to caregivers and strengthen Oklahoma’s case management network:

**Recommendation 1: Enhance and expand the statewide information and referral system by training operators on the 211 Helpline information system and by including information for those with Alzheimer’s disease, their caregivers and their families to connect with local case management, support services and information through the “No Wrong Door” system within the Oklahoma DHS Aging Services Division.**

Rationale 1: A statewide network to provide information, referrals and case management support will provide tangible help for thousands of urban and rural Oklahoma families facing the challenges of Alzheimer’s disease. Increased access to information and support will allow a family to care for their loved one with Alzheimer’s in a way that is cost effective for the family and the state, while preserving the individual’s quality of life. The demands for help exceed current services, and the escalating cost of the Alzheimer’s epidemic places greater strains on those services every year. Approximately 8 percent of Oklahoma’s Medicaid budget is spent on people with Alzheimer’s disease. So, while no funding is advocated in this recommendation, in order for the state to attack this issue with an economically sound approach, funding a statewide support system must be a future priority.

Parties Responsible: Oklahoma State Legislature, Oklahoma Department of Human Services - Aging Services, 211, Federal Government

**Recommendation 2: Increase the daily reimbursement rate for funding for Adult Day Services, and increase the number of Adult Day Services locations across the state.**

Rationale 2: Adult Day service providers are currently unable to sustain quality services for individuals with dementia based on the current reimbursement rate of \$65 per day of service. To sustain this service going forward, an increase in reimbursement rates is essential. In addition, any community with a population of 25,000 or fewer, with a significant percentage of seniors, would be better served by Adult Day Services.

Parties Responsible: Oklahoma Department of Human Services – Aging Services, Oklahoma State Legislature, Leading Age OK

## Education and Training

Education and training encompasses a broad spectrum that includes both professional and public needs. Professional caregivers, as well as medical and allied health professionals, rarely have specific training in the area of elder health (geriatrics), much less on the unique challenges of Alzheimer's disease and other dementias. This lack of knowledge and training threatens the quality of care and resource and referral supports for patients and caregivers and often results in an incomplete diagnosis with little follow-up care. A compounding problem is that many care professionals are widely unaware of how the aging network operates or how services and support in the community can be accessed. As a result, many caregivers are self-taught, go it alone and experience unnecessarily higher rates of stress.

Additionally, there is little education about Alzheimer's disease that is readily available to the general public, which continues to have many misconceptions about Alzheimer's and the effects it has on a person; therefore, the workgroup recommends the following to provide better education and training to healthcare professionals, law enforcement, family caregivers and the general public.

**Recommendation 1: Ensure training on legal issues related to end of life, (e.g., capacity, guardianship, advance directives, do-not-resuscitate orders, durable powers of attorney, and other Oklahoma statutes related to end of life care) is provided to health care providers, medical fellows, medical staff, home health agencies, hospice agencies, social workers, gerontology students, mental health workers and other health care workers, and independent caregivers.**

Rationale 1: Improving knowledge about end-of-life legal issues and decision-making will facilitate communication with a person with Alzheimer's or other dementia in the very early stages about his/her wishes. This will encourage the execution of legal documents addressing end-of-life issues and allow the person to maintain control of his/her medical treatment options, even if the person loses capacity. Thus, the need for guardianship is eliminated. This affords the person with Alzheimer's or other dementia dignity and relieves the family/caregivers from burdensome decisions.

Parties Responsible: Oklahoma Department of Human Services – Aging Services

**Recommendation 2: 100 percent of medical and direct care staff at any nursing home, assisted living facility, adult day center, skilled nursing facility, home health agency or hospice agency that is licensed by the state or receiving state funding should be required by law to complete four hours of in-service training per year in Alzheimer's- and dementia-related care.**

Rationale 2: There is little training currently provided to staff involved in the direct care of persons with any form of dementia. Therefore, to improve the quality of care of such persons, it is important to establish a reasonable level of annual dementia-specific training for entities that are licensed by the state or which have applied for or currently receive state funding.

Parties Responsible: State licensing agencies, Oklahoma Department of Health

**Recommendation 3: Create culturally-competent public service announcements to raise the level of public education about brain health and the warning signs of Alzheimer’s and dementia, some of which should specifically target populations with disproportionately higher rates of these diseases. These announcements should include encouragement to contact the 211 Helpline for additional information and the “No Wrong Door” link on DHS Aging Services website.**

Rationale 3: To adequately address the Alzheimer’s epidemic, it is imperative to increase the public’s understanding of Alzheimer’s disease. With a better understanding, families can receive earlier diagnosis and treatment, which in some cases can temporarily modulate symptoms of the disease and reduce impending medical costs for care.

Parties Responsible: Oklahoma Department of Health, Alzheimer’s Association Oklahoma Chapter, Oklahoma Department of Libraries, Oklahoma Department of Education, Career Techs, Community Colleges and Colleges of Nursing, 211 Helpline, Oklahoma Department of Human Services – Aging Services

**Recommendation 4: Develop employee education and support outreach for public and private sector businesses to promote brain health and overall wellness, while addressing the needs of employees who care for persons with Alzheimer’s disease through the use of on-site support groups, case management and other initiatives. Programs such as The Alzheimer’s Association “Workplace Alliance” can help by providing such information.**

Rationale 4: Family-related work absences due to personal or family illnesses can be minimized by an educated public. Addressing brain health in the workforce can minimize absences due to preventable illnesses. Presently, research suggests that “what is good for the heart is good for the brain.” An employer-encouraged diet and exercise improvement program and formal wellness initiatives can address and potentially prevent future absences due to declining health. In addition to brain health, connecting those in the workforce with available support services in the community will help employees manage caregiver stress, thus supporting the quality of their job performance.

Parties Responsible: Alzheimer’s Association Oklahoma Chapter, Oklahoma Department of Health, Oklahoma Department of Mental Health, Oklahoma TSET, AARP

**Recommendation 5: Advocate, promote and continue dementia-specific training for all First Responders, both introductory and as continuing education for those eligible already in the field.**

Rationale 5: The Oklahoma Department of Health recently reported over 300 instances of adults wandering away from Oklahoma nursing homes during a single year, not including assisted living centers, adult day centers, independent living or private homes. In order for members of law enforcement to properly assist and approach vulnerable adults, ongoing training regarding the challenges of Alzheimer’s disease is required.

Parties Responsible: Oklahoma State Legislature, Oklahoma Department of Public Safety, CLEET, Oklahoma Highway Patrol, Oklahoma Fire Training Organizations, EMS Providers

**Recommendation 6: Create a student loan forgiveness program for medical service providers who specialize in geriatrics and practice in the State of Oklahoma.**

Rationale 6: With the explosion of the aging population across the U.S., an anticipated 36,000 geriatricians will be needed by the year 2030. However, the absolute number of geriatricians in the U.S. has actually decreased from 9,256 in 1998 to 6,435 in 2005. Oklahoma desperately needs to reverse this trend and readily adopt mechanisms to recruit more geriatricians and geriatric specialists. An educational incentive will help to address this matter.

Parties Responsible: Oklahoma State Legislature, Public and Private Foundations, Medical Schools in Oklahoma, Nursing Schools

**Recommendation 7: Implement an automatic reminder on Electronic Medical Records allowing health care providers to easily refer patients to the Alzheimer’s Association Oklahoma Chapter upon diagnosis of Alzheimer’s disease or related dementias.**

Rationale 7: Most often, those with Alzheimer’s disease receive a diagnosis or medication without knowing about available community support or education about the disease or any information about the challenges of the disease.

Parties Responsible: Oklahoma Medical Association, Oklahoma Department of Health, Oklahoma Pharmacists Association, Oklahoma Hospital Association, Oklahoma Nurses Association and Association of Oklahoma Nurse Practitioners

**Recommendation 8: Establish a consistent and approved curriculum to satisfy the 10-hour training component for certification as a Certified Nursing Assistant (CNA).**

Rationale 8: In 2005, a state law was passed and signed by the governor to establish the requirement of 10 hours of training in Alzheimer’s and dementia as a part of the CNA curriculum. The development of a consistent and standardized curriculum is important to ensure all CNAs have acquired the competency necessary to care for patients with Alzheimer’s disease and other dementias.

Parties Responsible: Alzheimer’s Association Oklahoma Chapter, Oklahoma Nurses Association and Association of Oklahoma Nurse Practitioners

## **Service Enhancement and Delivery**

Services are delivered to an individual with Alzheimer’s or other dementias by many entities. These range from government agencies and non-profit organizations to private facilities. Because service delivery is fragmented, there is often a lack of coordination, and there tend to be gaps in the quality of service provided, most often due to a lack of funding. Therefore, the workgroup makes the following recommendations designed to improve and enhance the services being delivered to individuals with Alzheimer’s and their caregivers across the state.

**Recommendation 1: Revise Disclosure Form 613 with the Oklahoma Department of Health to include specific information that qualifies licensed facilities as a specialized care facility. Licensed facilities should not be allowed to advertise as an Alzheimer’s or dementia care unit until the Disclosure Form has been approved by the Department of Health. The Form must specify the minimum standards a licensed facility must maintain to be designated as an Alzheimer’s or dementia care unit. A survey should be conducted to measure staff education, specialty activity programming and proof of increased staff levels due to the increased care needs of this population.**

Rationale 1: The Form should specify minimum standards, beyond being a locked unit, which a facility must achieve to be designated as an Alzheimer’s care unit. Minimum standards should address staffing levels, staff education and training, and the physical environment, including outdoor areas, to serve the target population. Presently, Disclosure Form 613 has no minimum standards assigned to this special designation.

Parties Responsible: Oklahoma Department of Health, Oklahoma Health Care Authority

**Recommendation 2: Dedicate a funding source through state legislative resources for all future long-term care services not paid by Medicaid.**

Rationale 2: In the state of Oklahoma, over \$750 million dollars is spent annually on long term care services, primarily for nursing home care and home- and community-based services. By 2020, the population of those living in Oklahoma over the age of 60 will double. Considering this strong demographic shift, the number of citizens requiring long term care services will grow rapidly. It would be prudent for Oklahoma to identify a dedicated funding source to meet this need.

Parties Responsible: Oklahoma State Legislature

**Recommendation 3: Advocate and educate the healthcare community about including memory screening in annual check-ups for patients aged 70 years and older.**

Rationale 3: When indicated, memory screening is performed during annual wellness exams covered by Medicare, yet many health care providers lack the tools and training to perform these initial tests. Memory screening will aid in early detection and treatment of Alzheimer’s disease. An effort to educate health care providers as to what tools are available and provide them information could lead to an earlier diagnosis. Screenings indicating a diagnosis of Alzheimer’s or another dementia may allow the introduction of pharmaceuticals which could aid in early symptom control.

Parties Responsible: Oklahoma Medical Association, Alzheimer’s Association Oklahoma Chapter, Oklahoma Department of Human Services - Aging Services, Oklahoma Nurses Association and Association of Oklahoma Nurse Practitioners

**Recommendation 4: Enhance training and accountability for agencies with state contracts that provide case management services under the Medicaid Advantage Program.**

Rationale 4: As the population continues to age, the state of Oklahoma will experience a rise in the number of persons with dementia who receive Advantage case management services. It is critical that case managers receive adequate training regarding the challenges of Alzheimer’s disease and other dementias. By doing so, gaps in services can be minimized or eliminated, enabling some affected persons to stay at home longer instead of being placed in a nursing facility. Slowing the rate of institutionalization will ultimately save money for the state of Oklahoma.

Parties Responsible: Oklahoma Department of Human Services – Aging Services, Oklahoma Health Care Authority

**Recommendation 5: Encourage pharmacists to include referral information about Alzheimer’s and other dementia organizations able to assist the family upon distribution of memory-care medications.**

Rationale 5: By including printed material along with the medications, pharmacists can play a key role in the referral link to support services for individuals with dementia and their families.

Parties Responsible: Oklahoma Pharmacists Association, Alzheimer’s Association Oklahoma Chapter, Oklahoma Department of Health

## **State Government**

In order for policy makers to fully understand the needs of persons with Alzheimer’s disease, their caregivers and the healthcare professionals that deliver care, it is essential that proposed legislative and regulatory changes be made more efficient. Policy or regulatory changes should not duplicate existing policies and regulations, and the promulgation of regulations should be overseen by a single government entity. Thus, the workgroup recommends that changes be made to some of the structure of Oklahoma’s state government departments to accommodate these policy and/or regulatory changes.

**Recommendation 1: Specify that all aging-related legislation go through the Long Term Care and Senior Services Committee in the Oklahoma House of Representatives and the Oklahoma Senate Committee on Health and Human Services.**

Rationale 1: Policy changes that impact the senior population are currently considered by many of the State Legislature’s committees, which may result in duplication and/or gaps in services. Consistency may best be achieved by directing all new legislation of this type into a single committee.

Parties Responsible: Oklahoma State Legislature

**Recommendation 2: Establish a Cabinet-level Secretary of Aging.**

Rationale 2: Every state agency is affected by Oklahoma’s aging population. Older Oklahomans are having an impact on and being affected by our Departments of Transportation, Commerce, Human Services, Mental Health, Corrections, Education, and Agriculture, among others. By appointing an Oklahoma Governor’s Cabinet Secretary of Aging, focused oversight would be enabled to coordinate efforts at each state agency to incorporate the best practices of the science of gerontology into planning and policy development.

Parties Responsible: Governor, Oklahoma State Agencies

**Recommendation 3: Create an Oklahoma research fund for Alzheimer’s and other dementia. Funds from Oklahoma donors should be used to create an endowment to fund research projects and related clinical trials in the state of Oklahoma. To ensure projects meet the highest level of quality, projects will be required to be completed within the boundaries of the state of Oklahoma at institutions assessed as having the expertise to execute the project(s) consistent with state-of-the-art research protocols and reporting methods.**

Rationale 3: Anticipating that cases of Alzheimer’s and other dementia will continue to increase worldwide, nationally and in Oklahoma, it is foreseen that Oklahoma has the opportunity to become part of the solution. Oklahoma possesses an abundance of research infrastructure and expertise. Oklahoma is also one of the few states that offer an incentive for residents to help fund biomedical research through the Oklahoma Biomedical Research Tax Credit created in law by the Oklahoma Legislature, 68 OS Sec. 2357.45 and Rule 710:50-15-113. Historically, Oklahomans have generously supported research, and the state of Oklahoma has embraced research as a priority.

Parties Responsible: Oklahoma Alzheimer’s Association Oklahoma Chapter, University of Oklahoma, Oklahoma Center for Advancement for Science and Technology, Oklahoma Medical Research Foundation, Presbyterian Health Foundation, 12E, Inc., Oklahoma State University, Laureate Institute for Brain Research, clinical trial organizations, corporate and private donors

## Issues for Further Study

Throughout the course of the workgroup’s assessment, it became apparent there are some recommendations that require further study by the legislature or other state government entities. The workgroup recommends that the state conduct a further study on the following:

**Recommendation 1: Study the effectiveness of a GPS tracking system for those individuals with Alzheimer’s disease or other dementias that are likely to wander. Study the costs and possible financial incentives for implementation.**

Rationale 1: 70 percent of persons with Alzheimer’s disease are living in their homes. Additionally, 60 percent of those with Alzheimer’s disease will wander. In Oklahoma, there is an increased emphasis for persons to age in-place. This may increase the risk that persons with

Alzheimer's disease might wander since they are often under little supervision. A monitoring system would help reliably locate and retrieve vulnerable persons with dementia who have left the safety of their homes. Currently, several states are reviewing the implementation of such a system, and the state of Oklahoma is encouraged to coordinate its own efforts with those states. Additionally, the state should review the fiscal requirements of such a system, exploring private funding as well as tax credits for families who subscribe.

Parties Responsible: Oklahoma Department of Public Safety, Oklahoma State Legislature

**Recommendation 2: Evaluate the ability of the state of Oklahoma to provide a financial incentive such as, but not limited to a tax credit for those caregivers who forego their jobs and income to care for someone with Alzheimer's disease or other dementias.**

Rationale 2: As Alzheimer's disease progresses, the need for personal care increases. The annual cost of care for a person with Alzheimer's disease is three times more than the cost for a person who does not have Alzheimer's or another type of dementia. The financial burden on the family has far-reaching impact. Caregivers often sacrifice their own income to keep their loved one at home.

Parties Responsible: Oklahoma State Legislature, Oklahoma Tax Commission

**Recommendation 3: Explore changes in the certificate-of-need and licensing process, as well as funding needs, in order to promote the creation of facilities that provide specialized care for residents with dementia-related psychiatric and difficult behaviors.**

Rationale 3: There are currently few licensed long-term care facilities with the ability to provide the specialized care these persons require. Because of this fact, individuals affected by psychiatric and other difficult behaviors related to dementia are frequently admitted and then discharged from inpatient psychiatric facilities, where the average cost per day is \$1,000 and the average length of stay ranges from 7-10 days. For a single stay in a psychiatric facility, the state of Oklahoma spends from \$7,000 to \$10,000 per person. Reviewing the certificate-of-need process and allowing the creation of a specialized facility would have the effect of offsetting the state's long-term costs.

Parties Responsible: Oklahoma State Department of Health, Oklahoma Health Care Authority

**Recommendation 4: Explore an economic incentive for physicians who accept Alzheimer's and related dementia patients, as well as provide follow-up care.**

Rationale 4: The demand for an adequate supply of physicians who can accurately diagnose and provide ongoing treatment to patients throughout the disease process continues to grow well

beyond what is currently available and projected to be available in the future. The current trend is for fewer physicians to accept Medicare, which is the primary funder for Alzheimer's care. There must be a focused plan to increase the number of physicians who will serve this population.

Parties Responsible: Oklahoma State Legislature, Oklahoma Medical Association

**Recommendation 5: Provide enhanced funding to compensate facilities that expend dollars for staff education related to Alzheimer's and dementia care.**

Rationale 5: Facilities that have Alzheimer's residents must address the staff education needed to adequately care for this sometimes challenging population. Oklahoma's current reimbursement system recognizes the licensed nursing facilities that expend more dollars for direct care staff and staff education. However, this means there must be an annual appropriation to adjust the rates for these expenditures. All state-funded adult care entities that provide staff education should receive compensation.

Parties Responsible: Oklahoma State Legislature, Oklahoma Health Care Authority



Mary Fallin  
Governor

**FILED**

JUN 29 2015

OKLAHOMA SECRETARY  
OF STATE

**EXECUTIVE DEPARTMENT  
EXECUTIVE ORDER 2015-32**

We know that thousands of Oklahomans and their families are affected each year by Alzheimer’s disease. The Oklahoma Chapter of the Alzheimer Association, whose mission is “to eliminate Alzheimer’s disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health,” reported that in 2014 there were approximately 60,000 Oklahomans aged 65 and older with Alzheimer’s disease. It is estimated that the number of Oklahoma seniors suffering from Alzheimer’s disease will grow to approximately 76,000 by 2025. And in the United States, one in three seniors will pass away due to Alzheimer’s disease, and two-thirds (2/3) of the people afflicted with Alzheimer’s disease are women.

It is for these reasons that I, Mary Fallin, Governor of the State of Oklahoma, pursuant to the power and authority vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution, hereby order the Aging Services Division of the Oklahoma Department of Human Services, in consultation with the Oklahoma Alzheimer Association, to review and revise our State’s plan for Alzheimer’s disease. Revision of the State plan shall consider and address the following:

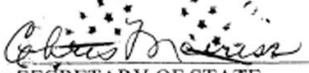
1. Identifying substantive successes attained under the current State plan, and determining how those achievements might be sustained and maximized in the future;
2. Developing recommendations for needed State policies on this critical issue, including, but not limited to, the provision of clear and coordinated services and supports for persons and families living with Alzheimer’s disease and related disorders, and strategies to address identified gaps in service;
3. Updating strategies to mobilize Oklahoma’s statewide response to Alzheimer’s disease;
4. Assessing trends in the number of persons living in Oklahoma with Alzheimer’s disease and other forms of dementia, and using those assessments, in conjunction with the current and projected needs of those affected, to inform and guide policy recommendations;
5. Examining and formulating proposals about how the State can better provide long-term care, family caregiver support, and other forms of assistance to persons with early-stage and early-onset of Alzheimer’s disease; and
6. Creating and evaluating viable suggestions to improve the State’s existing services, resources, and capacity to effectively respond to Alzheimer’s disease.

This Executive Order shall be distributed to the Oklahoma Secretary of Health and Human Services and the Aging Services Division of the Oklahoma Department of Human Services, who shall cause the provisions of this Order to be implemented.

IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 29<sup>th</sup> day of June, 2015.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

ATTEST:

  
 Assistant SECRETARY OF STATE

  
 MARY FALLIN