

Nebraska State Plan on Aging

October 1, 2019 – September 30, 2023

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

State Unit on Aging
Division of Medicaid and Long-Term Care

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Verification of Intent

Hereby submitted is the Plan for Aging Services for the State of Nebraska for the period October 1, 2019 through September 30, 2023. This includes all assurances and plans to be implemented by the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care, State Unit on Aging under the provisions of the Older Americans Act, as amended, during the period stated. The Department of Health and Human Services, Division of Medicaid and Long-Term Care, State Unit on Aging has been designated the authority to develop and administer the State Plan for Aging Services in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purposes of the Act, i.e., the development of a comprehensive and coordinated system for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as an effective and visible advocate for older persons in the state.

I hereby approve this State Plan for Aging Services and submit it to the U.S. Assistant Secretary for Aging for approval.

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Assistant Secretary for Aging. The Nebraska Department of Health and Human Services, in accordance with the Older Americans Act as amended in 2016, and its implementing regulation, adheres to the assurances listed in Attachment A.

19 June 19
(Date)

(Signed)



Matthew Van Patton, DHA , Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Executive Summary

The Nebraska State Plan for Aging Services is the planning document by which DHHS adheres to the Act with regard to services provided thereunder, including programmatic activities and services for older adults, family caregivers, and grandparents raising grandchildren.

Nebraska is presenting a four-year State Plan for the period October 1, 2019 through September, 2023 (Federal Fiscal Years 2020-2023).

The Plan is a written memorialization of assurances to the U.S. Department of Health and Human Services, Administration on Aging (AoA), and allows Nebraska to receive funds under the Act. The Plan also provides vision and direction to the Nebraska aging network and affords the opportunity for the State to articulate its priorities and strategies for improving the lives of older Nebraskans, people with disabilities, and caregivers for the next four years.

DHHS works closely with the eight Area Agencies on Aging (AAAs) in Nebraska to create a comprehensive package of services. AAAs provide information and services to seniors and persons with disabilities across the state. DHHS coordinates the distribution of federal funds, provides training and technical assistance, and ensures statewide oversight and coordination for programs under the Act. DHHS also oversees the state-funded care management program, which is managed through the AAAs. Care management coordinates in-home services for seniors who need assistance in order to remain in their own homes and do not qualify for other Medicaid-funded programs. DHHS also administers the state-funded Aging and Disability Resource Center (ADRC) grants to AAAs.

The State is required by the Act, specifically Section 307 and its regulations to:

- Develop a State Plan for submission to the Assistant Secretary for Aging;
- Administer the State Plan in accordance with Title III of the Act, as amended;
- Be responsible for planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the Act;
- Serve as an effective and visible advocate for older individuals by reviewing, commenting on, and recommending appropriate action for State plans, budgets, and policies that may impact older Nebraskans; and,
- Provide technical assistance and training to any agency, organization, association, or individual representing the needs and interests of older individuals.

This State Plan reflects DHHS's mission, which is "[h]elping people live better lives." The mission of the State Unit on Aging (SUA) is to "promote the dignity, independence, and freedom of choice for older Nebraskans." The State Plan incorporates the mission and goals of the SUA into the body of the plan and includes comments received online and from the public hearing. An online forum was established to solicit public input about the State Plan. Feedback was sought from a broad range of interested parties. Subrecipients, other agencies, stakeholders, and the aging advisory committee were asked to share information and submit feedback. The plan was reviewed at the Aging Advisory Board meeting on April 10, 2019. This meets the Act's section 307(a)(19) requirement. A public hearing was held May 7, 2019.

Executive Summary

Fundamental objectives for the SUA include making community-based services available to those who are at risk of losing their independence; preventing disease and disability through community-based activities; and, supporting the efforts of family caregivers.

To accomplish the objectives, comprehensive strategies for increasing efficiency and effectiveness for Nebraska's Aging Network have been employed. Key strategies include:

- Empowering older adults by giving them more choices and greater control over their own health and health care, including more control over the types of benefits and services they receive and the manner in which their providers deliver those benefits and services;
- Recognizing the need to move beyond a “one-size-fits-all” model in policy development, and to embrace an approach that addresses both general and specific needs;
- Creating a standardized and streamlined process for connecting persons 60+ and individuals of all ages with disabilities access to existing services and supports through Nebraska's Aging and Disability Resource Centers (ADRC);
- Identifying the need to develop creative solutions that take into account racial, ethnic, and cultural differences; and,
- Moving toward a more balanced system of long-term care that respects the wishes of the individual and that dismantles the bias toward institutional care over home and community-based services.

It takes considerable planning to prepare our communities to meet the needs of their older adults. The Nebraska Aging Network is committed to managing the resources needed to meet the service demands of this population. With the State Plan for Federal Fiscal Years 2020-2023 (October 1, 2019 through September 30, 2023) as a roadmap, Nebraska will continue to move forward towards a state in which adults can age with dignity, respect, and independence.

The SUA performs a variety of advocacy, planning, research, education, coordination, public information, monitoring, and evaluating functions. The SUA collaborates with public and private service providers, advocacy groups, and elected officials to ensure the presence of a comprehensive and coordinated community-based services system that will assist individuals to live in a setting of their choice that best meets their needs and allows them to continue to be contributing members of their communities.

The State Plan was prepared by the SUA to meet the requirements of Section 307 of the Act. As an initial step in developing the State Plan, the SUA reviewed the Administration on Aging's Strategic Action Plan for FY 2013-2018, OAA citations, and the Program Instruction (AoA-PI-14-01).

The SUA developed goals, objectives, strategies, and outcomes that define the strategy to fulfill its commitment to older Nebraskans. Partners and stakeholders were asked for input and updates to collaborative programs.

Executive Summary

The Quadruple Aim

The Division of Medicaid & Long-Term Care (MLTC) is implementing the Quadruple Aim ¹ to improve client and provider experiences. The Quadruple Aim grew out of the Triple Aim in health system performance, namely, the enhancement of the patient experience, improving population health, and reducing costs. The Quadruple Aim adds the goal of improving the experience of health care providers, including clinicians and staff.

The four components include:

1. Improving the patient experience of care (including quality & satisfaction).
 - a. Patient = participant, client, resident, attendee
 - b. Care = service
This is consumer driven, consumer self-directed, person centered, all working toward healthy outcomes.
2. Improving the provider experience of care (including quality & satisfaction).
 - a. Provider = medical, nonprofit, profit, private pay, public funding
 - b. Care = service

3. Improving the health of populations.
This is working toward healthy outcomes for the population.
4. Reduce the per capita cost of health care.
 - a. Health care = services in and out of the home.



Goals

To meet the goals of the SUA mission statement, Nebraska utilizes the Administration on Community Living Strategic Action Plan national goals for 2013-2018 as outlined below:

Goal 1: Advocacy

Goal 2: Protect Rights and Prevent Abuse

Goal 3: Individual Self-Determination & Control

Goal 4: Long-Term Services and Supports

Goal 5: Effective and Responsive Management

The Act provides the framework for developing a comprehensive and coordinated system of aging services in the United States. As provided in the Act, the Administration on Aging designates a SUA in each state. That SUA is responsible for developing and administering a state plan on aging.

¹ <http://www.annfamned.org/content/12/6/573.full>

Executive Summary

The SUA became part of MLTC in 2007. In 2014, the State Long-Term Care Ombudsman was transferred from MLTC to report directly to the DHHS Chief Executive Officer. In 2018, the Long-Term Care Ombudsman became a direct report to the DHHS Chief of Staff.

The SUA has a 12-member Advisory Committee appointed by the Governor. The committee advises the SUA on the needs of older Nebraskans and reviews its policies and budgets. A list of committee members, including organizational charts, is included in Appendix C.

Nebraska's Aging Network includes eight AAA service areas designated through state statute. The eight agencies serve older citizens in each of the 93 counties. The area agency offices are located in Beatrice, Hastings, Kearney, Lincoln, Norfolk, North Platte, Omaha, and Scottsbluff. See Graph 11 for the 8 Area Agencies on Aging, 7 ADRCs, and ADRC survey comments. To meet the Act's sections 306(a)(10) and 316, AAAs utilize the Nebraska Administrative Code for grievance procedures.

Context

Critical Issues and Future Implications

Nationally, there is a rapid expansion of the aging population. The first Baby Boomers reached 65 years of age in 2010. By 2035, Nebraska's 60 and older population will increase by 36%. Although many Nebraskans age 60+ are still in the workforce, more Nebraska baby boomers are expected to begin using services offered by the Aging Network. Resources committed to community support options will need to match the dramatic increase in at-risk older persons. Appendix F, Graphs 1 – 9 outline demographic information regarding the Nebraska population, including disability, poverty, minority status, mortality, Alzheimer's-related deaths, and the male/female ratio. Graphs in the attachments provide a further profile of Nebraskan's over 60 population.

Nebraska passed Medicaid expansion² in November, 2018. Plans are underway to accomplish this effort. Dates will be established and submitted to the Centers for Medicare and Medicaid for approval through the State Plan process. The SUA Administrator participates in high level strategy sessions regarding the expansion efforts. A webpage is maintained on progress.

Causes of Death

The top four causes of death in 2015³ and 2016⁴ were heart disease, cancer, accidents, and chronic lower respiratory diseases. The top causes vary between age groups⁵. In order to address the health care needs of older adults, the Aging Network will continue to implement evidence-based programs on health promotion, disease prevention and chronic disease self-management.

² <http://dhhs.ne.gov/medicaid/Pages/MedicaidExpansion.aspx>

³ https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06.pdf

⁴ https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf

⁵ <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

Context

AAAs offer multiple programs to help Nebraskans live healthier lives. Training is offered to manage chronic disease and lifestyle changes, and improved balance / falls prevention. Access and in-home services provide supports to remain living at home. Congregate meals and center activities engage people. Home delivered meals can bridge a short-term need, or extend the time someone can remain at home.

Development of the State Plan

The State Plan was prepared by the SUA team to meet the requirements of Section 307 of the Older Americans Act. As an initial step in developing the State Plan, the SUA reviewed the Administration on Aging Strategic Action Plan for FY 2013-2018, the Program Instruction (AoA-PI-14-01) and the National Association of States United for Aging and Disability Technical Assistance State Planning Zone.

In May, 2018, the SUA and AAAs began working collaboratively to address the four-year area plans and state plan, all of which are due in 2019. State statute was changed in 2016 (LB 698), to bring Nebraska into compliance with the Federal two, three, and four-year plan requirements. The timing of area plans and the state plan were revised in 2016 to bring all components the SUA oversees for the AAAs, into one document within two biennium budget cycles. Once regulation changes are made, all components will be included in the four-year area plans. As of this writing, the state-funded Care Management program remains at a two-year recertification requirement, and ADRC requires a separate annual plan. These activities meet the requirement of OAA 307(a) (1).

Partners and stakeholders were asked for input and updates to collaborative programs. Multiple changes will occur in 2019. A statewide software system was procured and installation is planned. This software system will replace a state-built system from the 1990's. A new taxonomy will be implemented in July 2019 that incorporates new federal reporting requirements that will be mandatory starting October, 2020. The ADRC became permanent through legislation in 2018.

State Priorities & Focus Areas

Internal and External Partner Collaboration and Coordination within the Aging and Disability Network

Area Agencies on Aging facilitate the coordination of community-based, long-term care services through numerous programs such as OAA funded Case Management services and state funded programs such as Care Management.

Medicaid Waiver programs such as the Aged and Disabled Waiver and Developmental Disabilities programs additionally coordinate community-based, long-term care services for individuals who reside at home and are at risk for institutionalization due to limitations in ability to function independently. The Division contracted with NASUAD in 2017 to conduct a No Wrong Door gap analysis. At this writing, the NWD effort is on hold. However, the ADRCs are providing a portion of the NWD services statewide.

State Priorities & Focus Areas

Referrals from Area Agencies on Aging to the Nebraska DHHS for state programs which additionally seek to facilitate the provision of long-term care in home and community-based settings such as ACCESSNEBRASKA, the Disabled Persons and Family Services program, and the Money Follows the Person Program.

The SUA and Area Agencies on Aging collaborate and coordinate with multiple partners for community-based, long-term care services to assist the aged and disabled to remain in the community setting of their choice for as long as possible. Area Agencies on Aging develop service prioritization criteria which include:

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

ACCESSNebraska

Eligibility determination for Nebraska DHHS economic assistance programs are handled through phone calls to 1 of 4 Regional Call Centers. In 2013, ACCESSNebraska was separated between Medicaid Eligibility and Economic Assistance programs. The Division of MLTC are responsible for two of the four call centers.

SUA Involvement: Representatives from the SUA assess the impact upon older persons through discussions with local senior centers and Area Agencies on Aging.

Social Services Block Grant (Title XX)

This program provides a wide variety of support services across the Lifespan. The Division of Children and Family Services administers the program for adults (19 and older) who are aged or disabled. Support services available include case management, congregate meals, adult day care, transportation, home-delivered meals, homemaker for adults, special services disabled and home-based services.

SUA Involvement: The Aging Network has historically relied on this program as a significant source of support services for a physically and economically at risk older population. Total Congregate and Home Delivered Meals for FY 2018 equaled 306,992 meals as compared to 366,467 served in FY 2014.

Aged and Disabled HCBS Waiver

This Waiver provides home and community-based services to support Medicaid-eligible persons of all ages – aged persons, younger adults, and children with physical disabilities --whose care needs meet nursing home level of care requirements and who have assessed service needs. Some of the services funded by Medicaid through this program are adult day health care, assisted living, assistive technology and home modifications, chore, home-delivered meals, and respite.

State Priorities & Focus Areas

Approximately 60% of persons served through this program are age 65 or older. The program currently funds services for approximately 5,350 persons in any given a month with a maximum of 6,300 unduplicated persons (approved slots) for the waiver year August 1, 2018- July 31, 2019.

This waiver program is administered by DHHS, Division of MLTC. The AAA's contract with MLTC to provide services coordination for persons age 65 and older who meet Waiver eligibility requirements.

SUA Involvement: A close working relationship exists between the SUA and the Division of MLTC, Home and Community Based Services (HCBS) staff.

Disabled Persons and Family Support (DPFS)

This program provides state funding for services for individuals with disabilities to help them continue to live independently or to assist families to support a disabled member at home. Types of supported services range from personal care, home health care, housekeeping and transportation to special equipment and home modification.

SUA Involvement: The SUA facilitates collaborative efforts and cooperation between the Division of Children and Family Services and the Area Agencies on Aging.

Senior Care Options

The Division of MLTC administers a preadmission assessment program to assure that persons seeking Medicaid funding in a nursing facility meet level of care eligibility requirements. Pre-admission screenings for persons 65 and older, a program known as Senior Care Options, are completed by Nebraska's AAA's. Screening counselors also provide individuals and their families with information on possible alternatives to nursing facility services, including referral to the Aged and Disabled Waiver if eligibility is met or to AAA and other community options if eligibility is not met.

SUA Involvement: A close working relationship exists between the SUA and the Home and Community Based Services team, both are within the Division of MLTC. The teams share contract management responsibility for a fiscal testing contract for the subawards with the AAAs.

Money Follows the Person

This helps states rebalance their Medicaid long-term care systems. The Nebraska DHHS received its initial Federal grant award for Nebraska's Money Follows the Person program (MFP) in 2007. MFP worked to help individuals transition into a community setting from qualified long-term care settings. Eligible Medicaid recipients met with MFP Staff or a Transition Planning and Support provider through the MFP program who identified barriers to transition with the individual and their family/support network. Transition Planning and Support providers built a comprehensive plan for transition and met face to face with the individual to assist them during their transition to independent living.

State Priorities & Focus Areas

The MFP program is housed within the Division of MLTC, Long-term Services and Supports Unit. The program received referrals from many different sources including but not limited to social workers, local contact agencies, community partners, friends, family members and the individual themselves. Nebraska's MFP is currently working on incorporating its sustainability plan into the Medicaid waivers. Transitions through the grant ended in 2018 but due to approval from Congress, additional transitions will be claimed through June 30, 2019. Cost savings received through an enhanced federal match are used on initiatives that improve Home and Community Based Services and utilization of the services for all citizens.

SUA Involvement: SUA and AAA representatives have worked with the Nebraska MFP Program since the program's inception. The SUA Long-Term Care Ombudsman work with the Area Agencies on Aging, Centers for Independent Living and State MFP staff to ensure successful community transitions for nursing home residents. Residents are assessed and assisted by Care Managers from the local Area Agencies on Aging and the Centers for Independent Living. Ombudsmen provide informational brochures to interested residents, and address resident and family councils about the process.

Lifespan Respite Services

This State program provides a regional network to coordinate respite services and provides a monthly stipend for caregivers to purchase respite services. The regional network is responsible for recruiting respite providers; offer training for providers, caregivers and consumers; providing information and referral regarding respite resources and services; marketing around the availability of and need for respite; and matching families with appropriate respite providers.

Program of All-inclusive Care for the Elderly (PACE)

The Centers for Medicare and Medicaid Services (CMS) approved Nebraska's State Plan Amendment (SPA) for PACE, transmittal # 12-04 October 24, 2012 with an effective date of February 1, 2013 as requested by the state. PACE is a voluntary managed care program for persons aged 55 and older. PACE provides additional long-term care options for eligible individuals by offering a comprehensive array of Medicare and Medicaid institutional and community-based services for those who meet a nursing facility level of care and live in the designated service area of the PACE provider. Those PACE services include: primary care, physician and nursing services, social services, social restorative therapies, physical and occupational therapy, personal care and supportive services, nutritional counseling, recreational therapy and meals, along with additional services deemed necessary by the interdisciplinary team (IDT). PACE provider organizations assume financial risk for the full range of preventive, primary, acute, and long-term care services.

SUA Involvement: SUA representative worked with the Initial PACE review team within the Division of MLTC. Currently, the Division of MLTC is coordinating with Immanuel Health Systems in submitting a PACE application for CMS approval.

Nebraska AARP

As a social welfare organization, the Nebraska AARP is a leading force in the Aging and 50+ Network. It is a nonpartisan organization that works on issues that affect the lives of seniors

State Priorities & Focus Areas

including adequate and affordable health care, fostering livable communities, caregiving, home and community based services and advocating for the rights of residents in long-term care facilities. The SUA continues to have a strong partnership with the Nebraska AARP and works with them on many levels.

Service Prioritization

The SUA provides each AAA with Area Plan instructions on assurances which are required by the Older Americans Act to be included in their Area Plans. A training is conducted for all the Area Agencies on Aging by the SUA regarding this material. The SUA reviews each submission to ensure the provision of required assurances. The SUA additionally monitors each AAA annually and periodically reviews agency policies, procedures and practices related to assurances. In this instance, service priority procedures are reviewed to ensure compliance with Older Americans Act requirements as noted in the assurances.

Older Nebraskan's in Rural Areas

The Nebraska intrastate funding formula accounts for the population age 60+, with an additional age group over 75 to further accommodate the rural population. Six of the eight AAA's in the state are located in non-metropolitan areas. Appendix H covers the funding formula in more detail.

Monitoring includes gathering information regarding the rural reach, services, and funding options available to the Area Agencies on Aging. A review of the agencies service priority criteria is conducted (including those residing in rural areas and potential for isolation). The Area Agencies on Aging frequently note referrals for services from Health and Human Services, Adult Protective Services and hospitals as criteria for priority as the agencies can help arrange and coordinate services in rural areas where services and providers are scarce, resulting in the need for assistance in obtaining services.

Area Agencies on Aging Area Plans describe emphasis being placed on individuals residing in rural areas in the Planning Process section, examples include focusing on providing informational presentations regarding available services in rural areas (WCNAAA), funding transportation in rural areas (BRAAA, AP, ENOA) and requiring contractors to target and outreach to identify older individuals with emphasis towards individuals who are rural (SCNAAA).

Legal services to rural areas are measured using the statewide reporting system and reported in an annual report. Title V services in rural area are based on the Equitable Distribution Report submitted to USDOL and participants placed in rural areas is based on this report as directed by USDOL.

Low-Income Minority Individuals with Limited English Proficiency

Annual Plan and 4-year Plan instructions for the Area Agencies on Aging require adherence to the OAA priorities, including addressing low income and minority individuals with limited English proficiency. Monitoring of programs and adherence to the OAA standards is conducted annually. Area Agencies on Aging have reviewed surveys regarding languages spoken at the county level and contracted with providers such as LanguageLinc™ Solutions to interpret and

State Priorities & Focus Areas

enable communication between agency staff and individuals who speak limited English (BRAAA), provided trainings to senior centers which focus on identifying potential clients with limited English proficiency (NENAAA), provide information regarding agency services in non-English languages (NENAAA, ENOA) and customized websites with the ability to translate content into dozens of languages (ENOA). Assistance for Russian speaking older individuals is provided through the Jewish Community Center (ENOA). Targeted health clinics and nutrition counseling to Karen and Kurdish immigrants is offered by Aging Partners as well as programming and outreach to assist the local Vietnamese population in connecting with In-Home and Community services through a native Vietnamese speaking care manager at the Asian Community Center, and Malone Center.

The Intercultural Senior Center in Omaha and the Asian Center in Lincoln will serve as a host agency for Title V Senior Employment Program serving minorities. Legal Aid hosts law clinics at the Intercultural Senior Center and the legal services provider for Aging Partners holds law clinic at the Asian Center. Media airings on legal services are made on radio and television throughout the year. The agency developed materials on Advance Directives in Spanish. These are available online and in print.

The SUA has not been required to take the actions as assured in section 307(a)(15)(A). Nebraskans speak primarily English. Per US Census Bureau, 2011 American Community Survey, 89.97% of Nebraskan's age 65 and over speak English at home.

Senior Health Insurance Information Program

The Senior Health Insurance Information Program (SHIIP) educates people with Medicare, assisting seniors and individuals with disabilities make informed decisions about health insurance.

Nebraska's SHIIP is a program of the Nebraska Department of Insurance that contracts with three of the Area Agencies on Aging and other organizations to operate local SHIIPS. SHIIP counselors discuss Medicare benefits, Medicare Advantage products and Medicare Supplement policies. Each contracting AAA also provides information and assistance for older adults regarding Medicare Part D, answers questions, sponsors enrollment events, makes relevant referrals, resolves problems and advocates on behalf of the beneficiary with pharmacies, Part D plans, Social Security and Medicare. A network of SHIIP staff and volunteers disseminate written materials, do community presentations and provide private counseling sessions to older Nebraskans and individuals with disabilities.

Senior Medicare Patrol

The Senior Medicare Patrol (SMP) is housed in the Nebraska Department of Insurance. Three AAAs contract with the Department of Insurance to operate the program at their respective local level. The SMP program plays a pivotal role in helping prevent health care fraud and abuse. The SMP volunteers reach into the communities to educate seniors and disseminate materials on protecting, detecting and reporting health care fraud/abuse and other potential abuses that victimize seniors. SMP staff refer, investigate and help resolve issues related to abuse and financial exploitation of seniors. This work is accomplished by collaborating with

State Priorities & Focus Areas

Medicare contractors, attorney general's office, Medicaid Fraud Control Unit and the Medicaid Program Integrity Unit within the Nebraska Department of Health and Human Services. In 2018, 214 SMP volunteers provided a total of 16,790 hours of service, conducted 271 group outreach and education events reaching an estimated 1,634 individuals. SMP volunteers and staff interacted with or on behalf of 15,662 Medicare beneficiaries (source: Office of Inspector General 2019 Performance Data for the Senior Medicare Patrol Projects, May 23, 2019).

Federal Goals

Goal 1: Promote advocacy programs for persons in all living situations.

Long-Term Care Ombudsman Program

The mission of the Nebraska Long-Term Care Ombudsman Office is to empower and enhance the lives of residents in long-term care facilities by seeking resolution of issues and advocating for residents' rights. The program is responsible, through federal and state law, to advocate for residents of long-term care facilities, including nursing homes and assisted living facilities. The Office strives to fulfill this responsibility every day by working to resolve complaints that impact the health, safety and welfare of residents as well as by informing residents of their rights.

The Long-Term Care Ombudsman Office partners with many agencies and organizations in a continued effort to enhance the program. Partnerships allow the program to expand its scope and to leverage resources as it seeks to advocate on behalf of residents in long-term care facilities across the state. The State Long-Term Care Ombudsman (SLTCO) sits on the Advisory Committee of the Long-Term Services and Supports Redesign project. As part of that project the Medicaid program is working to change to a pay-for-performance reimbursement methodology. Medicaid currently sets payment rates annually for facilities on a defined cost based methodology which is based on facility costs, census and appropriation changes but does not factor in the quality of care provided by these facilities. The progress of this shift in Medicaid pay for performance is intended to improve resident care and satisfaction.

The Nebraska Long-Term Care Ombudsman Office has both local ombudsmen, regional ombudsmen and volunteer ombudsmen delivering services across the state. The local ombudsmen recruit and manage the volunteers from their areas and the regional ombudsmen, who are state staff, also manages a volunteer program as well as serving the mainly rural parts of the state. All Nebraska Ombudsmen whether local, regional, or volunteers work to resolve complaints on behalf of the residents.

Objective 1:

Expand the Nebraska Long-Term Care Ombudsman Program.

Strategies:

1. Work with Area Agencies on Aging to establish and increase the volunteer base in all Planning & Service areas with special focus on areas who have low numbers of volunteers.
2. Manage existing funding to increase number of local long-term care ombudsman programs.
3. Provide assistance to existing local programs to recruit volunteers.

Federal Goals

Measurements:

1. Increase the number of volunteers statewide by 10% by September 30, 2023. Baseline 17, 10/1/18.
2. Increase the number of facilities visited on an annual basis by 10% by September 30, 2023. Baseline visits 1,961, 10/1/18.
3. Increase the number of local long-term care ombudsman programs (ongoing). Baseline 3, 10/1/18.

Objective 2:

Increase awareness of and protect the rights of older Nebraskans in long-term care facilities, including their right to be free from abuse, neglect and financial exploitation. Ensure that residents have the right to live in the least restrictive environment possible.

Strategies:

1. Conduct facility staff in-service trainings at long-term care facilities across the state regarding residents' rights and how to prevent, identify and report abuse and financial exploitation of residents.
2. Conduct residents' rights and abuse trainings at the Nebraska Health Care Association annual training for long-term care facility social services designees.
3. Provide facility consultations throughout the year to facility staff.
4. Provide information and consultations to residents and individuals on residents' rights and resolve complaints by or on behalf of residents.
5. Provide education and information on residents' rights and abuse at Resident and Family Council meetings in long-term care facilities across the state.
6. Provide residents' rights and abuse materials to seniors, those in long-term care facilities, their friends and family.

Measurements:

1. Using the data from the National Ombudsman Reporting System 2017 report, increase or maintain the number of facility staff in-service trainings through September, 2023. Baseline FY18: 84, 10/1/18.
2. Using the data from the National Ombudsman Reporting System 2017 report, increase or maintain the participation in resident and family council through September, 2023. Baseline FY18: 69, 10/1/18.
3. Using the data from the National Ombudsman Reporting System 2017 report, maintain the number of cases and consultations through September, 2023. Baseline FY18: 894, 10/1/18.

Objective 3:

Work collaboratively with other agencies in analyzing and monitoring proposed state legislation that impacts the quality of care and quality of life of residents in long-term care facilities.

Strategies:

1. Participate in and provide information to the Nebraska AARP's Aging Legislative Coalition.
2. Produce an annual report on the Long-Term Care Ombudsman program that provides program and fiscal impact information. Distribute the annual report to the Governor's Office, the State Legislature, and the Department of Health & Human Services.

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3. Using the data from the National Ombudsman Reporting System 2017 report increase time spent monitoring legislation that impacts the quality of care and quality of life of residents in long-term care facilities from FFY 18 through FFY 23.

Measurements:

1. Using the data from the National Ombudsman Reporting System 2017 increase the amount of time spent reviewing and commenting on bills related to residents in long-term care facilities through September, 2023. Baseline FY18: 25%, 10/1/18.

Objective 4:

Work collaboratively to support training and education for long-term care facility staff on various communication modalities.

Strategies:

1. Identify resources for effective communication for individuals who are deaf, hard of hearing, blind, have speech impairments, brain injuries, and other communities.
2. Share resources with long-term care facilities.
3. Share Long-Term Care Ombudsman in-service training schedule to facilitate co-located opportunities.

Measurements:

1. Publish resources for continuing education online. Baseline, 0, FY18.
2. Schedule in-service Long-Term Care Ombudsman facility staff training, and share with facilities regionally. Baseline, 0, FY18.

Goal 2: Promote and develop programs to protect rights and prevent abuse.

Elder Rights Protection/Elder Justice

The State Legal Assistance Developer (LAD) within the SUA, develops and coordinates the Elder Rights Program that focuses on protecting the rights of vulnerable older adults in the community and in institutional settings. The LAD chairs the statewide Elder Rights Coalition represented by multi-disciplinary agencies that address issues related elder abuse and financial exploitation. The collaborating agencies include Adult Protective Services (APS), local and state law enforcement, Office of the Public Guardian, Alzheimer's Association, University of Nebraska at Omaha Department of Gerontology, legal services providers contracting with the area agencies on aging, state Long-Term Care Ombudsman and area agencies on aging to name a few. Area Agencies on Aging (AAAs) collaborate with APS on an ongoing basis on projects and initiatives, including the World Elder Abuse Awareness Day (WEAAD) observance. The LAD collaborates with APS at the state level to lead the WEAAD observance activities in the state. The LAD currently chairs the local TRIAD, which is a partnership of three organizations – law enforcement, senior citizens and community groups. The SUA organizes an annual training on elder abuse, financial exploitation and legal issues at the state level. The training is attended by over 300 professionals in the aging network, attorneys, staff in long-term care facilities, bankers and volunteer ombudsmen in the state. The training is streamed live and is open to professionals in the aging field throughout the nation. The LAD has been appointed by the Chief Justice of Nebraska Supreme Court to serve on the Public Guardianship Commission. The LAD has also been appointed to the Lincoln Better Business Bureau Advisory Board. These appointments bring a voice to advocate for vulnerable seniors in the state.

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Objective 1:

Identify, strengthen, and enhance collaboration of programs at all levels that impact the rights and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

Strategy:

1. Develop strategic partnerships with organizations such as the Better Business Bureau, TRIAD, Nebraska Bankers Association, Disability Rights Nebraska, and the Nebraska Caregiver Coalition to encourage, educate, and empower stakeholders on the rights and prevention of abuse, neglect, and exploitation of older adults and people with disabilities.

Measurement:

1. Seek 3 new partnerships by September 30, 2023 with organizations not currently collaborating by serving on the Statewide Elder Rights Coalition or with the local aging network.

Objective 2:

Educate and empower stakeholders on the rights and prevention of abuse, neglect, and exploitation of older adults and people with disabilities.

Strategies:

1. Develop and disseminate tools to help older adults and people with disabilities to protect themselves from elder abuse and financial exploitation.
2. Enhance outreach strategies throughout the aging network to educate and empower stakeholders on the availability of the tools listed under Strategy 1 using mediums such as public speaking engagements, newsletter, websites, and social media.

Measurements:

1. Disseminate the Advance Directives brochure in English and Spanish through partner organizations to increase access to the brochure for older adults and people with disabilities. Seek 2 new events and 3 new groups locally in distributing the brochures.
2. Develop and disseminate “Managing Someone Else’s Money – Help for agents under a power of attorney” Guide to educate and empower older Nebraskans and people with disabilities about elder abuse and financial exploitation. The new publication will be posted on social media and copies will be distributed to AAAs, APS and other organizations on an ongoing basis. Baseline will be established with 9/30/20 data for the remaining years in the state plan.
3. Increase awareness on elder abuse, neglect, and financial exploitation through publications and social media postings. This is a first-time strategy and all new awareness activity will be counted towards the performance measure.
4. Increase in the units of service for Information Services in the Taxonomy by 5%, by 9/30/2023. Baseline 109,994, 10/1/18.

Objective 3:

Facilitate individual access to advocacy and representation to protect individual rights and prevent abuse.

Strategy:

1. Through direct legal services representation, ElderAccessLine® services, referrals to the Volunteer Lawyer Project, and the Long-Term Care Ombudsman Program, promote

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availability of services to prevent abuse, neglect, and exploitation of older adults and people with disabilities.

Measurements:

1. Increase number of clients represented through the Legal Services Program by 5%. Baseline 9,440, 10/1/18.
2. Ensure referrals to the Volunteer Lawyer Project are made up to the maximum allowable capacity (40) through Legal Aid of Nebraska. Baseline 35, in State Fiscal Year 2018.
3. Ensure legal counsel is available to local ombudsmen.

Legal Services

Objective 1:

Integrate low cost mechanisms to address priority legal issues, including legal issues related to elder abuse, neglect and financial exploitation.

Strategies:

1. Continue to fund the Legal Aid of Nebraska's Statewide ElderAccessLine® to serve older Nebraskans in greater economic and social need on priority legal issues.
2. Promote the use of Legal Aid of Nebraska's Online Self-help services and forms.
3. Conduct law school clinics across the state to help older Nebraskans with preparation of Advance Directives.

Measurements:

1. Legal Services provider contracts will outline outreach and services to targeted groups such as economically and socially needy, people with disabilities and minorities. Data will be captured in the annual report and measured against each AAA demographics to determine whether services provided are proportional.
2. The number of individuals accessing the self-help service on Legal Aid's website will determine the outcomes. This service is new. All data will be tracked by Legal Aid of Nebraska. The baseline will be established with 9/30/20 for the number of individuals accessing the service.
3. The number of individuals served through the law school clinics and the total number of documents prepared will help determine the performance outcome. Baseline 10/1/18 – 94 clients served and 178 documents prepared.

Goal 3: Promote and develop programs to support individual self-determination & control.

Title III-D Programs - Health Promotion / Disease Prevention

Health Promotion and Disease Prevention Programming is provided through the aging network to help older adults live healthier more active lives. Low-cost interventions at the community level include areas such as fall prevention, physical activity, chronic disease self-management, medication management, foot care and nutrition. Seniors benefit from these programs by making behavioral changes that have proven effective in reducing the risk of disease and disability among the elderly.

As identified through the Nebraska Behavioral Risk Factor Surveillance System assessment, a high percentage of older adults in Nebraska have arthritis, high blood pressure, metabolic

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syndrome, cardiovascular disease, and/or have fallen. With the prevalence of these problems, it is imperative to help older adults by providing programs to support chronic disease management and promote education for older adults on positive lifestyle changes that includes better chronic disease management, good nutrition and physical fitness.

The SUA will continue emphasizing the importance of leading healthy lifestyles by promoting additional evidence-based health promotion and disease prevention programs into the aging network. The availability of workshops and programs will be expanded to include more online opportunities, and the SUA will work toward securing a broader and more sustainable funding base.

According to the National Safety Council, in 2017, 31,190 older adults aged 65 and older died from preventable falls, and more than 3 million were treated in emergency departments in the United States. Also according to the National Safety Council, over the past 10 years, the number of older adult fall deaths has increased to 58%, while emergency department visits have also increased by 40%.⁶ More specifically in Nebraska, in 2018, 31% of adults aged 65 and older, reported they had fallen in the past 12 months according to the United Health Foundation's Health Rankings⁷ from 2018. This percentage has increased from 28.1% in the 2017 report⁸.

Objective:

Promote the use of evidence based programs throughout the aging network and explore new opportunities to provide evidence based programs for communities.

Strategies:

1. Identify and introduce new Title III-D evidence based programs throughout the aging network that focus on topics ranging from health, wellness, long-term services and supports, caregiver and family support as well as mental health promotion.
2. Integrate the development and improvement of health literacy skills into evidence based programs throughout the aging network while partnering with other Health Department programs.
3. Continue to collaborate, promote and encourage falls prevention programs such as "Tai Chi" and "Stepping On" with Area Agencies and Health Departments.

Measurements:

1. Maintain the number of sites offering evidence-based programs through September, 2023. Baseline, 10/1/2018, 40 sites.
2. Maintain the number of participants in evidence-based health programs through September, 2023. Baseline, 10/1/2018, 1,353 clients.

Title V Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) under Title V of the OAA provides employment training to individuals 55 years of age or older who are at 125% of poverty or greater and who have multiple barriers to employment. The goal of the program is to place the

⁶ <https://injuryfacts.nsc.org/home-and-community/safety-topics/older-adult-falls/data-details/>

⁷ <https://www.americashealthrankings.org/api/v1/render/pdf/%2Fcharts%2Fstate-page-extended%2Freport%2F2018-senior-report%2Fstate%2FNE/as/AHR-2018-senior-report-NE-full.pdf?params=mode%3Dfull>

⁸ <https://www.americashealthrankings.org/learn/reports/2016-annual-report/state-summaries-nebraska>

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participants in unsubsidized employment. The SCSEP is an integral part of the Nebraska Workforce System where activities, strategic planning and special projects are coordinated between the two programs. The State SCSEP coordinator serves on the Nebraska Partner Council (the public sector arm of the workforce system) and has been appointed by the chair of the State Workforce Development Board to serve on the subcommittee on Evaluation and Review. This subcommittee is charged with the responsibilities related to: evaluation and review funding resources, WIOA Title I annual report, WIOA Title I funding allocation formulas, statewide labor market information system and other duties as assigned by the Chair.

Objective:

Place eligible participants in training assignments with the goal of helping them find unsubsidized employment at the end of their training.

Strategies:

1. Meet all federal performance measures during each program year.
2. Work with Workforce Development Boards to ensure that older adult participants are receiving services.
3. Develop “on-the-job experiences” (OJE) with employers.
4. Network with AAAs and Senior Centers to recruit them as host agencies to train program participants.

Measurements:

1. Track the number of participants appropriately placed in employment after they exit the program.
2. Seek at least two OJEs. Baseline 0, 10/1/18.
3. Increase the number of AAAs and Senior Centers serving as host agencies and the number of participants placed in training in the aging network by 5%, by 9/30/23. Baseline: 6/30/18, 12 participants.

State Senior Volunteer Program

The Senior Volunteer Program (SVP) provides volunteer community service opportunities to individuals to serve older persons following the priorities outlined in the federal Older Americans Act of 1965. In 2017, LB 417 revised the SVP program statutes eliminating a stipend for the volunteers and other provisions while retaining provisions relating to volunteer benefits such as transportation expenses, meals and an annual physical examination. The SVP state coordinator serves on the Nebraska Caregiver Coalition and the Nebraska Caregiver Coalition Advisory Board for southeast Nebraska. These groups are a good fit in serving both the caregivers and the care recipients.

Objective:

Promote the dignity, independence and freedom of choice of seniors to continue living in their home.

Strategies:

1. Recruit volunteers to go into the homes of seniors to provide companionship, assist with transportation to medical appointments or grocery shopping.
2. Train volunteers on issues such as recognizing the signs of elder abuse, neglect and financial exploitation, fall prevention, safety and medication safety.

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Measurements:

1. Increase the number of volunteers recruited by contractors by 5% by September 30, 2023. Baseline 62, 10/1/18.
2. Maintain the number of quarterly volunteer trainings conducted by contractors by September 30, 2023. Baseline 17, 10/1/18.

Aging & Disability Resource Centers (ADRC)

Since the 2015-2019 State Plan was developed, there has been significant progress on the ADRC initiative.

Legislation for a 2-year ADRC Demonstration Pilot program became law in 2015. The project launched July 1, 2016 with seven of the eight AAAs, in collaboration with several disability organizations, participating as ADRC sites. Each site provided Information and Referral, Options Counseling, and Identifying Unmet Needs services through a website, toll-free number, and walk-in service.

Due to the positive results of the demonstration, the sponsor of the original Legislation filed a bill in January of 2018 that made it permanent. It became law in April of 2018 and provided funding through June of 2020.

The seven AAAs and the disability partners of the Demonstration Pilot submitted new plans for the permanent program which offers Basic Information, Information and Referral, and Options Counseling through the same channels and site locations, retaining the statewide reach.

Sustainability of the program remains a priority, and the SUA will apply for CMS Federal Financial Participation (FFP) matching funds as part of that effort. The current state funding expires June of 2020. Client survey comments are displayed in Graph 11.

The target ADRC population is persons age 60+, and persons with disabilities of any age. This totals 398,000 of the total Nebraska population of 1,852,809.

Objective:

Apply continuous improvement and innovation to overall program operations to advance the ADRC into a more robust program to provide security and service to those in need of services.

Strategies:

1. Provide training on automated tools and the Aging Network to ADRC Agencies.
2. Collaboratively improve the content and data analysis of reports.
3. Secure alternative and sustainable funding streams.
4. Determine accurate service costs.
5. Collaborate with ADRC sites to offer needed ADRC services locally and statewide.
6. Collaborate with ADRC sites to maintain the number of engaged disability partners locally and statewide.

Measurements:

1. The SUA will host at least one statewide training opportunity each calendar year. (new system, new Points of Entry)

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2. SUA will provide system data for the Agencies monthly report to facilitate trend analysis and identification of challenges. SUA will develop and submit the annual report to the Legislature as outlined in §68-1118.
3. The SUA will secure a contractor to develop the Federal Financial Participation (FFP) program, and implement.
4. ADRC sites will determine costs for services and report the costs and the methodology used.
5. Track the type of ADRC services offered with the goal of four different ADRC services offered, by September 30, 2023. Baseline: 2 ADRC services in FY 2018.
ADRC services from § 68-1116:
 - a. Information and Referral
 - b. Options Counseling
 - c. Benefits Assistance
 - d. Unmet Service Needs
 - e. Transitional Options Counseling
 - f. Mobility Training
 - g. Home Care Provider Registry
6. Maintain the number of engaged disability partners through September 30, 2023. Baseline: 7 partners FY2018 (University Center for Excellence in Developmental Disability Education, Research and Service of the Munroe-Meyer Institute at UNMC, Nebraska VR, Disability Rights Nebraska, League of Human Dignity, Easterseals Nebraska, The Arc of Nebraska, and Brain Injury Alliance of Nebraska).

Self-Directed and Person Centered Care

The State is committed to providing older adults with control and choice regarding long-term care services and support options. Within Nebraska, several initiatives are underway which will allow for strengthened consumer control and choice. Research has shown that aging clients save money and maintain better health the longer they can age in place and avoid placement in a long-term care facility. Supportive services can assist aging clients meet their daily living needs and help aging persons to safely and securely age-in-place. Self-Directed Care allows the client to plan, budget and purchase such services based on their needs, capabilities and preferences. It promotes a market of competition allowing for lower provider fees, thereby stretching the client's dollar and maximizing their control. Area Agencies on Aging use Older Americans Act Title III-B and III-E funding for this service. Additionally, agencies can use Nebraska Community Aging Services Act funding to supplement Older Americans Act funding as long as those receiving services are provided a free and voluntary opportunity to contribute to the cost of the services and their privacy is respected with respect to their contribution.

Nebraska issued a new Program Reference Guide for FFY 2020 – 2023. One of the changes related to Participant-Directed/Person-Centered Planning includes moving from Self-Directed Care as an III-B and III-E service to a service delivery model. This means moving from being a stand-alone service and counting units of placements into the service, agencies will now count the services the client purchases (Homemaker, Chore, Respite for example) and then indicate if the service was provided via Self-Directed Care. This will allow Nebraska's Area Agencies on Aging to continue delivering long term care services and support options for older Nebraskans

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and caregivers in a way that maximizes control for the client. The SUA will continue to foster the use of Self-Directed Care opportunities in all Area Agencies on Aging.

Nebraska is in the process of updating the regulations for its state Care Management program to reflect requirements for more person-centered service delivery. Nebraska's state Care Management program is operated by all eight Area Agencies on Aging and is one of the primary methods of assessing clients' needs for and coordinating OAA Title III services throughout the state. Requirements for a person-centered approach will aid in maximizing clients to be engaged in decision making about their options for care.

Objective 1:

Support individual self-determination and control for older adults and their caregivers through promotion and implementation of person-centered care principals.

Strategies:

1. Participate in education regarding the delivery of person-centered care through use of the Miami University, Scripps Gerontology Center, What Matters Most training⁹. This is a webinar training that describes fundamentals of person-centered care and provides a consumer guide that can be used with older adults living and receiving services in their homes.
2. Work to implement elements of person-centered care into the review and potential revision of Nebraska's Care Management Basic Assessment, which is described in the State Care Management Section on page 28 and 29 of this State Plan.

Measurements:

1. 6 out of 8 Nebraska Area Agencies on Aging will participate in the Miami University, Scripps Gerontology Center, What Matters Most training by September 30, 2023.
2. Review and potentially revise the Care Management Basic Assessment and apply applicable elements of person-centered care by September 30, 2023.

Goal 4: Support and promote long-term services and supports for persons in all living arrangements.

In Nebraska the Supportive, Nutritional, Health Promotion and Caregiver services of the Older Americans Act (OAA) Title III Grants for State and Community Programs on Aging are administered through the Area Agencies on Aging. The SUA and the Area Agencies on Aging are committed to strengthening and expanding these fundamental services to meet the changing needs of older Nebraskans. Through innovative nutrition programs and new food service models, the SUA can monitor and guide Area Agencies through the ever changing and demanding task of providing appropriate nutrition services to seniors.

One way the SUA works to strengthen service delivery is through monitoring Title III programs. Program activities are viewed through performance measurement, as indicated by: 1) improving efficiency; 2) improving client outcomes; and 3) effective targeting to vulnerable elder populations. Nebraska Aging Information System is the vehicle through which data management for the Aging Network is reported. Through this data system, outcome

⁹ <http://miamioh.edu/cas/academics/centers/scripps/research/wmm/index.html>

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measurements can be demonstrated via selective reports. Graph 12 displays services the AAAs will offer beginning July 1, 2019.

Performance indicators are used to track progress for program outcomes. For home and community-based services, these indicators are: Efficiency indicators, which assess how many services are provided and at what cost, expressed as the number of participants served per dollars of funds expended; client outcome indicators, which include consumer assessment of service quality and effectiveness; effective targeting indicators, which assess the program's ability to serve those who may be vulnerable, such as minorities, people with disabilities, and those who live at or below the poverty level or live in rural areas.

Title III-B In-Home Services

In-Home Long Term Support Services enable individuals with disabilities and older adults to live in the community setting of their choice through availability of and access to high-quality long-term services and supports, including supports for families and caregivers. This maximizes the client experience of care, improves the health of clients, and reduces the per capita cost of health care by allowing individuals to remain in the community setting of their choice, receive the services they need to maintain and improve their health, and reduce or eliminate admission to long term care facilities. These are three of the four aspects of Nebraska's Quadruple Aim.

In-Home Services include Personal Care, Homemaker, Chore, Adult Day Care/Health, Telephone & Visiting, Material Distribution and Respite and are available throughout the state to Older Individuals age 60 and over. Area Agencies on Aging offer access to the In-Home service(s) through coordination and delivery of the service(s) and through Self-Directed Care, where the client coordinates the services.

For FFY 2020, Self-Directed Care will change from a stand-alone service to a service delivery model. Area Agencies on Aging will continue to provide access to services in a manner that is planned, budgeted, and purchased under the direction and control of the client. The specific services utilized, such as Personal Care or Chore services, will be recorded in the system, rather than Self-Directed Care. For example, if a client self-directs the purchase of Homemaker services, they will be recorded as Homemaker services rather than III-B Self Directed Care.

To meet the requirements of OAA 307(a) (25), the SUA utilizes multiple mechanisms to provide for quality in the provision of in-home services. First, in-home services are reviewed during annual monitoring of each of our AAAs. A review of how the AAA provides each in-home service (Personal Care, Homemaker, Chore, Durable Medical Equipment, Emergency Response System and Respite) is completed. Monitoring additionally consists of a review of provider timesheets for OAA services - including in-home services.

Quality in the provision of in-home services is also includes client satisfaction surveys completed by each AAA regarding Long-Term Services and Supports as well as the National Family Caregiver Support Program (which include in-home services). Clients provide feedback regarding the services they receive and are initially returned to the AAA for review. Area Agencies on Aging then provide the results to the SUA.

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Objective:

Assist older Nebraskans to improve their health and live in the community through the availability of and access to high-quality, community based in-home and access services, which will maximize their health and allow them to live in the community setting of their choice as long as possible.

Strategies:

1. Provide Personal Care, Homemaker, Chore, Adult Day Care/Health, Telephone & Visiting, Material Distribution and Respite services to older Nebraskans.
2. Target provision of services to Older Nebraskans with the greatest economic and social need, those living in rural areas, those with limited English speaking proficiency, low income minority individuals, those at risk for institutional placement, and frail older adults.
3. Ensure quality of in-home services through use of a Long Term Services and Supports satisfaction survey of clients receiving in-home services.
4. Utilize III-B funds efficiently to assist as many older Nebraskan's to receive in-home services as possible.
5. Maintain a comprehensive directory of available public and private resources. This can include persons who are deaf, hard of hearing, blind, have speech impairments, brain injuries, and other communities.

Measurements:

1. Increase community partnerships, including providers of in-home services, by 1% annually by September 30, 2023. Baseline 1,378 10/1/2018
2. SUA and Area Agencies on Aging will investigate best practice models that focus on effective outreach to individuals in rural areas by September 30, 2023.
3. Long Term Services and Supports, which includes clients receiving in-home services, will receive an 80% client satisfaction rate annually through September 30, 2023.
4. Maintain Federal In-home service units through September 30, 2023. Baseline 83,064 10/1/2018.
5. Update comprehensive directory of resources available for use in referral activities regularly. This can include resources for persons who are deaf, hard of hearing, blind, have speech impairments, brain injuries, and other communities, through September 30, 2023.

Title III-B Access Services

Access Services enable people with disabilities and older adults to live in the community through availability of, and access to, high-quality long-term services and supports, including supports for families and caregivers. This maximizes the client experience of care, improves the health of clients, and reduces the per capita cost of health care by allowing individuals to remain in the community setting of their choice, receive the services they need to maintain and improve their health, and reduce or eliminate admission to long term care facilities. These are three of the four aspects of the Quadruple Aim. Access Services include Case Management, Assisted Transportation, Transportation, Information & Assistance, Health Promotion/Disease Prevention (Non Evidence Based), Senior Center Hours, Social Activities, Counseling, Outreach and Information services. Individuals age 60 and over can access these services directly through the Area Agencies on Aging and in some instances through senior centers.

All eight of Nebraska's Area Agencies on Aging provide the state funded Care Management service, which is very similar to the OAA Case Management service. In 2018, there was change

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in interpretation of statutes regarding the payments required of clients and the amount of reimbursement allowed from the state. This caused the Area Agencies on Aging to evaluate the OAA Case Management service and for FFY 2020. Some will add OAA Case Management services to their operations and we anticipate more will do so during the plan timeframe.

Objective:

Assist older Nebraskans, as well as Nebraskans experiencing disabilities, to improve their health and live in the community through the availability or and access to high-quality, community based in-home and access services, which will maximize their health and allow them to live in the community setting of their choice as long as possible.

Strategies:

1. Provide Case Management, Assisted Transportation, Transportation, Information & Assistance, Health Promotion/Disease Prevention (Non Evidence Based), Senior Center Hours, Social Activities, Counseling, Outreach and Information services to older Nebraskans.
2. Target provision of services to Older Nebraskans with the greatest economic and social need, those living in rural areas, those with limited English speaking abilities, low income minority individuals, those at risk for institutional placement, and frail older adults.
3. Ensure quality of access services through use of a Long Term Services and Supports client satisfaction survey, which includes clients receiving access services.
4. Utilize III-B funds efficiently to assist as many older Nebraskan's to receive access services as possible.
5. Increase options for coordination of services through provision of OAA III-B Case Management services at Area Agencies on Aging

Measurements:

1. Increase community partnerships, including providers of access services, by 1% annually through September 30, 2023. Baseline 1,378 10/1/2018.
2. SUA and Area Agencies on Aging will investigate best practice models that focus on effective outreach to individuals in rural areas by September 30, 2023.
3. Long Term Services and Supports, which includes clients receiving access services, will receive an 80% client satisfaction rate annually through September 30, 2023.
4. Maintain Federal Access service units through September 30, 2023. Baseline 217,840 10/1/2018.
5. III-B Case Management services will be provided by four Area Agencies on Aging, by September 30, 2023.

Transportation Services

Area Agencies on Aging and senior centers throughout the state coordinate transportation to assist older individuals to obtain long term services and supports including nutrition and counseling services as well as legal assistance. Services are provided directly by agency employees or volunteers, through contracted services or sub-awards as well as through referrals to community services for which an older individual may be eligible.

Agencies use funding from the Older Americans Act, the Nebraska Department of Transportation, Housing and Urban Development, the Lincoln Housing Authority and local money from counties to provide both Transportation and Assisted Transportation. In some instances, OAA funds are used as Self-Directed Care for transportation when the older

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individual plans, budgets and purchases the service. This occurs frequently in areas where formal providers are limited and an older individual knows someone who is willing to provide the service for them on a limited or individualized basis.

Transportation in urban areas continues to become more of a demand as Nebraska's two largest metro areas, Lincoln and Omaha, continue to grow. Some AAA's in Nebraska offer transportation programs that emphasize services in rural areas. These programs offer demand response services throughout their service area to medical appointments, shopping and visitations. Other agencies have taken advantage of public transportation both in metro and rural areas where routes have been created to coordinate with service providers. For participation at community centers and meal sites, transportation continues to be a cornerstone for assisting those who wish to participate in a congregate meal, health clinic, evidence based program and socialization.

Title III-C Nutrition Services

Adequate and consistent nutrition is critical to a healthy life for older adults. Nutrition programs for the elderly available through the Older Americans Act help older adults who may not eat adequately, and through better nutrition, can help them remain healthy and independent in their communities. Congregate and home delivered meals through the Older Americans Act program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans 2015-2020, issued by the Secretaries of the Departments of Health and Human Services and Agriculture. Within this plan, the Dietary Guidelines for Americans 2020-2025 will be adopted to replace the previous guidelines once released by the USDA. Graph 10 displays the meal sites by county.

Congregate meals are to be served five days per week in an urban area, allowing older people to enjoy positive social contacts with other seniors in a group setting. Meals being provided occur in a variety of different settings which may include: senior centers, restaurants, independent and assisted living facilities and schools. Innovative meal programs within Nebraska has allowed for Area Agencies, under the guidance of the SUA, the ability to provide clients with vouchers to use in a congregate meal setting at a restaurant or grocery store. Providing all clients are given the opportunity to contribute and that they are served a meal from an approved source under the nutritional guidance of a Registered Dietitian, Area Agencies are encouraged to promote innovative new ways to attract clients and more specifically, of the baby boomer generation who are now newly eligible clients. The SUA developed a Senior Center Manual Template, incorporating best practices, to provide our AAAs with a framework for the creation of a new center, an evaluation of an existing center, or the development of a local center manual, which is a proven method to organize and establish center policies. Senior Persons age 60 or older and their spouses, regardless of age, are eligible for meals; however, priority is given to those with the highest physical, economic, or social need and to minority or rural individuals who are eligible.

Home delivered meals are service options that are funded through the Nutrition Services Incentive Program (NSIP) and other national or local programs. Meals are delivered to the individual residences of vulnerable older persons who are normally unable to leave their homes

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without assistance. These clients typically need assistance with meals, because they are unable to prepare meals for themselves and lack an informal support system to routinely provide assistance with meals. Services are intended to maintain or improve the nutritional status of these clients, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, and other residential facilities.

The Nutrition Program also provides a wide range of other related services through the aging network's service providers. Programs such as nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. These programs also include special health assessments for diseases such as hypertension and diabetes.

Nebraska is also fortunate to have a continuing strong partnership with the Nebraska Department of Agriculture. Through this partnership, the Senior Farmers' Market Nutrition Program is serviced and administered. Since the program's inception in 2000, a statewide program has been offered, benefiting older adults as well as farmers. This innovative program provides coupons for Nebraska-grown fruits and vegetables to individuals who are at least 60 years old and who meet income guidelines of 185% of the federal poverty level. The Senior Farmers Market Program continues to serve clients well and will maintain acceptable redemption rates throughout the state.

In addition to providing nutrition and nutrition-related services, the Nutrition Program provides an important link to other needed supportive in-home and community-based services such as home-maker, chore, transportation, physical activity programs, and even home repair and home modification programs.

Objective 1:

Work to provide nutritionally insecure older adults with more nutrition options.

Strategies:

1. Continue to offer nutrition education and nutrition counseling through the Area Agencies on Aging.
2. Expand home-delivered meal services to include more days of operation and or more meal times.
3. Maintain client meal participation at existing congregate sites and attract new eligible participants.
4. Develop a tool kit for implementation of more meal voucher programs throughout Nebraska.

Measurements:

1. Increase the number education and counseling services by 5% of baseline by September 30, 2023. Nutrition Education: FY2018: 34,621 (Units), Nutrition Counseling: FY2018: 860 (persons served).
2. Maintain the number of home-delivered meals served through September 30, 2023. Baseline FY2018: 761,696 Units. Increase home-delivered meal clients served by 4%. Baseline FY2018: 7,103 persons.
3. Maintain the number of clients served through September 30, 2023. Congregate: FY2018: 18,410 persons served

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4. Increase the number of alternative meal and programming sites. Baseline 10/1/2018: Pop-up Centers: 4 sites, Voucher sites: 7 sites.

Objective 2:

Delay institutionalization in high risk and non-Medicaid individuals.

Strategies:

1. Identify high-risk groups for targeting prevention initiatives and activities.
2. Continue to identify and build aging network partnerships throughout Nebraska and the U.S.
3. Develop aging network best practices models to increase services for clients in the community with the assistance of ACL, aging coalition groups and other states.
4. Heighten awareness of volunteer opportunities in aging nutrition services.
5. Promotion of opportunities to work with clients receiving nutrition services.

Measurements:

1. Maintain the total number of individuals utilizing aging nutrition programs in the community through September 30, 2023. Baseline: FY 2018 Congregate, HDM, and Nutrition Counseling 26,373 clients.

Objective 3:

Maintain nutrition sites across Nebraska for congregate meals.

Strategies:

1. Identify ways a nutrition site aligns with community needs.
2. Continue to build partnerships with private, non-profit and community based entities to assure the survival of local nutrition programs.
3. Continue to obtain feedback from clients and the community as to what attributes will retain and attract participants.
4. Utilize local volunteers for assisting in various functions of nutrition sites as well as offering them a meal on the same basis as meals provided to participating older individuals.

Measurements:

1. Maintain the total number of nutrition sites across Nebraska within 5% of the current 194 locations through September 30, 2023. Baseline FY 2018: 194 congregate/meal sites including 7 Voucher Sites, 4 pop-up sites, 144 sites operating five days a week or more, 49 sites operating less than five days a week.

Title III-E Caregiver Services (Family Caregiver Support Program) (NFCSP)

Most Nebraskans prefer to age-in-place and maintain as much independence as possible. When support is necessary to achieve this goal, many turn to family or friends to provide support or care. While most caregivers are happy to assist their loved one, caregivers frequently feel the need for education, support, and services to supplement the care they provide. This ensures that they are providing the best care possible and receiving the support they need to care for themselves as well.

NFCSP services are available throughout the state to Family Caregivers who care for older individuals age 60 and over as well as individuals who experience Alzheimer's disease or a

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related disorder. Older Relative Caregivers caring for a child or individual with a disability are eligible for services as well if they:

- are age 55 or older; and
- live with, are the informal provider of in-home and community care to, and are the primary caregiver for, a child or an individual with a disability;
- in the case of a caregiver for a child—
- are the grandparent, step grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; and
- are the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and
- have a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and
- in the case of a caregiver for an individual with a disability, are the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

The goal of the NFCSP is to provide services that support the caregiver, which will allow them to continue in their role. This facilitates improved client experience of care which is one aspect of Nebraska's Quadruple Aim. Caregivers can receive support in the form of information in obtaining access to services and resources, counseling, education training and support to assist them in their caregiver roles, respite services and additional supplemental services to complement the care they provide – this can include emergency response systems, assistive technologies, supplies and home modifications.

Objective 1:

Assist Nebraska caregivers to access National Family Caregiver Support Program services that best match their needs, maximizes care receiver independence and allows them to live in the community setting of their choice as long as possible.

Strategies:

1. Provide Caregiver Counseling, Caregiver Training, Caregiver Respite, Caregiver Supplemental Services, Caregiver Assistance: Case Management, Caregiver Support Group, Caregiver Assistance: Information & Assistance, Caregiver Outreach, and Caregiver Information services to Caregivers.
2. Target provision of III-E Caregiver services to Older Nebraskans with the greatest economic and social need, older relative caregivers of children and individuals with severe disabilities, and caregivers who provide care for individuals with Alzheimer's disease or related disorders.
3. Ensure quality of III-E Caregiver services through use of a National Family Caregiver Support Program client satisfaction survey.
4. Utilize III-E funds efficiently to assist as many older Nebraskan's to receive access services as possible.
5. Increase options for coordination of services through provision of III-E Caregiver Assistance: Case Management services at Area Agencies on Aging. This is a new service beginning in FY 2020.

Measurements:

1. Increase community partnerships, including providers of III-E Caregiver services, by 1% annually through September 30, 2023. Baseline 1,378 10/1/2018.

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2. SUA and Area Agencies on Aging will investigate best practice models that focus on effective outreach to caregivers of individuals with Alzheimer's disease or related disorders by September 30, 2023.
3. National Family Caregiver Support Program services will receive an 80% client satisfaction rate annually through September 30, 2023.
4. Total National Family Caregiver Support Program clients will increase by 1% annually through September 30, 2023. Baseline 1,116 1/10/2018.
5. III-E Caregiver Assistance: Case Management services will be provided by at least six Area Agencies on Aging which have not previously provided this service, through September 30, 2023.

Objective 2:

Advocate for caregivers through increasing public awareness and understanding of their needs and interests.

Strategies:

1. Work with the Nebraska Caregiver Coalition to facilitate information to the community regarding the needs of Nebraska caregivers.
2. Work with the Nebraska Caregiver Coalition to promote the interests of as well as provide education to Nebraska caregivers.

Measurements:

1. Utilize the Caregiver Coalition Newsletter, which the SUA contributes caregiving information to, to facilitate information to the community regarding the needs of caregivers, annually, through September 30, 2023.
2. Annually plan and participate in at least one community based event that promotes the interests of, and provides education to, caregivers through September 30, 2023.

State Care Management Services

The Nebraska Care Management Program was established through legislation in 1987 and established a statewide system of Care Management Units through AAAs. Services have been continuously provided since this time. It is entirely state funded and uses no OAA funds. The SUA has engaged in the process of updating the program regulations throughout FFY 2017 and 2018, and with input from AAAs and key members of the aging community, such as the University of Nebraska – Omaha School of Gerontology, look forward to finalizing and implementing the regulations throughout the timeframe this State Plan reflects.

The Care Management Program serves Nebraskan's primarily age 60 and over through assistance to identify and utilize services needed to assure they are receiving care that best matches their needs, maximize independence and allows them to live in the community setting of their choice as long as possible. Assisting clients to remain in the community rather than in long-term care facilities helps to reduce the per capita cost of health care, which is one aspect of Nebraska's Quadruple Aim.

The Care Management Unit provides clients with an assessment of needs (Appendix E), Long-Term Care Plan development, coordination of the Long-Term Plan of Care, monitoring of the delivery of services for clients, and review and consultation regarding the client's Long-Term Care Plan.

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State statute and regulations require the use of a sliding fee scale for Care Management Program services. Fees are based on the Federal Poverty Guidelines. Clients who have incomes under than 150% of the federal poverty rate are not required to pay a fee, those with income between 150% and 300% pay a portion of the cost, and those with income over 300% are required to pay the full fee for services provided. Most clients served by the Care Management Program have incomes just above the eligibility guidelines for Medicaid and, therefore, client fees do not account for a significant portion of the programs funding. Total Care Management program clients served is expected to remain flat due to flat funding levels.

Objective 1:

Utilize the Care Management Program to promote and increase the accessibility of all aspects of community life for older Nebraskans.

Strategies:

1. When the new system is installed, collaborate with AAA's to review, and potentially revise, the current Care Management Basic Assessment and apply available technology to increase efficiency.
2. Utilize Nebraska's Care Management program to promote and coordinate aging services to older Nebraskan's in rural communities.
3. Ensure quality of Care Management services through use of a Care Management Program client satisfaction survey.
4. Utilize Care Management with efficiently to assist as many older Nebraskan's to receive Care Management services as possible.
5. Collaborate with AAAs to develop a template of a long-term care plan as required by Nebraska's Aging Services regulations.

Measurements:

1. Review and potentially revise the Care Management Basic Assessment and apply technology available with Nebraska's Aging Information System by September 30, 2023.
2. Develop an information sheet or brochure that promotes Care Management and coordination of aging services targeted to rural communities, by September 30, 2023.
3. Care Management Program services will receive an 80% client satisfaction rate annually through September 30, 2023.
4. Total Care Management clients served will remain flat annually through September 30, 2023. Baseline 4,004 10/1/2018.
5. Develop a template for a long-term care plan as which contains all elements required by Nebraska's Aging Services Regulations by September 30, 2023.

Goal 5: Promote effective, responsive, and accountable management practices.

Fiscal

In accordance with OAA 307(a)(7): The SUA utilizes fiscal controls and fund accounting procedures to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

Strategies & Measurements

1. Assess contractor vs. subgrant status for each subrecipient annually.
2. Assess risk of each subrecipient annually.

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Conflict of Interest

No individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act. No officer, employee, or other representative of the State agency or an AAA is subject to a conflict of interest prohibited under this Act. There are mechanisms in place to identify and remove conflicts of interest prohibited under this Act. The Director of MLTC, and the Administrator for the SUA are required to submit annual conflict of interest statements to the State Accountability and Disclosure Commission. This procedure is required of all elected officials in Nebraska.

Case management services are offered to provide access to supportive services in numerous ways throughout the state to older individuals and those who experience disabilities. The AAA's provide these services to older individuals statewide through OAA funded Case Management services, state funded Care Management services as well as Medicaid Waiver services for those who are eligible.

Efforts to ensure non-duplication of services are focused on the use of our NAMIS data software for OAA funded Case Management and state of Nebraska Care Management services. Clients are entered into a specific program and services are documented by the funding source (OAA services vs state of Nebraska Care Management services). Medicaid Waiver uses separate NFOCUS software. These processes allow staff to coordinate and review for duplication of services as needed.

State funded Care Management Units are required to develop a comprehensive directory of available public and private resources that documents continuum of care services. Clients receiving Care Management services sign a program consent or clients rights documents which serves as a receipt that clients have been notified of their required right to choose available providers of services. All Care Managers act as agents for the individuals receiving the services and not as promoters for the agency providing such services.

Data Collection

During the 2020-2023 State Plan, Nebraska will upgrade the software used to collect aging and ADRC-related data. This upgrade allows for more consistent and accurate data collection. The SUA has issued a Program Reference Guide¹⁰ to the AAAs which is available online.

Legal services to rural areas are measured using the statewide reporting system and reported in an annual report. Title V services in rural area are based on the Equitable Distribution Report submitted to USDOL and participants placed in rural areas is based on this report as directed by USDOL.

Monitoring and Oversight

An annual review and an on-site inspection will include, but not be limited to a review of files and records, visits with clients and cooperating agencies to determine compliance with the Plan

¹⁰ <http://dhhs.ne.gov/Medicaid%20SUA/Program%20Reference%20Guide%20SFY%2020-23.pdf>

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of Operation and the LTCO policy and procedures. The MLTC Division contracted with the Auditor of Public Accounts to conduct fiscal testing. This contract combines fiscal testing of the AAAs for ACL/AOA programs, and the subawards for Medicaid Waiver services (HCBS). All AAAs have HCBS waiver subawards with the MLTC Division. This effort began in FY18, and required the Auditor to perform testing in accordance with Uniform Grant Guidance, and visit each site in person for FY18 and FY19. Each year, AAAs made significant improvements in financial practices. AAAs developed better tracking, standardization, allowability and allocability policies and procedures.

Strategies:

1. Gather information regarding the rural reach, services, and funding options available to the AAAs.
2. Review agency service priority criteria (including those residing in rural areas and potential for isolation). The AAAs frequently note referrals for services from Health and Human Services, Adult Protective Services and hospitals as criteria for priority as the agencies can help arrange and coordinate services in rural areas where services and providers are scarce, resulting in the need for assistance in obtaining services.
3. Utilize an independent fiscal monitoring entity. The MLTC Division hired the Auditor of Public Accounts to conduct fiscal testing of the AAAs for OAA and HCBS (home and community based services). This contract combines fiscal testing of the AAAs for ACL/AOA programs, and the subawards for Medicaid Waiver services (HCBS). All AAAs have HCBS waiver subawards with the MLTC Division. This effort began in FY18, and required the Auditor to perform testing in accordance with Uniform Grant Guidance, and visit each site in person for FY18 and FY19. Each year, AAAs made significant improvements in financial practices. AAAs developed better tracking, standardization, allowability and allocability policies and procedures.

Measures:

1. Develop and publish a standard set of monitoring tools for each fiscal year.
2. Conduct monitoring of agencies annually, utilizing established monitoring tools, and federal service priorities.
3. Contract with an independent entity to conduct fiscal testing of each AAA annually, following federal requirements for grant funds.
4. Notify each agency of the monitoring results within a reasonable timeframe after reports are prepared.

Direct Service Waivers

The SUA requires a Direct Service Waiver from each AAA with the submission of four-year area plans. All eight of our AAAs have been providing case management services, as of the date of submission of their plans, under a State program known as Care Management. Therefore, they have been instructed that they are permitted to provide case management services per OAA 307(a)(8)(B). The AAAs have been instructed they are permitted to directly provide information and assistance services and outreach per OAA 307(a)(8)(C).

Federal Goals

Financing the Services

Nebraska is not submitting substantive changes to its intrastate funding formula previously approved. A detailed formula description is included. Included is a copy of the current allocation plan for the AAAs. A funding formula assessment is planned for the four-year plan period, information will be shared with federal partners during this effort. Appendix H provides the funding formula description. The Federal funding for Nebraska remained flat for several years, followed by hold harmless reductions.

Additional funding was provided for a pilot ADRC from 2015-2018. The ADRC was made permanent in 2018. Funding was provided through the Health Care Cash Fund for SFY19 and SFY20. In the 2019 Legislative session, SFY21 funding is proposed through the Health Care Cash Fund again. The AAAs asked and were granted, to split the ADRC funds equally between the agencies serving as ADRCs. Seven of the eight AAAs chose to provide ADRC services. Two AAAs split the neighboring counties for the eighth AAA not participating. Pay for performance is anticipated in these programs once permanent funding is secured and more experience with the population and service delivery are documented.

In approaching health care purchases of services, Medicaid is embracing the “quadruple aim.” The SUA is within the MLTC Division, and is embracing this effort. The primary statements are followed by clarifying words to encompass services and clients beyond medical care.

The Quadruple Aim grew out of the Triple Aim in health system performance. The enhancement of the patient experience, improving population health, and reducing costs. The reduction of costs dovetails with improving quality and services across the network.

Title VI

Services for Native Americans Programs through Title VI are administered through four Nebraska Tribes; Omaha, Santee Sioux, Winnebago, and Ponca. Collectively these tribes offer home and community-based supportive services to Nebraska’s older Native Americans, including nutrition services and support for family and informal caregivers. All but Ponca Title VI programs reside in the Planning and Service Area of the Northeast Nebraska Area Agency on Aging (NENAAA). NENAAA provides technical assistance to the Santee, Macy and Winnebago Senior Centers. Each Center is invited to attend quarterly trainings sponsored by the Agency and members of the centers are offered an invitation to participate as members of the Agency’s Advisory Board. NENAAA contracts with Nebraska Legal Aid for legal services specializing in Native American elder law. Within the planning and service area for NENAAA, for those Native American older adults who qualify, Care Management and Medicaid Waiver are provided. NENAAA supports Native American communities by actively participating in local health fairs, offering presentations on health and wellness, fraud and scam, and nutrition education. The Agency strives to collaborate with the Native American communities in order to support their initiatives and avoid duplication of services. All four tribes receive Title VI funding through ACL. The Ponca Tribe does not have a reservation, but is recognized and receives Title VI funds for programming in Omaha and Lincoln.

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The SUA is interested in working collaboratively with the Indian Affairs Commission¹¹ on efforts that will reduce the need for costly institutional care and medical interventions; will be responsive to the cultural diversity of Native American communities; and will represent important parts of the communities' comprehensive services.

Continuous Improvement

The State created a Center of Excellence (COE)¹², embracing the Lean Six Sigma philosophy. The COE serves as the training center for continuous process improvement across all state agencies. It currently certifies White, Yellow, and Green Belts in Lean Six Sigma to those looking to engage in process improvement. Its goal is to help agencies simplify processes, resulting in a more effective, efficient, and customer-focused government. The COE has recently created and opened its Kaizen room, located in the State Capitol. It is used for training events and process improvement meetings. DHHS employees are required to take white belt and yellow belt certification. Each department has a center of excellence team. Green Belt and Executive Green Belt certification is available to managers and administrators.

¹¹ <http://www.indianaffairs.state.ne.us/>

¹² <http://das.nebraska.gov/coe/>

Appendix A – Public Input

A public hearing on the State Unit on Aging State Plan was held on May 7, 2019. A public notice of the hearing was posted on the Nebraska Public Meetings Calendar, and the State Unit on Aging website. The draft plan was posted on the State Unit on Aging website, and was linked from the Public Meetings Calendar. Public comment and revisions are listed in a table following the public calendar in this appendix. SUA staff attended the hearing. One person attended the public hearing. One person made verbal comments. No changes were made to the draft plan as a result of the testimony.

Public Notice on the SUA website:

The screenshot shows the State Unit on Aging website. At the top, there is a header with the text "State Unit On Aging" in blue. Below the header, there are social media icons for Facebook, Twitter, YouTube, and a plus sign. The main content area contains two paragraphs of text. The first paragraph describes the State Unit on Aging's role in overseeing funding to help Nebraskans stay in their homes, mentioning the Older Americans Act, the Nebraska Community Aging Services Act, and the Aging & Disability Resource Center Act. The second paragraph describes the services provided by Area Agencies on Aging and other providers, including health, safety, and long-term independence. Below the text, there is a section titled "State Plan Review" with a dark blue header. This section contains a paragraph explaining that the State Unit on Aging is drafting Nebraska's Aging State Plan, which outlines goals and objectives for the aging community for the next four years. It also includes links to review the "Current State Plan" (active through September 30, 2019) and the "Draft State Plan" (active October 1, 2019 through September 30, 2023), and a link to provide feedback via a survey: <https://www.surveymonkey.com/r/5GMBC6V>. On the right side of the page, there is a navigation menu with a "Back to Medicaid Homepage" link and a "More" section containing links for "General Information", "Medicaid Providers", "Medicaid Clients", and "State Unit on Aging".

The Public Notice on the Nebraska Public meeting Calendar:

• Official Website of Government Websites



- Calendar Admin ?
- Join nebAnnounce ?
- Open Meetings Act
- Edit nebAnnounce ?
- Home

More Information About the Selected Activity

Organization	Department of Health & Human Services : Division of Medicaid and Long-Term Care
Activity	Public Hearing
Date of Activity	Tuesday, 05/07/2019
Time of Activity	Meeting starts at 1:30 PM Central
Last Updated	Thursday, 04/25/2019
Location	301 Centennial Mall South, Lower Level A Lincoln, NE 68509 Nebraska State Office Building Location accessible to handicapped
Details	Public Hearing on the Aging Services Four-Year State Plan
Meeting Agenda	http://dhhs.ne.gov/Pages/Aging.aspx
Meeting Materials	http://dhhs.ne.gov/Pages/Aging.aspx
Person to Contact for Additional Information:	
Name	Cynthia Brammeier
Title	Administrator
Address	PO Box 65026 Lincoln, NE 68509
Telephone	(402) 471-2307
Toll Free	(800) 942-7830
Fax	(402) 742-8388
Telecommunications Number for the Deaf	(402) 471-2307
E-Mail	dhhs.aging@nebraska.gov
Agency Homepage	http://dhhs.ne.gov/Pages/Aging.aspx

Appendix A – Public Input

Public Comments:

Public Comment	Resolution
Executive Summary, 2/21/19 plan version	
Revise sentence that “Care Management is a state-funded program providing in-home services.” Care Management is not an in-home service.	Revised.
<u>Executive Summary: 2/21/19 plan version</u> How will SUA “provide technical assistance and training to any agency, organization, association or individual representing the needs and interests of older individuals?”	As the paragraph header indicates, this is required in OAA, Section 307. It is a broad approach to the collaborative efforts within the state and aging network.
<u>Causes of Death: 2/21/19 plan version</u> Revise sentence that the “Aging Network will continue to develop and implement evidence based programs.”	Revised. “...the Aging Network will continue to implement evidence-based programs on health promotion, disease prevention and chronic disease self-management.”
Goal 1 Advocacy: 2/21/19 plan version	
– Sentences should refer to Nebraska Long-Term Care Ombudsman. Strongly encourage to address more than long term care Ombudsman services, i.e., “SUA to increase public awareness in statewide message with the AAAs” and “SUA to lead the development with DHHS on new public policies that advance the interests of older adults, people with disabilities, etc.”	Revised to long-term care ombudsman throughout the plan where appropriate.
Objective 1, Strategy 2 2/21/19 plan version What is meant by “Manage existing funding to increase number of local ombudsman programs?” Current ones are underfunded now. How can you increase number without increasing funding?	Working within the budget each year to recruit additional volunteers and increase the number of long-term care ombudsman programs in currently underserved areas.
Objective 1, Measurement 2: In increasing the number of facilities visited by 10% a State Ombudsman number of is that the local programs?	All long-term care ombudsman, paid and volunteer, visits.
Goal 2 Protect Rights & Prevent Abuse: 2/21/19 plan version	
Need more appropriate housing for folks that have chemical dependency issues and mental health. Homeless shelters are not appropriate, and hospitals should stop considering them for discharge.	Online submission, no email provided to follow up. No changes made to the State Plan. No referral possible, no email provided. Aging works collaboratively with DHHS divisions and providers in this arena.
Objective 2, Measure 4:	Revised.

Appendix A – Public Input

Public Comment	Resolution
change information assistance to information services	
<p>Objective 3; Measurement 1: Measurement should be defined whether this means 5% over the term of the entire plan time frame each year. If this is each year, the figure compounds and becomes a 21.5% increase over the plan period. This figure would not be achievable without added funds.</p> <p><u>Recommendation:</u> Seek additional funds from the State of Nebraska to increased service needs due to the growth of the senior population. Adjust the expected growth of delivery to funding available.</p>	<p>Updated.</p> <p>The measure of 5% is for the 4 year plan period, through 9/30/23.</p>
Goal 3, Promote and develop programs to support individual self-determination & control	
Measures 1-2: less funding would lead to maintaining sites and number of participants not increasing	Revised Measures 1, 2 to maintain.
<p>Measurement 3: 2/21/19 plan version</p> <p>Recommendation: Increase participation in fall prevention training by 3% each year by measuring unduplicated client count. Collaborate with the DHHS Nebraska injury Prevention Division to make available funding opportunities to increase training.</p>	Removed Measure 3.
<p>Title V Senior Employment Measurement 3: Increase the number of AAAs and Senior Centers serving as host agencies and the number of participants placed in training in the aging network by 5%. Baseline: 6/30/18, 12 participants.</p> <p>Recommendation: Consider raising the desired increase by 10% per year. This would mean an additional one host agency per year.</p>	<p>Goal of 5% is for the 4-year plan period. Date added 9/30/23.</p> <p>Note: The SCSEP program has a limited number of participant slots each year.</p>
<p>Measurement 4: Determine accurate services costs and develop a pay-for-performance reimbursement plan.</p>	<p>Revised language.</p> <p>4. ADRC sites will determine costs for services, report the costs and the methodology used, and the SUA will develop a reimbursement process</p>

Appendix A – Public Input

Public Comment	Resolution
<p><u>Recommendation</u>: 1. Seek feedback from field providers on methods to reward performance under a fee for service system; 2. Seek Best Practices that are successfully operating; 3. Provide clarity in performance expected, measurements and incentives; 4. Define ceilings so that the State and Agencies are not committing to more service/reimbursement than what the state can afford; 5. Transition from ø lump sum to o unit of service reimbursement that is not based on reimbursable costs.</p>	<p>based on costs, service complexity, market size, and market penetration.</p>
<p><u>ADRC</u> Measurement 5:</p> <p>The ADRC program will increase their market penetration by an average of 10% per year, by September 30, 2023. Baseline: 5,659 FY 2018</p> <p>Recommendation: 7. Provide clarity on what the current "market" count is and what actual reach is across the network; 2. Work with the AAAs to determine a reasonable reach for increasing market penetration and consistent measurement; secure additional funding to fund this increase.</p>	<p>Added market base description. Removed goal in later version.</p> <p>Note: Initial thought was an estimated growth of 10%, translates to about 566 calls per year, divided by 7 agencies, divided by 12 months, is less than 7 calls per month per agency.</p>
<p><u>ADRC</u> <u>Strategy 1. 2/21/19 plan version.</u> Provide effective training through SUA, ADRC Coordinators, disability partners, and other applicable resources.</p> <p>Question: How with the SUA provide this training?</p>	<p>Revised in 4/22/19 version.</p> <p>Provide training on automated tools and the Aging Network to ADRC Agencies.</p> <p>Note: Training will continue with the current practice of in person, by phone, or via webinar.</p>
<p><u>ADRC</u> <u>Measure 1.</u> The SUA will host at least one statewide training opportunity each calendar year.</p> <p>Question: How with the SUA provide this training?</p>	<p>Revised.</p> <p>The SUA will host at least one statewide training opportunity each calendar year. (new system, new Points of Entry)</p> <p>Note: Training will continue with the current practice of in person, by phone, or via webinar.</p>
<p><u>ADRC</u> <u>Measure 2.</u> The monthly ADRC Statewide Coordinators reports will provide a quantity of content comparable during the Pilot program, provide analysis of</p>	<p>Revised.</p> <p>SUA will provide system data for the Agencies monthly report to facilitate trend analysis and identification of challenges. SUA will develop and</p>

Appendix A – Public Input

Public Comment	Resolution
<p>trends and variances, and strategies and tactics to address identified challenges.</p> <p>Question: Did this change? If so, how and when? This analysis should be provided by SUA not the ADRC Statewide Coordinators.</p>	<p>submit the annual report to the Legislature as outlined in §68-1118.</p>
<p>ADRC Strategy 3. Secure alternative and sustainable funding streams.</p> <p>Question: What are these alternative and sustainable funding streams?</p>	<p>Revised in 4/22/19 version.</p> <p>One is Medicaid administrative claiming. Others could include contracts with MCOs or health care providers – for services such as transitional Options Counseling, Care/Case management, Mobility Management, etc. on a fee based system to care facilities/hospitals for client discharge.</p> <p>Provide services on a fee based system similar to private companies, but not use OAA or State Funds for operating it. Research Foundations and apply for grants.</p>
<p>ADRC Strategy 4. 2/21/19 plan version.</p> <p>Determine accurate services costs and develop a pay-for-performance reimbursement plan.</p> <p>Question: Pay-for-performance reimbursement plan needs to be defined and should not be implemented before the ADRC is established as it is less the one year out from a pilot project.</p>	<p>Revised in 4/22/19 version.</p> <p>Determine accurate service costs.</p> <p>Note: Current AAA budget templates provide gross cost per unit and SUA funded cost per unit for this comparison and analysis.</p>
<p>ADRC Measure 4. 2/21/19 plan version. ADRC sites will determine costs for services, report the costs and the methodology used, and the SUA will develop a reimbursement process based on costs, service complexity, market size, and market penetration.</p> <p>Question: What is the purpose?</p>	<p>Revised.</p> <p>ADRC sites will determine costs for services and report the costs and the methodology used.</p> <p>Note: Knowing the cost of a service permits the AAA or ADRC provider to set a verified price for that service to another organization in the open market. Pricing also provides information to funders (including the legislature) regarding the value of the service being provided. Future funding is likely to depend upon valid data regarding units and costs of each service.</p>
<p>ADRC Collaborate with ADRC sites to increase the market penetration of eligible individuals served.</p>	<p>Removed measure.</p>

Appendix A – Public Input

Public Comment	Resolution
<p><u>ADRC 4/22/19 plan version</u></p> <p>Measurement 5: The ADRC program will increase their market penetration by an average of 10% per year, by September 30, 2023. Baseline: 5,659 clients served in FY 2018</p> <p>(For FFY 18, Nebraska reported 5,659 estimated unduplicated client count for ADRC. It is estimated that 398,000 people 60 or older or have a disability. The ADRC reached about 1.4% of that population (5,659/398,000) in 2018.)</p> <p>A 10% increase per year over four years will result in a compounded rate of increase by 46% between 2020 and 2023. This will require an additional investment of \$ 8,500 in year one and compounding to \$ 46,736 in the year 2023 for Aging Partners alone.</p>	<p>Removed measure.</p>
<p><u>ADRC 2/21/19 plan version</u></p> <p>Strategy 6: Collaborate with ADRC sites to offer needed ADRC services locally and statewide.</p> <p>Question: Define needed. The current funding allows for two limited services, i.e., Information & Referral and Options Counseling.</p>	<p>No changes made.</p> <p>Note: AAAs survey constituents in their area and determine the greatest need for services.</p>
<p>Goal 3: Promote and develop programs to support individual self-determination & control.</p> <p><u>ADRC 2/21/19 plan version</u></p> <p>Measure 6: Track the number of ADRC services offered with the goal of an average of four services offered by ADRC sites, by September 30, 2023. Baseline: 2 FY2018.</p> <p>Question: Not without additional funding. The program is already operating on a shoestring budget.</p>	<p>Revised.</p> <p>Track the type of ADRC services offered with the goal of four different ADRC services offered, by September 30, 2023. Baseline: 2 ADRC services in FY 2018.</p> <p>ADRC services from § 68-1116:</p> <ul style="list-style-type: none"> a. Information and Referral b. Options Counseling c. Benefits Assistance d. Unmet Service Needs e. Transitional Options Counseling f. Mobility Training g. Home Care Provider Registry <p>Note: Agencies are already tracking what services are provided. 5 are offering 2, 2 will offer 3 effective 7/1.</p>

Appendix A – Public Input

Public Comment	Resolution
<p><u>ADRC 2/21/19 plan version</u> Strategy 7: Collaborate with ADRC sites to increase the number of engaged disability partners locally and statewide.</p> <p>Question: What is the baseline? Define engagement.</p>	<p>Revision made. 5/3/19 plan version = Strategy 6.</p> <p>Collaborate with ADRC sites to maintain the number of engaged disability partners locally and statewide.</p> <p>Note: Baseline numbers are included in measurements. Engagement can be any form of communication. Engagement can also include activities for pay.</p>
<p><u>Goal 3, ADRC 4/22/19 plan version</u> Measurement 6:</p> <p>Legislation reads “(2) Each aging and disability resource center shall provide one or more of the following services” Currently, Aging Partners is providing two ADRC services defined in legislation.</p> <p>Currently, Aging Partners is supplementing the cost of the ADRC program by \$ 13,328 annually. Increasing program offerings in the ADRC program will require additional funding.</p>	<p>Revised goal:</p> <p>Track the type of ADRC services offered with the goal of four different ADRC services offered, by September 30, 2023. Baseline: 2 ADRC services in FY 2018.</p>
<p><u>ADRC 2/21/19 plan version</u> Measurement 7.</p> <p>The ADRC sites will increase the number of engaged disability partners to 12 by September 30, 2023. Baseline: 7 FY2018.</p> <p><u>Recommendation:</u> If additional funding secured, increase engagement by disability partners in providing direct service delivery under the ADRC model. Year 1: 2 partners; Year 2-4: One additional partner per year.</p> <p>Question: What is the baseline? Define engagement.</p>	<p>Goal revised.</p> <p>Maintain the number of engaged disability partners through September 30, 2023. Baseline: 7 partners FY2018 (University Center for Excellence in Developmental Disability Education, Research and Service of the Munroe-Meyer Institute at UNMC, Nebraska VR, Disability Rights Nebraska, League of Human Dignity, Easterseals Nebraska, The Arc of Nebraska, and Brain Injury Alliance of Nebraska).</p>
<p><u>ADRC 4/22/19 plan version</u> Measurement 7:</p> <p>Current ADRC funding is not sufficient to pay for services already provided. Legislation requires the sharing of resources with the disability partners.</p>	<p>Goal was changed to suggestion from earlier question.</p> <p>Note: Medicaid Administrative Claiming is anticipated to increase funds to participating agencies.</p>

Appendix A – Public Input

Public Comment	Resolution
To engage one additional partner each year will require at least an additional \$5,000 per new partner per year. By 2023, a need for \$20,000 additional dollars. The current level of funding available to support disability partners is not sufficient to engage them at appropriately higher levels of service.	
Goal 4, Long-Term Services and Supports: 2/21/19 plan version	
Need more homes that offer services to dementia and mental health issues. There is a huge lack of services for these folks in Nebraska.	Online submission, no email provided to follow up. No changes made to the State Plan. Aging works collaboratively with DHHS divisions and providers in this arena
What is the meaning of “Providers of In-Home Services” Agency? Individual?	Yes, a provider can be an individual or an agency.
Title III-B In-Home Services Measurement 1: Increase community partnerships, including providers of in-home services, by 1% annually by September 30, 2023. Baseline 1,378 10/1/2018 Question: describe community partnerships and who is increasing them	No change. Note: Community partnerships are broad, and can include networking within the service areas with non-profits, for profits, and individuals, interested in providing services or facilitating activities that promote an individual’s living preferences. Agencies are collaborating on a regular basis.
Title III-B In-Home Services Will SUA complete client satisfaction survey?	No. AAAs currently conduct satisfaction surveys with clients periodically.
Title III-B In-Home Services <u>Suggestion:</u> Revise last paragraph: “This caused the Area Agencies on Aging to reevaluate the OAA Case Management service and for FFY2020	Revised to read “evaluate.”
<u>III-B Access Services</u> Measurement 5: III-B Case Management services will be provided by at least four Area Agencies on Aging which have not previously provided this service, by September 30, 2023. <u>Recommendation:</u> State Unit seek additional Funding to support this increased services.	Revised to read: 5. III-B Case Management services will be provided by four Area Agencies on Aging, by September 30, 2023. Note: Two additional AAAs will offer III-B Case Management beginning 7/1/19, bringing the total to 3. Note: III-B funding is determined through a federal funding formula. Agencies can utilize this to serve local needs.
Title III-C Nutrition Services Measurement 2.	Revised to maintain.

Appendix A – Public Input

Public Comment	Resolution
Suggestion: Maintain not increase number of HD meals.	
Title III-C Nutrition Services Measurement 4 Suggestion: Not all AAAs have meal voucher program	No change. Note: Alternative meal and programming sites are varied. Not all alternatives are vouchers.
Title III-C Nutrition Services Objective 2, Measurement 1: Suggestion: Maintain not increase.	Revised to maintain.
Title III-C Nutrition Services Objective 2, Measurement 2: Suggestion: Eliminate #2 Do not track new volunteers in nutrition program.	Removed measure.
Title III-E Caregiver Services (Family Caregiver Support Program) (NFCSP) Question: Will SUA increase community partnerships? Why training on effective outreach when more workable to provide a new definition? Will SUA complete satisfaction survey?	Note: Community partnerships are broad, and can include networking within the service areas with non-profits, for profits, and individuals, interested in providing services or facilitating activities that promote an individual’s living preferences. Agencies are collaborating on a regular basis. Revised language to best practices. Note: AAAs survey constituents in their area and determine the greatest need for services.
State Care Management Services Measure 1: Question: Who will review and revise CM assessment?	Note: When the new system is installed, collaborate with AAA’s to review, and potentially revise, the current Care Management Basic Assessment and apply available technology to increase efficiency.
State Care Management Services <u>Measure 2:</u> Who will create the sheet?	The SUA.
State Care Management Services <u>Measure 3:</u> Question: Will SUA complete satisfaction survey?	No. AAAs currently conduct satisfaction surveys with clients periodically.
State Care Management Services <u>Measure 5:</u> Question: Explain template for long term care plan.	Note: During monitoring, care managers have mentioned interest in a template that they could use / modify for local needs.

Appendix A – Public Input

Public Comment	Resolution
Goal 5, Title VI 2/21/19 plan version	
<p>Aging Partners reached out to the Ponca Tribe to discuss opportunities to collaborate. Our contact there report they are not receiving Title VI funding for nutrition programming.</p>	<p>Added a sentence: All four tribes receive Title VI funding through ACL. Note: The federal (ACL) website indicates the four Nebraska Tribes have received funding for the current and previous years. https://acl.gov/about-acl/older-americans-act-oaa#tribal</p>
<p>Goal 5: Promote effective, responsive, and accountable management practices statewide. Question: Address consistent monitoring with SUA and APA among all AAAs. No measurements for Goal 5: Could address timely subaward procurement process, timely reimbursement, consistent monitoring reviews</p>	<p>Revised, updated with measures: Fiscal Assess contractor vs. subgrant status for each subrecipient annually. Assess risk of each subrecipient annually. Monitoring & Oversight: Develop and publish a standard set of monitoring tools for each fiscal year. Conduct monitoring of agencies annually, utilizing established monitoring tools, and federal service priorities. Contract with an independent entity to conduct fiscal testing of each AAA annually, following federal requirements for grant funds. Notify each agency of the monitoring results within a reasonable timeframe after reports are prepared.</p>

Appendix A – Public Input

Public Comment	Resolution
General Comments, email and online. 4/22/19 plan version	
<p>1. Training.</p> <p>a. Deaf Culture</p> <p>i. Will there be training related to Deaf culture, communication modes and barriers.</p> <p> 1. Collaborating with NCDHH to train :</p> <p> a. Long-Term Care Ombudsmen's Program</p> <p> b. Area Agencies on Aging</p> <p> c. Staff involved in the care and treatment services</p> <p>ii. Will staff involved in the daily care of senior Deaf and Hard of Hearing adults receive training on effective communication? Social/emotional needs?</p> <p>2. Direct Communication</p> <p>a. Will there be training or recruiting of individuals who can communicate directly with a Deaf individual?</p> <p>b. What is being done to make sure residents/ senior consumers have access to Sign Language in various settings?</p> <p> i. PACE services</p> <p> ii. Services for low-income minority with limited English proficiency</p> <p> iii. Advocacy services</p> <p> iv. Long-Term care staff</p> <p>c. Recruiting caregivers who are fluent in ASL, or understand how to work with interpreters?</p> <p>3. Technology</p> <p>a. What kind of training will be put in place to discuss communication access through technology?</p> <p>b. Caption Service, assistive listen devices, loop systems</p> <p>c. How will this plan ensure access to all materials in Sign Language?</p> <p> i. Will VLOGS and captioning be used in videos?</p>	<p>III-B In Home, reworded Strategy & Measurement 5</p> <p>Strategy:</p> <p>5. Maintain a comprehensive directory of available public and private resources. This can include persons who are deaf, hard of hearing, blind, have speech impairments, brain injuries, and other communities.</p> <p>Measurement:</p> <p>5. Update comprehensive directory of resources available for use in referral activities regularly. This can include resources for persons who are deaf, hard of hearing, blind, have speech impairments, brain injuries, and other communities, through September 30, 2023.</p> <p>Ombudsman, added additional Objective</p> <p>Objective 4:</p> <p>Work collaboratively to support training and education for long-term care facility staff on various communication modalities.</p> <p>Strategies:</p> <p>Identify resources for effective communication for individuals who are deaf, hard of hearing, blind, have speech impairments, brain injuries, and other communities.</p> <p>Share resources with long-term care facilities.</p> <p>Share Ombudsman in-service training schedule to facilitate co-located opportunities.</p> <p>Measurements:</p> <p>Publish resources for continuing education online. Baseline, 0, FY18.</p> <p>Schedule in-service Ombudsman facility staff training, and share with facilities regionally. Baseline, 0, FY18.</p>

Appendix A – Public Input

Public Comment	Resolution
<p>d. Consideration on funding changes to help provide communication access equipment such as CART or other captioning services?</p> <p>e. What resources will be established for seniors who do not have access to technology, or not well versed in using technology?</p> <p>4. Community collaboration</p> <p>a. Have you consulted members of the Deaf and Hard of Hearing community while forming this plan on topics like:</p> <ul style="list-style-type: none"> i. Least restrictive environment ii. Social/Emotional needs related to seniors and long-term care <p>b. Have discussions about collaborating with NCDHH to help educate stakeholders on Deaf rights.</p> <ul style="list-style-type: none"> i. Ombudsmen ii. Nebraska aging & DA resource center 	<p>Note: The State Unit on Aging does not provide direct service to clients. The SUA does not have regulatory authority over long-term care facilities.</p>

Appendix B – State Plan Work Group

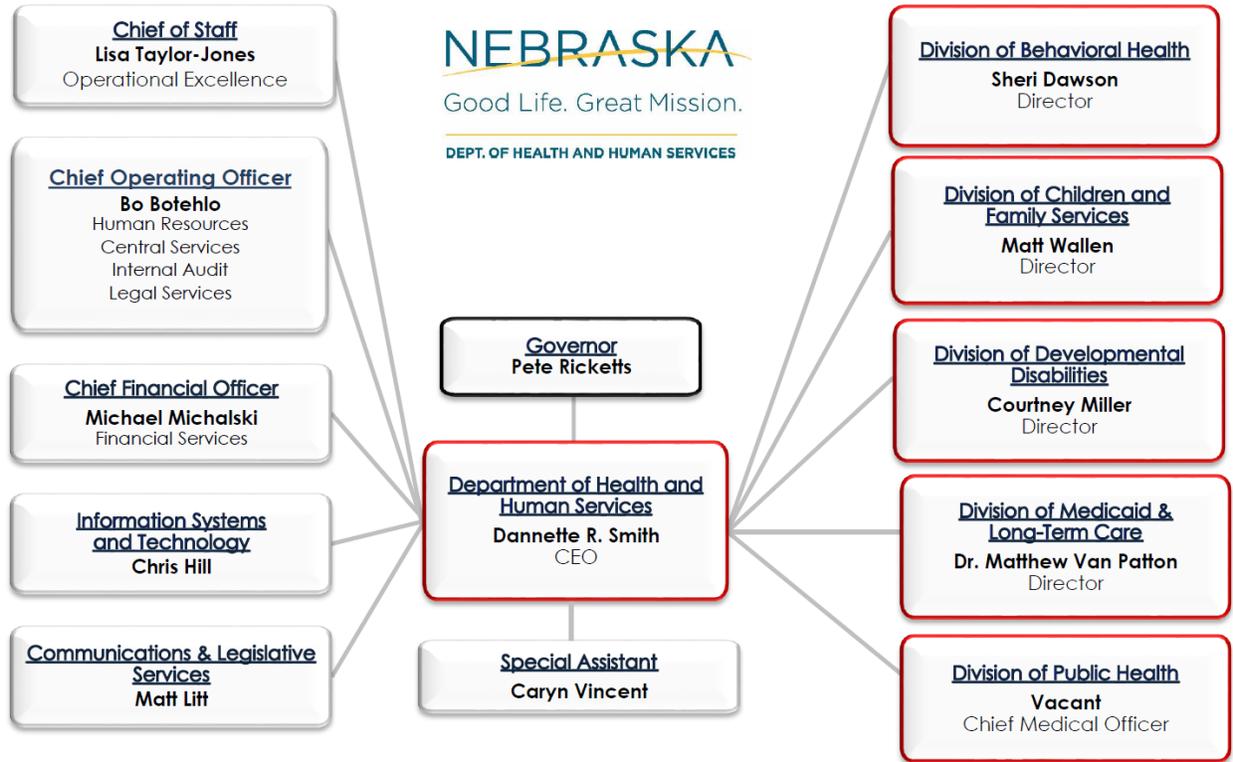
The State Plan Work Group included staff, LTCO, AAAs, and UNO Gerontology Chair:

Name	Program Area
Cynthia Brammeier	Administrator II
Doug Bauch	Program Manager I, Title III, Care Management, ADRC, Disaster Preparedness
Madhavi Bhadbhade	Program Coordinator: Legal Services, Elder Rights/Elder Justice Senior Community Employment Services Program (SCSEP) Senior Volunteer Program
Amy Hochstetler	IT Business Analyst
Gene Hogan	Federal Aid Administrator II
Robert Halada	Fiscal Program Manager I
Ben Stromberg	Program Coordinator: Title III-B Access Services, In Home Services, and Other Services Title III-E Caregiver Services Care Management
Erik White	Nutrition Program Coordinator, Registered Dietitian Health Promotion Disease Prevention Farmer’s Market (USDA program) Transportation Senior Centers
Penny Clark	State Long-Term Care Ombudsman
Dennis Loose	Executive Director, Eastern Nebraska Office on Aging
Randy Jones	Executive Director, Aging Partners
Connie Cooper	Executive Director, Northeast Nebraska AAA
Rod Horsley	Executive Director, South Central Nebraska AAA
Casey Muzic	Executive Director, Midland AAA
Zoe Olson	Executive Director, Blue Rivers AAA
Linda Foreman	Executive Director, West Central Nebraska AAA
Cheryl Brunz	Executive Director, Aging Office of Western Nebraska
Julie Masters, Ph.D.	Chair, University of Nebraska Omaha, Department of Gerontology

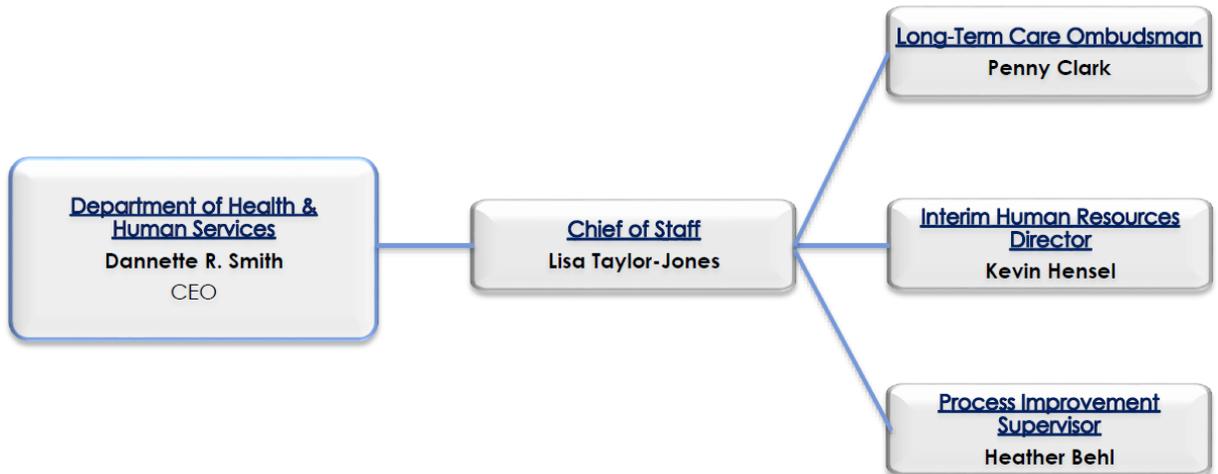
Appendix C – Organizational Charts

The Governor appoints Department and Division Directors.
Division Directors appoint Deputy Directors.

DHHS, Chief Executive Officer

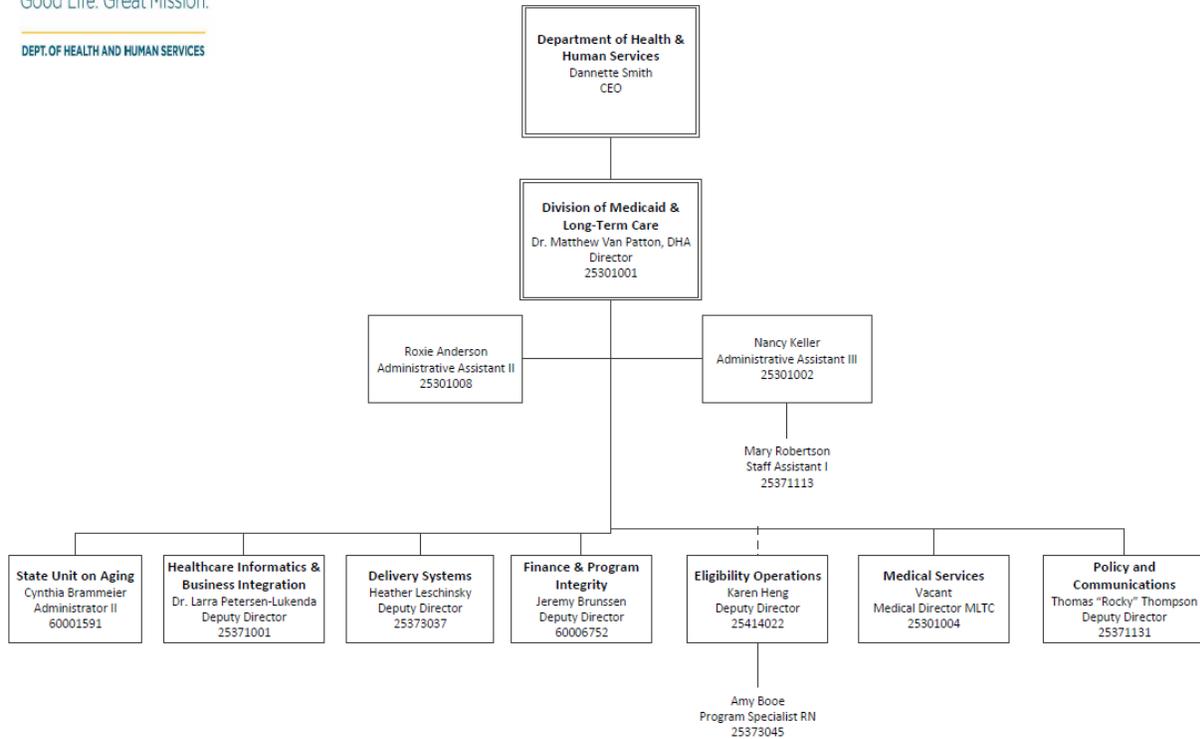


Chief of Staff, State Long-Term Care Ombudsman

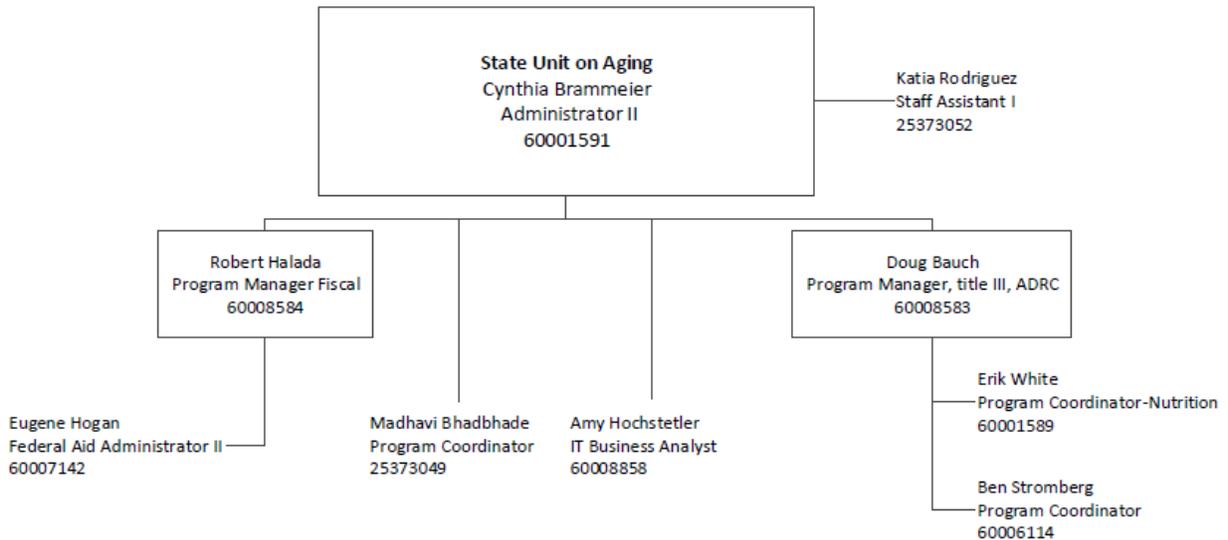


Appendix C – Organizational Charts

Division of Medicaid and Long-Term Care:

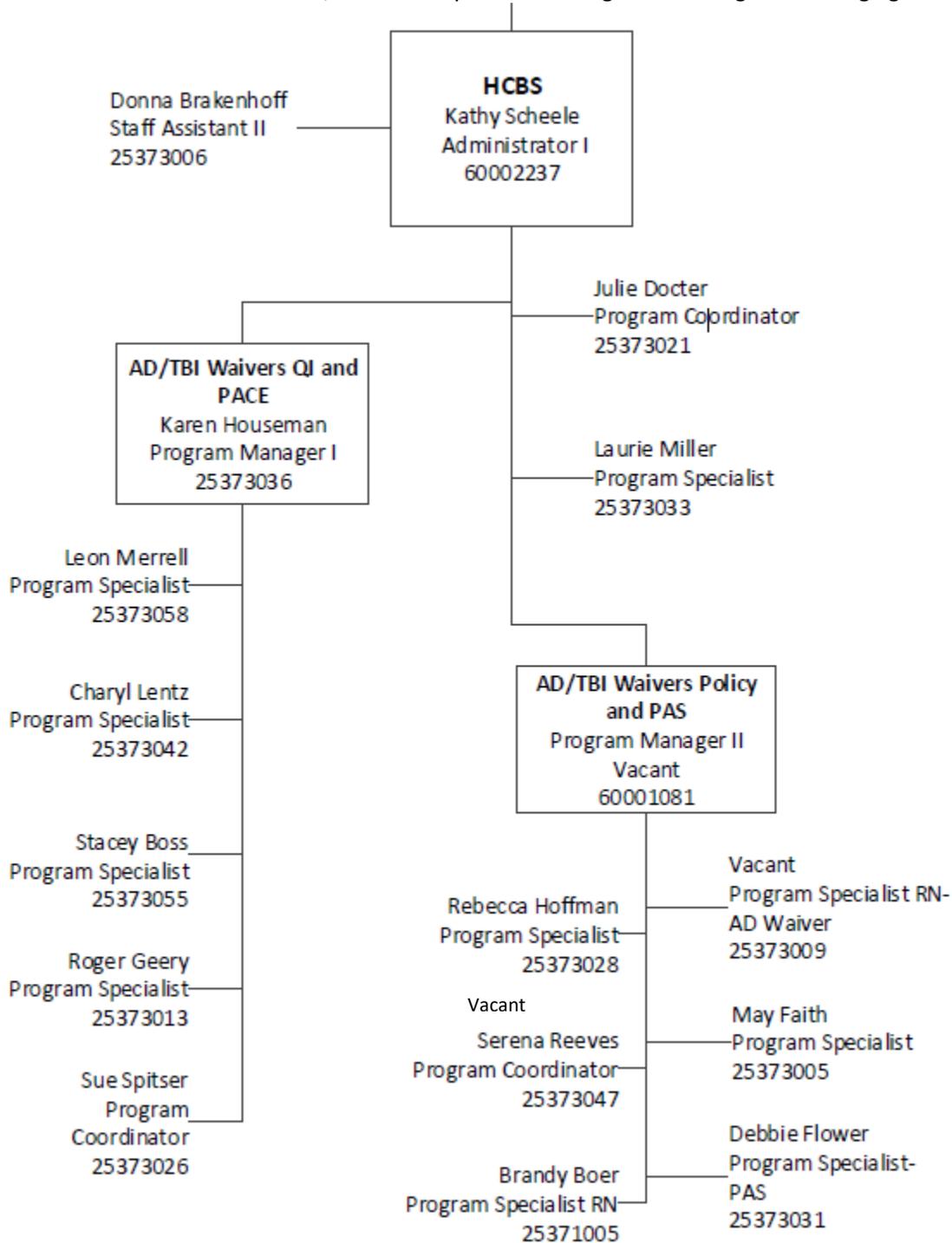


The **SUA** reports to the Director of Medicaid and Long-Term Care.



Appendix C – Organizational Charts

Medicaid Home and Community Based Services report to the Deputy Director for Delivery Systems. The SUA works closely with the HCBS team in aligning services, and co-managing a fiscal testing contract, with the Auditor of Public Accounts, for services provided through the Area Agencies on Aging.



The Aging Advisory Committee is appointed by the Governor.

Advisory Committee on Aging

There is one member from each of the eight Area Agency on Aging planning service areas and four at-large members. The committee meets twice per year. Dates and times of meetings can be found on the Nebraska Public Meeting Calendar at <https://www.nebraska.gov/calendar/index.cgi>.

Below is a list of the current members:

Michael Millea Omaha, Nebraska Eastern Nebraska Office on Aging	Shari Busch Lincoln, Nebraska Aging Partners, Lincoln Area Agency on Aging	Rod Hughes Norfolk, Nebraska Northeast Nebraska Area Agency on Aging
Rodale Emken Holdrege, Nebraska South Central Nebraska Area Agency on Aging	Clare Schmidt Grand Island, Nebraska Midland Area Agency on Aging	Janice Price Beatrice, Nebraska Blue Rivers Area Agency on Aging
Kenneth Niedan Hershey, Nebraska West Central Nebraska Area Agency on Aging	Charlotte Anne Dorwart Sidney, Nebraska Aging Office of Western Nebraska	Barbara Wegner Cozad, Nebraska At Large Member
Colleen Claassen Lincoln, Nebraska At Large Member	OPEN Lincoln, Nebraska At Large Member	Doyle Howitt Kearney, Nebraska At Large Member

Appendix D – Discretionary Programs

There are no discretionary program grants with the State Unit on Aging at this time.

The State Unit on Aging is supporting the Division of Public Health ACL grant for Chronic Disease Prevention and Control. The three-year grant is building capacity for Living Well programs across the state.

NEBRASKA CARE MANAGEMENT PROGRAM

Client Assessment

Client Name

Client ID Number

Case Manager Name

- Basic Information *page 1-2*
- Other Information *page 2*
- Support Information *page 3*
- Health..... *page 4-6*
- Health & Cognitive *page 7-8*
- MH & Legal *page 9-10*
- Nutrition *page 11*
- ADL..... *page 12*
- IADL..... *page 13*
- Housing *page 14*
- Financial *page 15-16*

Note: Fields in BOLD are required for NAMIS

9/16

BASIC INFORMATION

Social Security Number NAMIS ID#
 First Name Date of Assessment
 Middle Name Date of Update
 Last Name
 Gender: Male Female No Response
 Birth Date Age Occupation:

Address Type:

Client Contribution Request Address

Address
 City Zip Code County

Client Home Address

Address
 City Zip Code County

Client Work Address

Address
 City Zip Code County

Home Phone
 Work Phone
 E-mail

RACE:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- No Response

Lives With:

- Lives Alone
- Lives in Group Setting
- Lives with other Family/Friend
- Lives with Spouse Only
- No Response

Poverty: Yes No No Response

Monthly Income CM%

Medicaid Eligible: Yes No Medicaid Number

Medicare Number Medicaid Contact

Status: Active Deceased Inactive

Referred By:	
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other <input type="checkbox"/> Other Human Services Agency	<input type="checkbox"/> Physician <input type="checkbox"/> Religious Organization <input type="checkbox"/> Self <input type="checkbox"/> Senior Center <input type="checkbox"/> Veterans Services Officer <input type="checkbox"/> No Response
Living Arrangement:	
<input type="checkbox"/> Independent Senior Housing <input type="checkbox"/> Other <input type="checkbox"/> Assisted Senior Housing <input type="checkbox"/> No Response <input type="checkbox"/> Home Owner/Co-Owner <input type="checkbox"/> NF/Institution <input type="checkbox"/> Rents/Lives with family or friends	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> No Response
Spouses Name	<input style="width: 100%;" type="text"/>
Spouses SSN#	<input style="width: 100%;" type="text"/>
Comments:	<input style="width: 100%; height: 40px;" type="text"/>
Assessment Location	<input style="width: 100%;" type="text"/>
Others Present	<input style="width: 100%;" type="text"/>
Emergency Contact	<input style="width: 100%;" type="text"/>
Emergency Contact	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>
Phone:	<input style="width: 100%;" type="text"/>
Phone:	<input style="width: 100%;" type="text"/>
OTHER INFORMATION	
Educational Level (Yrs)	<input style="width: 100%;" type="text"/>
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	VA Number <input style="width: 100%;" type="text"/>
Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician Name	<input style="width: 100%;" type="text"/>
Date of Update	<input style="width: 100%;" type="text"/>
Comments:	<input style="width: 100%; height: 40px;" type="text"/>

SUPPORT INFORMATION

1. Do you receive any of the following Assistance? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Home Maintenance (Lawn, Snow) | <input type="checkbox"/> Other (Housekeeping) |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Shopping/Errands |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Medical Treatments | <input type="checkbox"/> Taking Meds |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Transportation |

2. Do you receive help from a case manager? (Check if yes)

Name:

3. Do you have a power of attorney? (Check if yes)

Name:

4. Do you have a power of attorney for health care decisions? (Check if yes)

Name:

5. Do you receive significant help on a regular or daily basis from family, friends or neighbors? (Check if yes)

Name	Relationship	Phone	Type of Assistance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. How many children do you have?

7. Do you have family away from your community with whom you have contact? (Check if yes)

Name	Relationship	Phone	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Are there people you are very close to with whom you can talk to about your feelings, problems, or concerns? (Check if yes)

Name	Comments
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9. Are there groups you belong to that you enjoy participating in? (Check if yes)

Comments:

Appendix E – Nebraska Care Management

HEALTH

Number of medications currently prescribed, including prescribed over the counter

List drugs that are currently being taken. If prescribed drugs are not being taken properly, use the code to indicate the reason for non-compliance in the comments column.

Expense (E) Side Effects (S) Forget (F) Not needed (N) Other (O)

	Prescription Name	OTC	RX	Dosage/Freq.	Hlth. Condition	Comments
1.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Pharmacy

Pharmacy Phone

How much do you pay for the medications per month?

Comments:

Appendix E – Nebraska Care Management

Indicate whether the client needs to obtain any of the equipment or assistive devices listed.

Equipment	Uses	Obtain	Neither	Supply Company	Phone #
Back Brace					
Cane					
Crutches					
Dentures					
Glasses or contact lenses					
Hearing Aid					
Hospital bed					
Leg brace					
Magnifying glass					
Walker					
Wheel chair					
Bathing aids					
Emergency response system					
External urinary devices					
Grab bars					
Indwelling catheter					
Ostomy equipment					
Other					
Oxygen					
Portable commode					
Speech aid					
Toilet riser					

Comments:

HEALTH & COGNITIVE

1. How would you rate your health at the present time?

- Excellent Good Fair Poor

(Check if yes)

2. Do you have any health problems that keep you from doing things that you need or want to do? If yes, please explain

3. Have you fallen in the past six months? If yes, How many times?

4. Do you use any tobacco products?

5. Have you been in the hospital in the past six months?

6. Do you have any other concerns about your health and safety?

7. Do you have a primary care physician?

Who is your primary care physician

When did you last see your primary care physician?

8. Do you have any other physicians?

Name	Specialty
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Comments:

VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____

Is the patient alert? _____ Level of education _____

_ /1	1	1. What day of the week is it?
_ /1	1	2. What is the year?
_ /1	1	3. What state are we in?
		4. Please remember these five objects. I will ask you what they are later. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Apple Pen Tie House Car </div>
		5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
	1	How much did you spend?
_ /3	2	How much do you have left?
		6. Please name as many animals as you can in one minute.
_ /3	0	0-4 animals
	1	5-9 animals
	2	10-14 animals
	3	15+ animals
_ /5		7. What were the five objects I asked you to remember? 1 point for each one correct.
		8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
_ /2	0	87
	1	649
	1	8537
		9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
	2	Hour markers okay
_ /4	2	Time correct
	1	10. Please place an X in the triangle.
_ /2	1	Which of the above figures is largest?
		11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.
		Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
_ /8	2	What was the female's name?
	2	When did she go back to work?
	2	What work did she do?
	2	What state did she live in?

_____ **TOTAL SCORE**

SCORING		
HIGH SCHOOL EDUCATION		LESS THAN HIGH SCHOOL EDUCATION
27-30	NORMAL	25-30
21-26	MILD NEUROCOGNITIVE DISORDER	20-24
1-20	DEMENTIA	1-19

CLINICIAN'S SIGNATURE

DATE

TIME

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for detecting mild cognitive impairment and dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *Am J Geriatr Psych* 14:900-10, 2006.

MENTAL HEALTH INFORMATION

(Check if yes)

1. Have you recently felt so depressed that you couldn't do the things you needed to get done?
If "yes", how often does the client have these feelings?

frequently (daily) sometimes (weekly) seldom (monthly)

(Check if yes)

2. Have you ever been treated for a nerve problem, depression or other emotional problems?

- | | Yes | No |
|--|----------------------------|----------------------------|
| <input type="checkbox"/> Do you feel most people are in better health than you are? | <input type="checkbox"/> * | <input type="checkbox"/> |
| <input type="checkbox"/> Is it easy for you to make a decision? | <input type="checkbox"/> | <input type="checkbox"/> * |
| <input type="checkbox"/> Do you feel anxious most of the time? | <input type="checkbox"/> * | <input type="checkbox"/> |
| <input type="checkbox"/> Do you feel like you're out of breath even when
you aren't doing anything too strenuous? | <input type="checkbox"/> * | <input type="checkbox"/> |
| <input type="checkbox"/> Do you usually feel like eating at meal times? | <input type="checkbox"/> | <input type="checkbox"/> * |
| <input type="checkbox"/> Do you frequently get upset over little things? | <input type="checkbox"/> * | <input type="checkbox"/> |
| <input type="checkbox"/> Have you dropped any of your activities or interests? | <input type="checkbox"/> * | <input type="checkbox"/> |
| <input type="checkbox"/> Do you lose sleep over worry? | <input type="checkbox"/> * | <input type="checkbox"/> |
| <input type="checkbox"/> Do you usually have enough energy to do what you need to do? | <input type="checkbox"/> | <input type="checkbox"/> * |
| <input type="checkbox"/> Are you basically satisfied with life? | <input type="checkbox"/> | <input type="checkbox"/> * |

Score one point for each starred box. A score greater than "3" indicates possibility of depression.

Score

- If score is greater than 3 or if client exhibit signs of depression or other mental health problems that should be evaluated by a mental health professional, ask: Would you consider a mental health evaluation or counseling?

Comments:

LEGAL INFORMATION

(Check if yes)

1. Do you have an attorney or know who you would go to get legal assistance if you needed to?

2. Do you feel that anyone is taking advantage of you physically, emotionally or in any other way?

Describe

3. Do you feel that you need legal assistance with any of the following issues? Check the boxes next to the issues with which the client needs assistance.

- | | |
|---|--|
| <input type="checkbox"/> Conservator/Representative Payee | <input type="checkbox"/> Living Will |
| <input type="checkbox"/> Division of Resources | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> DPOA of Health Care | <input type="checkbox"/> Other Legal Matters |
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Public Benefits Appeals |
| <input type="checkbox"/> Insurance Claims | <input type="checkbox"/> Will |

Comments:

Nutrition

<p>Scoring Scale 0-2 No nutritional risk. 3-5 Moderate risk. 6+ High risk.</p>

Nutrition Risk Assessment (if answer receives score check box)

- | | | |
|--|----------------------------------|---------------------------------|
| 1. <input type="checkbox"/> Have you changed the way you eat? | <input type="checkbox"/> 2 [Yes] | <input type="checkbox"/> 0 [No] |
| 2. <input type="checkbox"/> Do you eat fewer than 2 meals each day? | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| 3. <input type="checkbox"/> Do you eat at least one serving of fruit or veggie each day? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 4. <input type="checkbox"/> Do you eat at least one serving of dairy each day? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 5. <input type="checkbox"/> Do you drink more than 2 alcoholic beverages a day? | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| 6. <input type="checkbox"/> Do you have problems with teeth or mouth? | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| 7. <input type="checkbox"/> Do you have enough money to buy food? | <input type="checkbox"/> 0 | <input type="checkbox"/> 4 |
| 8. <input type="checkbox"/> Do you eat alone most of the time? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 9. <input type="checkbox"/> Do you take 3 or more prescriptions each day? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 10. <input type="checkbox"/> Have you gained/lost 10lbs. in the last 6 months? | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| 11. <input type="checkbox"/> Are you able to do your own grocery shopping & cooking? | <input type="checkbox"/> 0 | <input type="checkbox"/> 2 |

Total Score

12. If score is greater than 6, ask: Would you be open to Nutrition counseling? Yes No

13. How is your appetite? Fair Poor Good

14. **(Check appropriate selection)**

- Adequate kitchen facilities
- Appetite Not Known
- Dietary Supplements-If yes, please list
- Difficulty with constipation or diarrhea
- Difficulty with nausea or vomiting
- Drink 6-8 cups of non-alcoholic beverages daily

15. Height (in inches)

16. Weight

17. Are you on a special diet?

Comments:

ADL

ADL Description & Assistance Level

Independent - Help or oversight required fewer than 1-2 times a week.
Supervision - Oversight, encouragement, cueing 3+ times or physical assistance 1-2 times in a week.
Limited Assistance - Help in maneuvering limbs 3+ times in a week, or more help 1-2 times in a week.
Extensive Assistance - Weight-bearing assistance 3+ times in a week, but not at all times.
Total Dependence - Complete assistance at all times.

Bathing _____ Deficit

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence

Eating _____ Deficit

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence

Bladder _____ Deficit

- No Deficit
- Continent- Complete Control
- Usually Continent-Incont < once week
- Occasionally Continent-Incont 2+ a week
- Usually Incont-Incont/Control Present
- Incont-Inadequate Multiple daily episodes
- External Catheter (Bladder)
- Indwelling Catheter (Bladder)

Joint _____
 No Deficit Deficit

Comments:(note Joint & Problem) per Namis

- Contractures to arms/legs/shoulders/hands
- Hemiplegia/hemiparesis
- Quadriplegia
- Arm/partial or total loss voluntary movement
- Hand-lack of dexterity
- Leg/partial or total loss voluntary movement
- Leg-unsteady gait
- Trunk-loss of ability to position or turn

Bowel _____ Deficit

- No Deficit
- Continent- Complete Control
- Usually Continent-Incont < once week
- Occasionally Continent-Incont 2+ a week
- Usually Incont-Incont/Control Present
- Incont-Inadequate Multiple daily episodes
- Ostomy

Locomotion _____ Deficit

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence

Dressing _____ Deficit

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence

Toileting _____ Deficit

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence

Comments:

Transfer _____ Deficit

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence

Total Deficits

Appendix E – Nebraska Care Management

IADL
IADL Description & Assistance Level

(Check if yes)

1. Need a caregiver when away from home:

2. Need assistance to manage money:

3. Need assistance with home maintenance (lawn care or snow removal):

4. Need assistance with housekeeping:

5. Need assistance with laundry:

6. Need transportation assistance:

7. Preparing Meals:

8. Shopping:

9. Use of Telephone:

Comments:

Total Deficits

Housing

1. Do you own or rent your home? Own Neither Co-Owner Rent

Landlord Name (if renting) Landlord Telephone #

2. Is the rent subsidized? (check if yes) amount:

3. Review the following list of potential housing problems. Indicate problem areas by checking the appropriate boxes:

- Apparent natural gas leakage
- Entryway does not provide security
- Evidence of air or water leakage
- Exterior maintenance needed
- Inadequate kitchen facilities
- Interior environment poses risk of fall
- No smoke detector
- No carbon monoxide detector
- Plumbing is not in working order
- Problems with interior accessibility
- Risk of fire/inadequate alarm system
- Rodent or insect infestation/# of Pets
- Room temperature is not appropriate

4. Are there repairs to your home that are needed, but have not been completed? (Check if yes)

5. Are you satisfied with your current housing situation? (Check if yes)

Comments:

Financial

1. Do you handle your finances including paying bills and making most major purchases? (Check if yes)

If not, who assists? *(please state relationship to client)*

- | | |
|--|---|
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Conservator | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Other | <input type="checkbox"/> Representative Payer |
| <input type="checkbox"/> Son | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Daughter | |

2. Is it difficult for you to meet your living expenses? (Check if yes)

If yes, any expenses particularly hard to meet? *(please check those that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Medical Bills | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Not Known | <input type="checkbox"/> Utilities |

3. Do you have Medicare supplement Insurance? (Check if yes)

Company Premium Amount

4. Do you have a long term care insurance policy? (Check if yes)

Company Premium Amount

5. Do you have significant outstanding debt? (Check if yes)

6. If yes: Are you using credit counseling? (Check if yes)

7. Other Assets:

8. What is the source of your income?

- | | Amount | | Amount |
|---|----------------------|---|----------------------|
| <input type="checkbox"/> Interest and Dividends | <input type="text"/> | <input type="checkbox"/> Rental Income | <input type="text"/> |
| <input type="checkbox"/> Military Retirement | <input type="text"/> | <input type="checkbox"/> Social Security Disability | <input type="text"/> |
| <input type="checkbox"/> Not Known | <input type="text"/> | <input type="checkbox"/> Social Security | <input type="text"/> |
| <input type="checkbox"/> Other Income | <input type="text"/> | <input type="checkbox"/> SSI or State Supplement | <input type="text"/> |
| <input type="checkbox"/> Private Retirement | <input type="text"/> | <input type="checkbox"/> Veterans Benefits | <input type="text"/> |
| <input type="checkbox"/> Railroad Retirement | <input type="text"/> | <input type="checkbox"/> Work-related Pension | <input type="text"/> |
| <input type="checkbox"/> Spouse's Income | <input type="text"/> | | |

Total Monthly Income

Comments:

Appendix E – Nebraska Care Management

9 . Is there any indication that the client could benefit from the following programs? (✓ all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> DPFS | <input type="checkbox"/> Other Program (LinkUp Nebr, Medicaid Waiver, VA) |
| <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> QMB |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Homestead Exemption | <input type="checkbox"/> SSBG |
| <input type="checkbox"/> Medicaid/GA | <input type="checkbox"/> SSI |
| <input type="checkbox"/> SSD | <input type="checkbox"/> Respite |

Comments:

Appendix F – Demographics

For more than a decade, the Baby Boomer cohort has become eligible for Older Americans Act services. In 2010, approximately 14% of Nebraska's population was 60 years and over. The aging population is expected to increase to 21% of Nebraska's population in 2035, at nearly 438,000. This is almost doubles the aging population in 25 years.

The risk of an older adult gaining a disability increases significantly at the age of 75 years. Nebraskans between the ages of 65 to 74 years has a 24% chance of obtaining a disability. Nebraskans over 75 years have a 47% chance of obtaining a disability. Promoting healthy habits, such as healthy meals and staying active, can reduce the risk of disability, leading to living in the community longer and maintaining a higher quality of life.

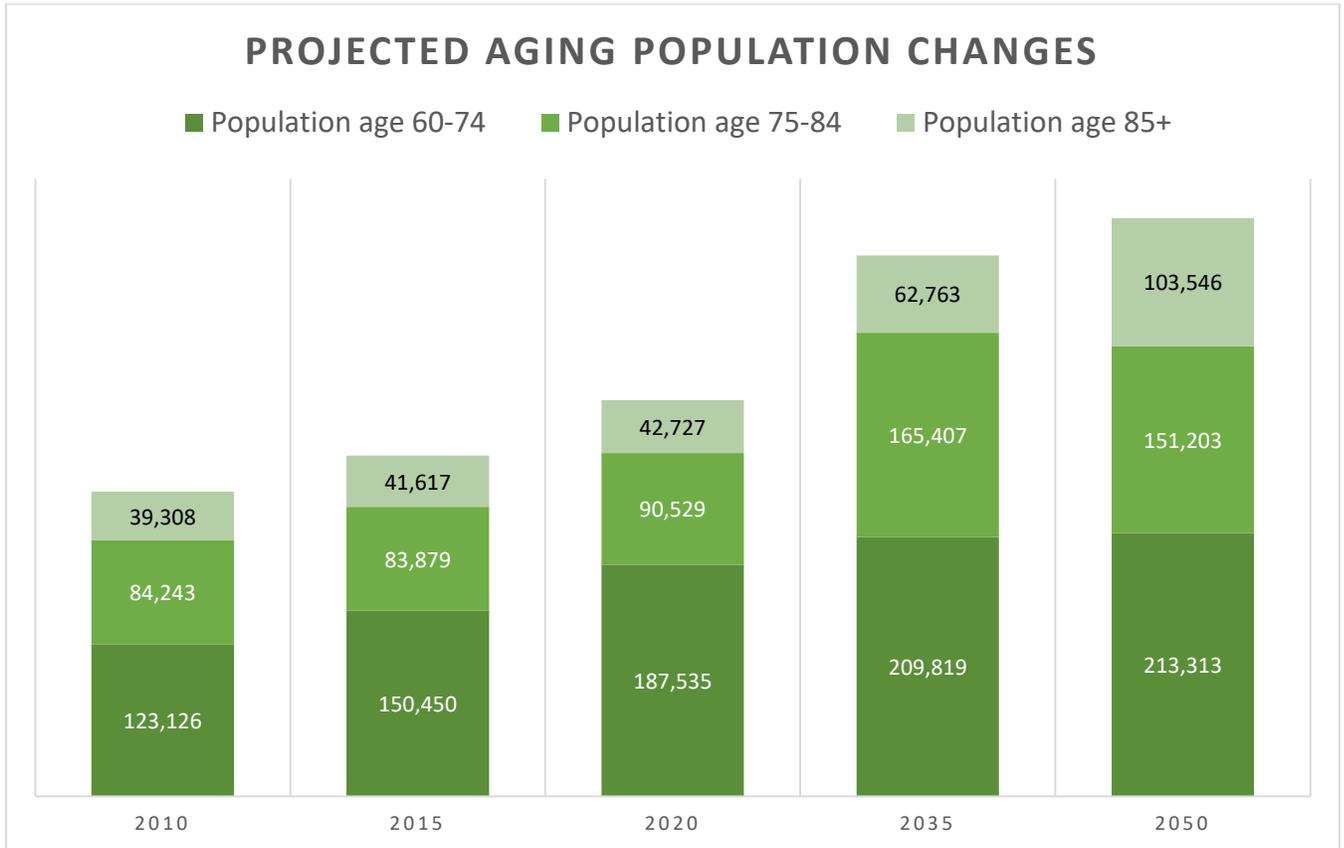
Over 103,000 older Nebraskans are at or below 150% of the Federal Poverty Level. This is approximately one third of the aging population. If this remains constant, by 2035, nearly 143,000 older adults will be at or below 150% of the Federal Poverty Level. This group will increase to just over 152,000 older adults in 2050. Nebraska's aging population is 93% white, non-Hispanic. Only 80% of the aging population living below poverty level is white, non-Hispanic. Older minority adults are more at risk for living in poverty and should be a service priority.

Deaths related to Alzheimer's disease have increased, and are expected to increase as more individuals are diagnosed with the disease. The number of caregivers for these individuals are expected to increase.

The aging population is expected to remain at 21% of Nebraska's population through 2050. Women continue to outlive men, with the gender gap widening at the 75 to 84 years age range. Births have outpaced deaths and will enable the total population to grow with the aging population from 2035 to 2050.

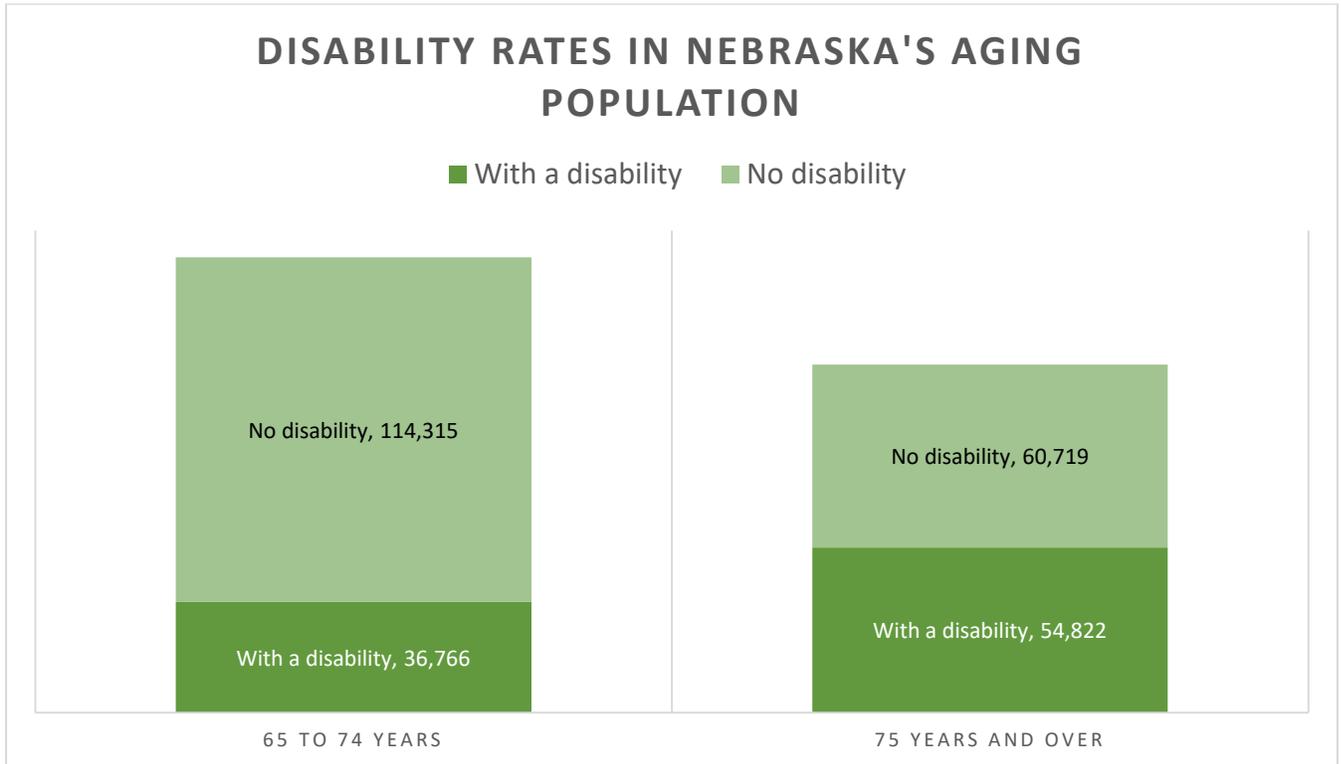
Nebraska's aging population is growing and will continue to grow in the coming decades. The aging population will become more diverse. The number of older adults living with less income is expected to increase. The aging network will need to expand and build the capacity to support an increasing number of older individuals in the future.

Graph 1: Projected Aging Population Changes



University of Nebraska Omaha, Center for Public Affairs Research, State Data Center – December 2015;
Nebraska County Population Projections
Each age range measured in 2010 is expected to approximately double in size by 2035.

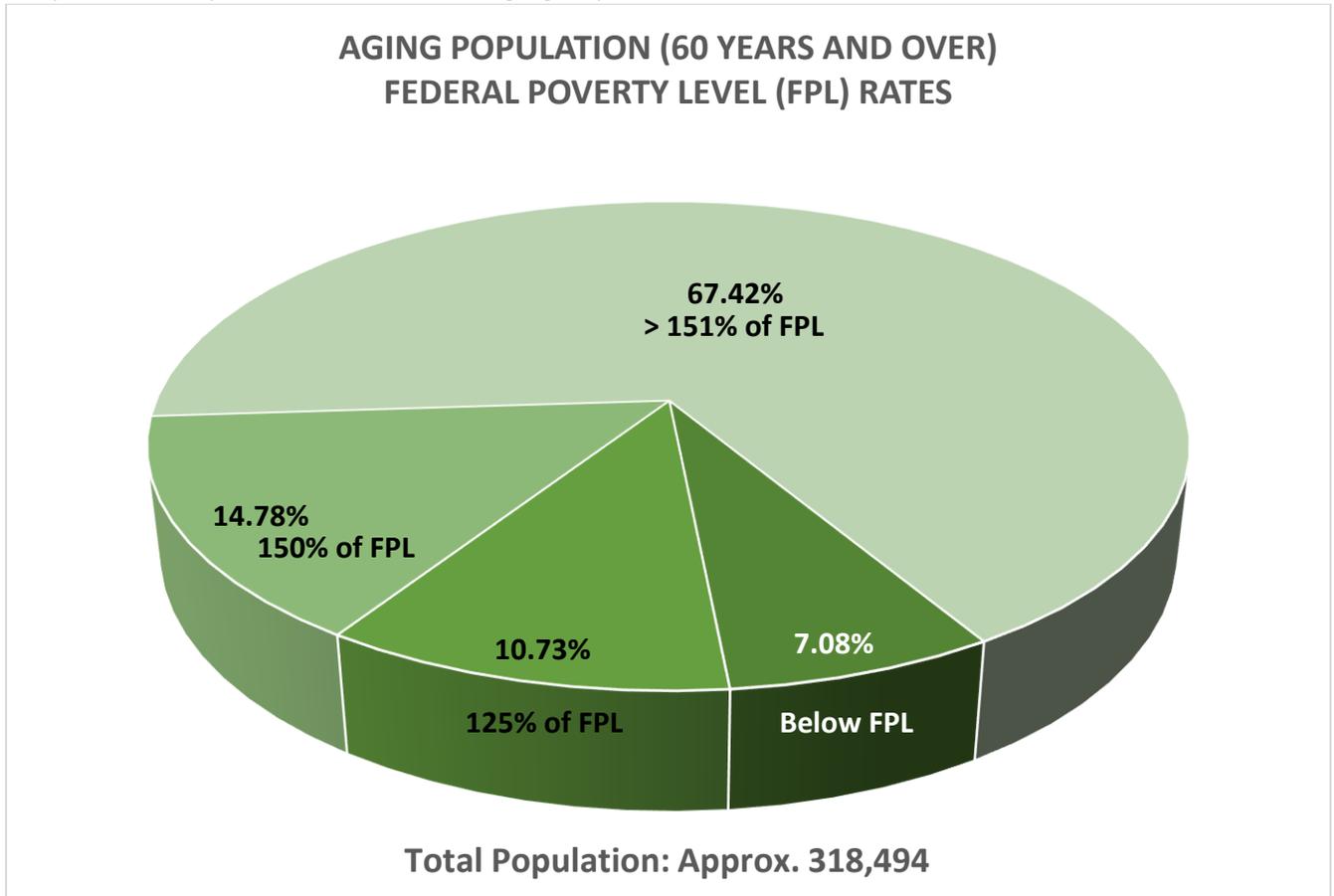
Graph 2: Disability Rates in Nebraska’s Aging Population



American Community Survey 2013-2017

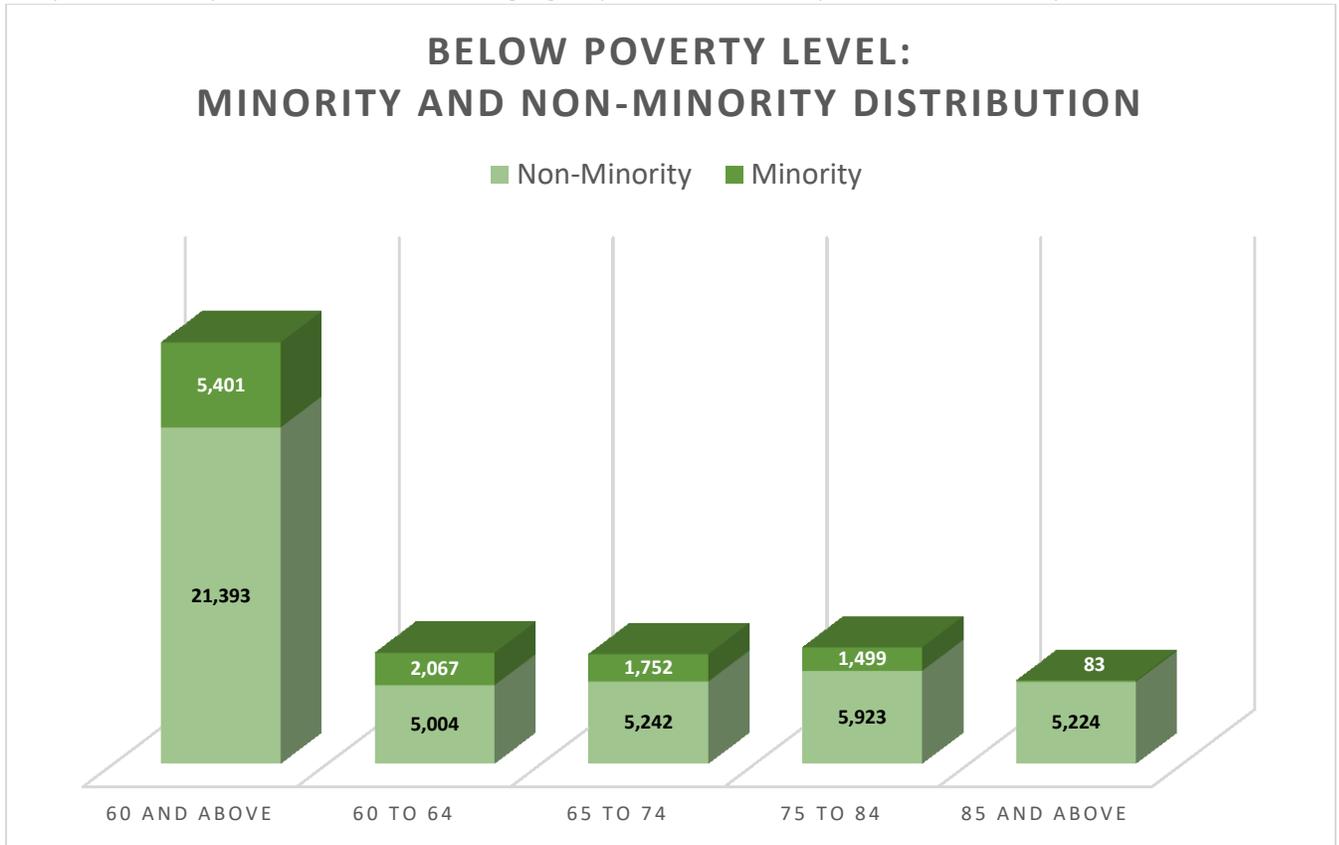
As Nebraskans age, they risk gaining a disability. For every four individuals aged 65 to 74 years, one individual has a disability. For every two people aged 75 years and over, one individual has acquired a disability is about one in two.

Graph 3: Poverty Rates of Nebraska’s Aging Population



Administration for Community Living/American Community Survey 2016,
American Community Survey 2013-17
Approximately one out of three older Nebraskans live at 150% of the Federal Poverty Level or lower.

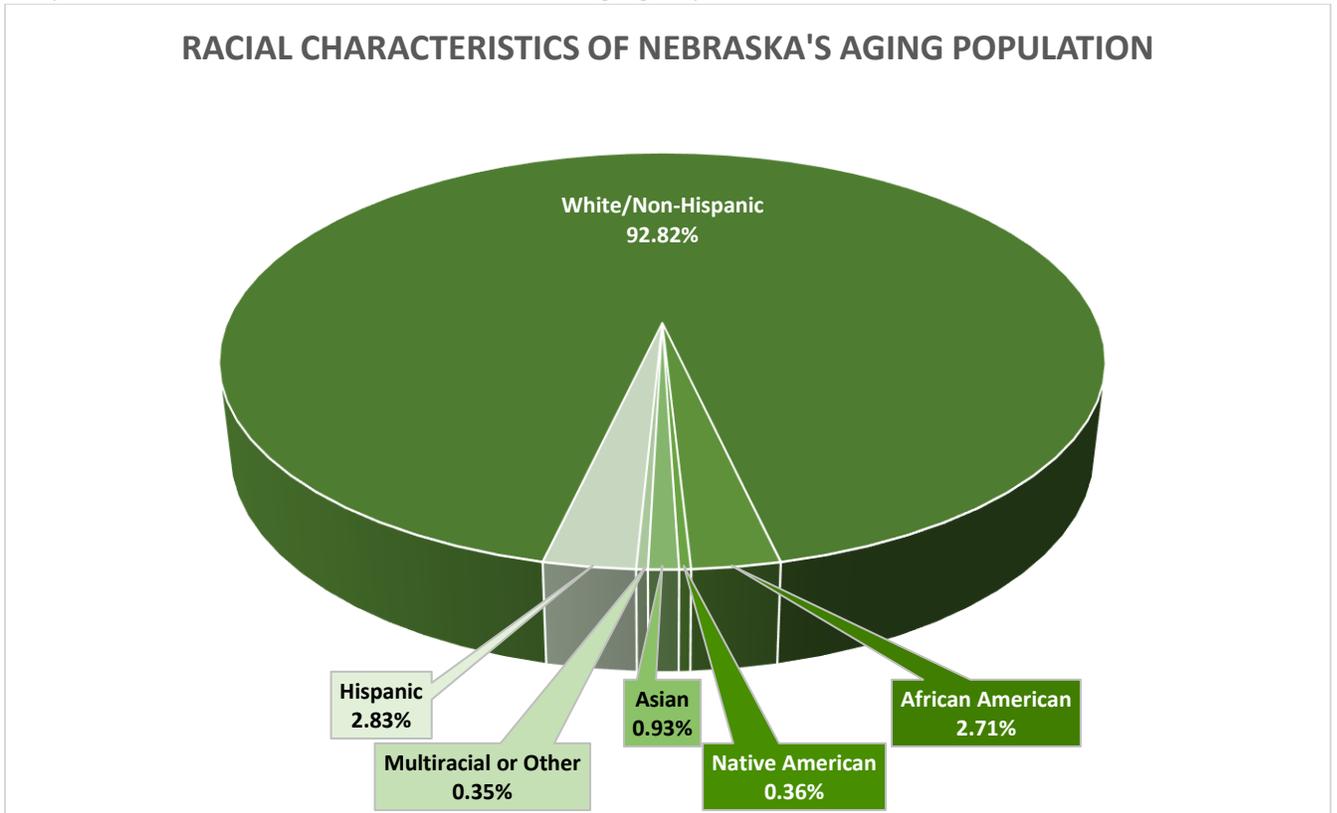
Graph 4: Poverty Rates of Nebraska’s Aging Population: Minority and Non-Minority Distribution



Administration for Community Living/American Community Survey 2016

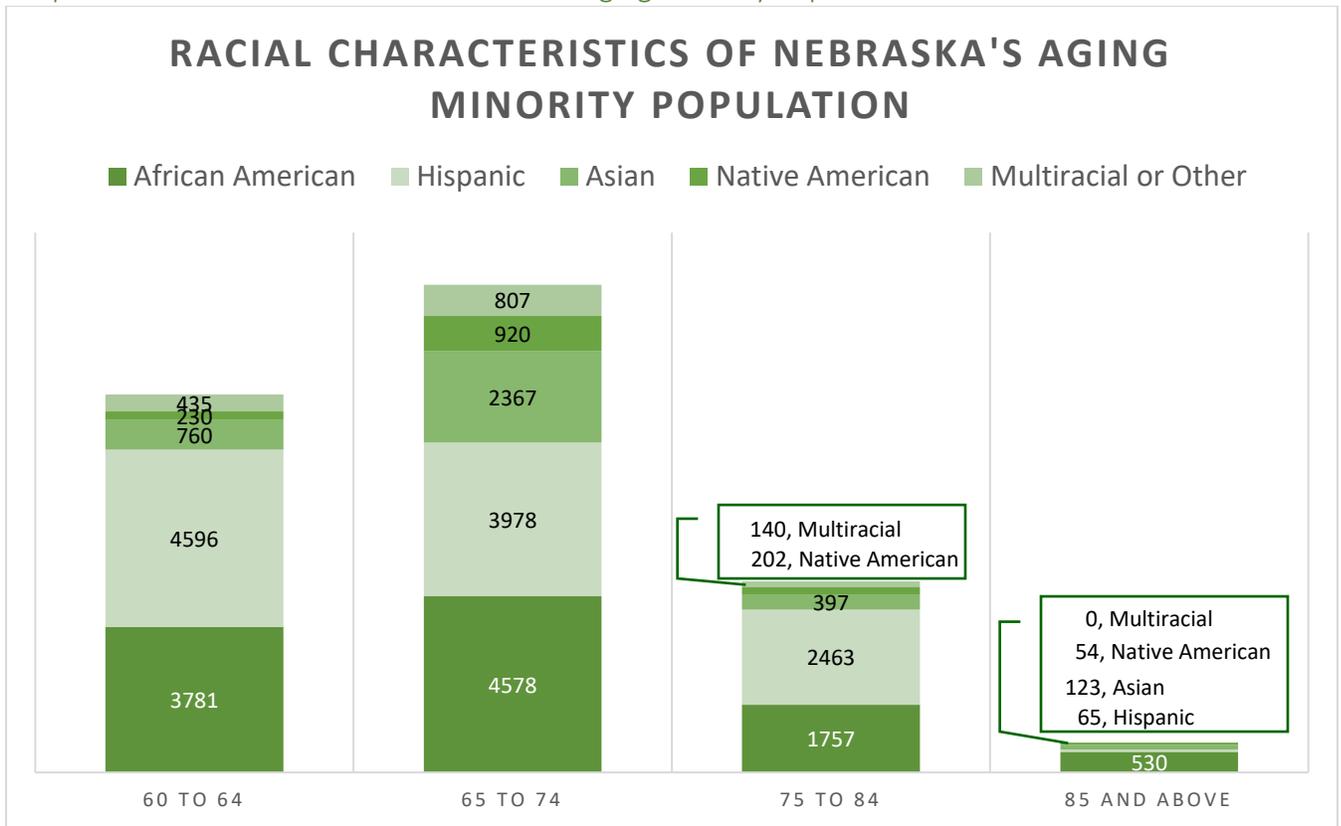
Those with minority status are more likely to live below poverty level than their non-minority counterparts.

Graph 5: Racial Characteristics of Nebraska's Aging Population



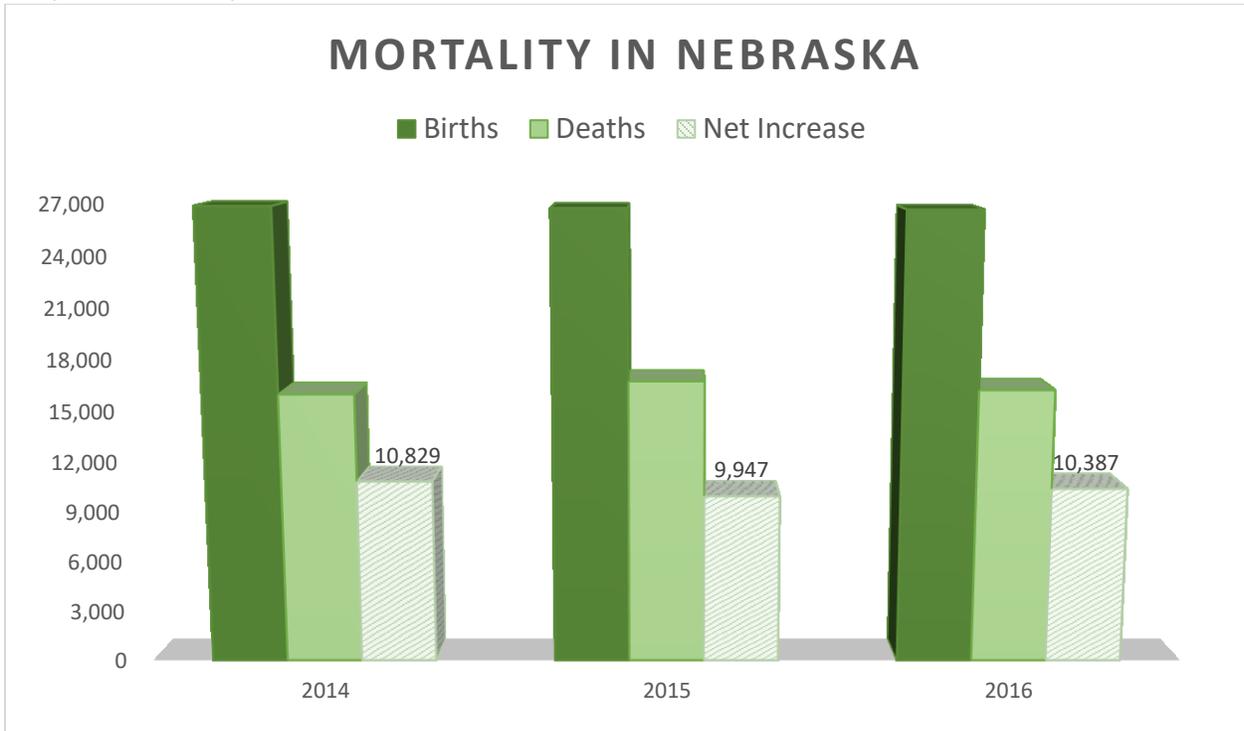
Administration for Community Living/American Community Survey 2016
The aging population is predominantly White/Non-Hispanic.

Graph 6: Racial Characteristics of Nebraska’s Aging Minority Population



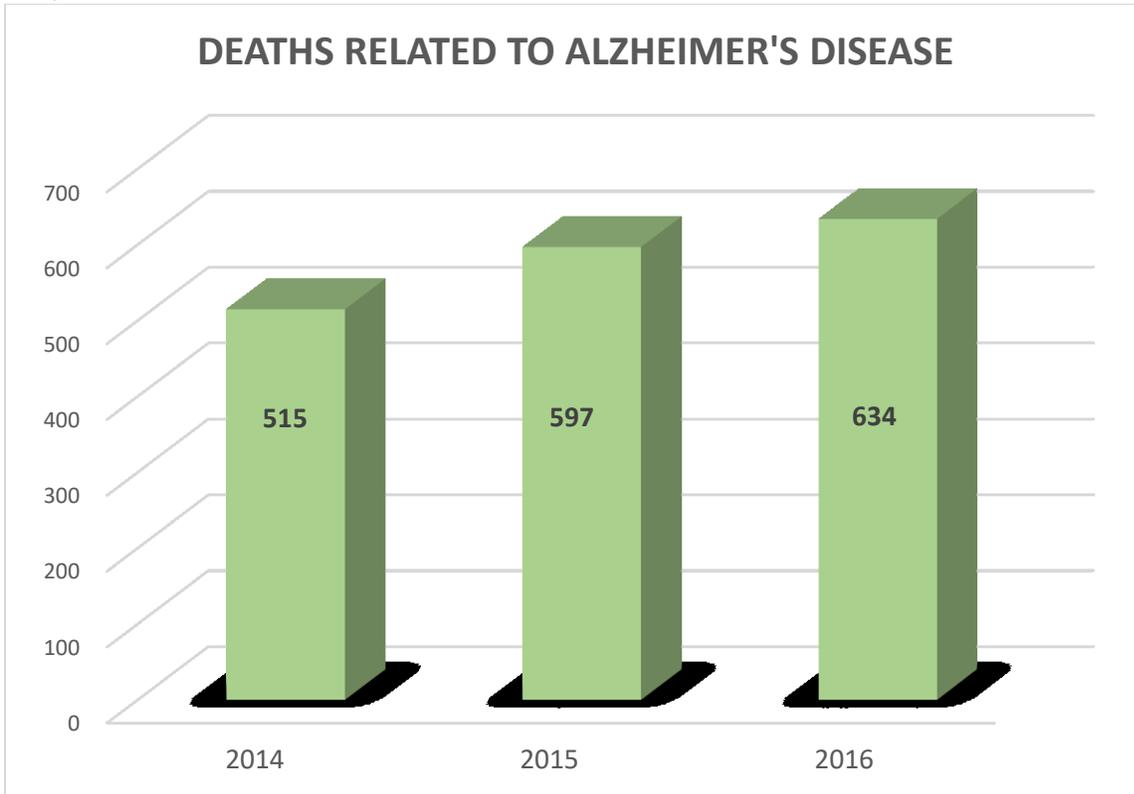
Administration for Community Living/American Community Survey 2016
 Fewer minorities are living longer lives.

Graph 7: Mortality in Nebraska



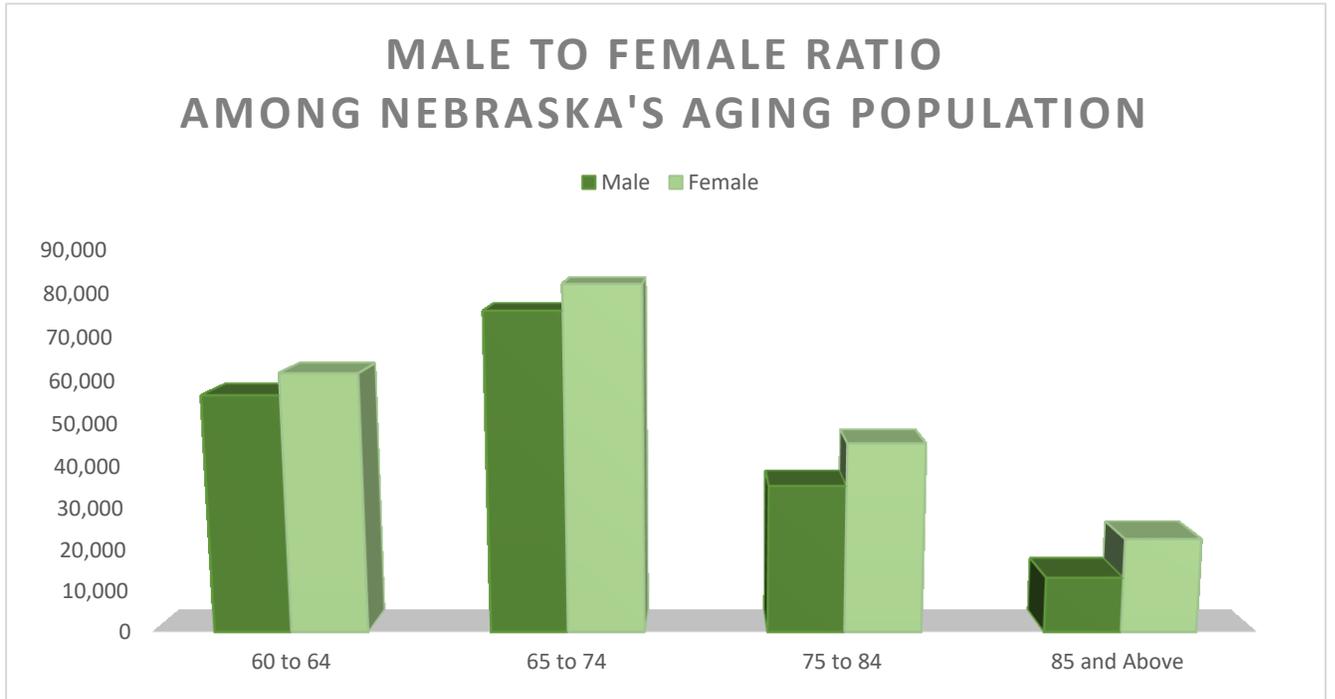
Nebraska Department of Health & Human Services, Nebraska 2016 Vital Statistics Report
Births continue to outpace deaths.

Graph 8: Deaths Related to Alzheimer’s Disease



Nebraska Department of Health & Human Services, Nebraska 2016 Vital Statistics Report
Deaths related to Alzheimer’s Disease continue to increase.

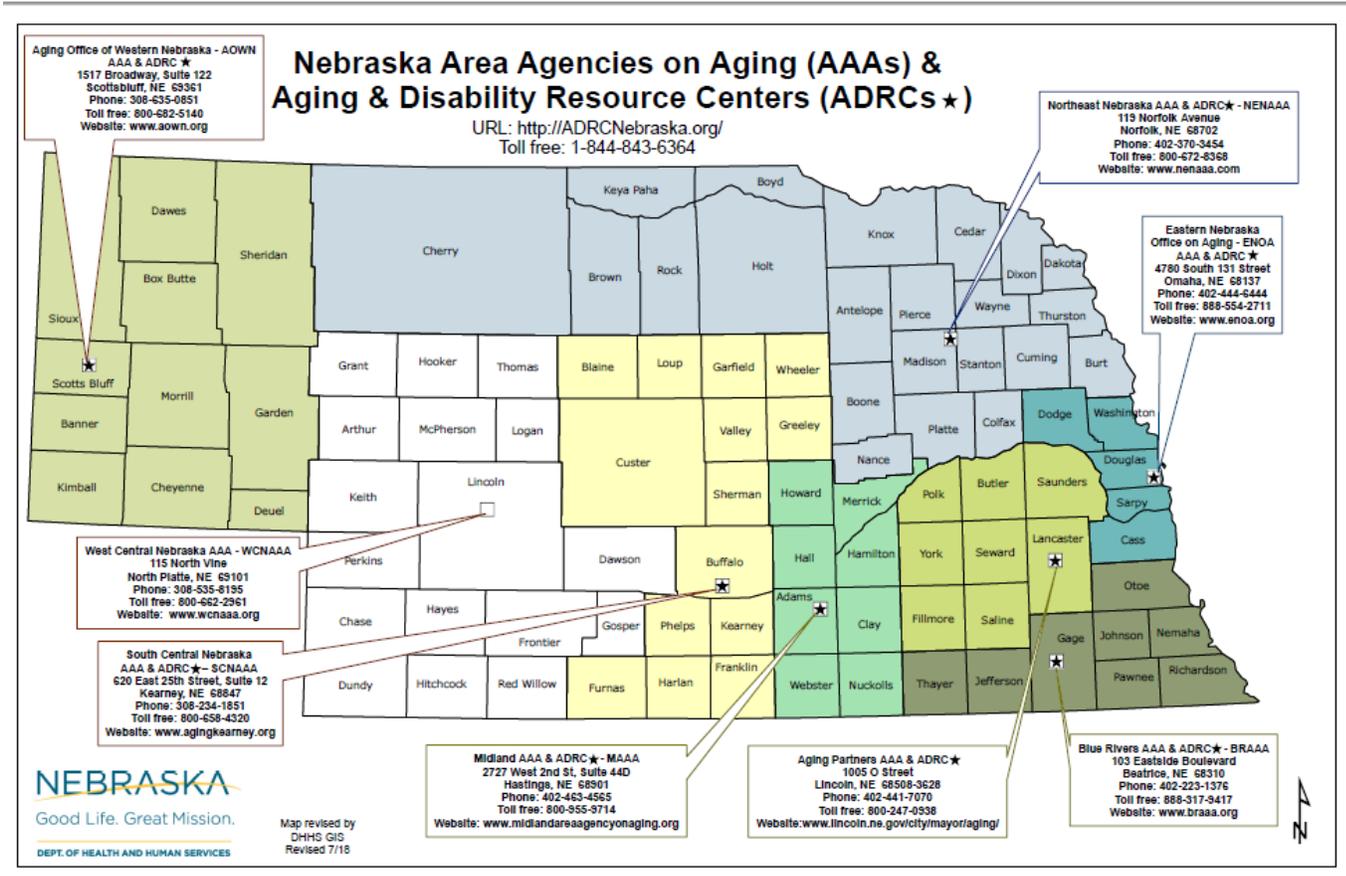
Graph 9: Male to Female Ratio among Nebraska's Aging Population



Administration for Community Living/American Community Survey 2016

Women continue to outlive men, with a larger gender gap starting at the 75 to 84 years age range.

Graph 11: Area Agency Service Areas, Aging & Disability Resource Centers



ADRC Client Survey Comments

“We could not have found the help we did without this service. It is so important to have someone who knows the health care industry and the services available that can help you navigate a vast and constantly changing health care world. Without this I would have been stuck calling any number I could find for help indefinitely and not been able to get the care my Father needed.”

“I’m helping my elderly mother obtain assistance and Erin was extremely patient and helpful pointing me in the right direction. This was uncharted territory for me and I could not have done it without the help of the various people she put me in contact with, as well as the information she provided to me. I was in a crisis, they took a tremendous load off me and I couldn’t have done it without them. Please realize that they are valuable to elders in dealing with a very stressful time for them and family members.”

“ADRC is an amazing resource and they have help guide and support our older aging patients. The support with a caring manor and offer hope to our rural community. They have helped my own father and many of our patients.”

“This experience was amazing, informative and beneficial. It would have been nearly impossible even make it through the Medicaid process for my parents, who lost their farm, without the ADRC. This is an extremely important program which needs to be continued as it is life changing.”

Appendix F – Demographics

Graph 12: Area Agency Services, Beginning July 1, 2019

Service #	Service	ENOA	LAAA	NENAAA	SCNAAA	MAAA	BRAAA	WCNAAA	AOWN
1	Personal Care	YES	YES	YES	NO	NO	NO	YES	NO
2	Homemaker	YES	YES	YES	YES	YES	YES	YES	YES
3	Chore	YES	YES	YES	YES	YES	YES	NO	YES
4	Home Delivered Meals	YES	YES	YES	YES	YES	YES	YES	YES
5	Adult Day Care/Health	NO	NO	NO	NO	NO	NO	NO	NO
6	Case Management	NO	YES	YES	NO	YES	NO	NO	NO
7	Assisted Transportation	YES	YES	YES	NO	NO	NO	YES	NO
8	Congregate Meals	YES	YES	YES	YES	YES	YES	YES	YES
9	Nutrition Counseling	YES	YES	NO	NO	NO	NO	NO	NO
10	Transportation	NO	YES	YES	NO	YES	NO	YES	NO
11	Nutrition Education	YES	YES	YES	YES	YES	YES	YES	YES
12	Information & Assistance	YES	YES	YES	YES	YES	YES	YES	YES
13	HP/DP (Evidence-Based)	YES	YES	YES	YES	YES	YES	YES	YES
14	HP/DP (Non Evidence-Based)	YES	YES	YES	YES	YES	YES	YES	YES
16	Legal Assistance	YES	YES	YES	YES	YES	YES	YES	YES
20	Care Management	YES	YES	YES	YES	YES	YES	YES	YES
21	Telephone & Visiting	NO	NO	NO	NO	YES	NO	NO	YES
22	Senior Center Hours	YES	YES	YES	YES	YES	YES	YES	YES
23	Material Distribution	YES	YES	YES	YES	YES	YES	YES	YES
24	Social Activities	YES	YES	YES	YES	YES	YES	YES	YES
25	Counseling	NO	YES	YES	YES	YES	NO	NO	NO
26	Respite	NO	NO	NO	NO	NO	NO	NO	NO
27	Outreach	YES	YES	YES	YES	YES	YES	YES	YES
28	Information Services	YES	YES	YES	YES	YES	YES	YES	YES
29	Legal Outreach	YES	YES	YES	YES	YES	YES	YES	YES
30	Caregiver Counseling	NO	NO	NO	NO	NO	NO	NO	YES
31	Caregiver Training	NO	NO	NO	NO	NO	NO	NO	YES
32	Caregiver Respite	YES	YES	YES	YES	YES	YES	YES	YES
33	Caregiver Supplemental Services	YES	YES	YES	YES	YES	YES	YES	YES
34	Caregiver Assistance: Case Management	YES	YES	YES	NO	YES	NO	YES	NO
35	Caregiver Support Groups	YES	YES	NO	NO	YES	NO	NO	NO
36	Caregiver Assistance: Information & Assistance	YES	YES	NO	YES	YES	YES	YES	YES
37	Caregiver Outreach	YES	YES	YES	NO	YES	YES	YES	YES
38	Caregiver Information Services	YES	NO	YES	NO	NO	YES	YES	YES
40	Information & Referral	YES	YES	YES	YES	YES	YES	NO	YES
41	Options Counseling	YES	YES	YES	YES	YES	YES	NO	YES
42	Transitional Options Counseling	NO	NO	NO	NO	NO	NO	NO	NO
43	Benefits Assistance	NO	NO	NO	YES	YES	NO	NO	NO
44	Mobility Training	NO	NO	NO	NO	NO	NO	NO	NO

Services are further defined in the FY20-23 Program Reference Guide¹³ & Taxonomy.

¹³ <http://dhhs.ne.gov/Aging> grantee resources

Appendix G – Disaster & Emergency Preparedness

The SUA emergency preparedness plan is incorporated into the Department plan. The Department plan includes all Divisions and Units, and is managed by a team within the Division of Public Health.

Each AAA maintains a disaster plan locally, and works with senior centers to develop and update local disaster plans and emergency preparedness plans. Although the state experiences weather emergencies annually, in March, 2019, a bomb cyclone caused significant weather events statewide, including a blizzard in the panhandle and historic flooding. The total counties affected reached 73. Areas outside of the flood plains, and never previously flooded were severely affected, with herds of livestock, homes, farms, and businesses wiped out by moving ice and water. Recovery is underway at this writing. The SUA was already researching disaster training for AAAs.

Appendix H – Intrastate Funding Formula

The SUA grants State & Federal funds to the Area Agencies on Aging to support local programs and services. The SUA administers Title III, Title VII Older Americans Act Funds, as well as State funds from the Nebraska Community Aging Services Act and Care Management Funds.

Funding is allocated to the Area Agencies on Aging through an Intrastate Funding Formula that was developed in accordance with guidelines issued by the United States Assistant Secretary for Aging for the Administration on Aging. The funding formula cannot be changed without a public hearing and input from the Area Agencies on Aging.

To meet OAA 307(a)(03): The formula is weighted to emphasize low-income persons 60 years and older, elderly 75+, and minorities 60+.

This section describes how Title III funds (parts A, B, C-1, C-2, D, and E) and Title VII funds are allocated.

Title III A (NSIP)

Federal funds received from ACL derived from the OAA NSIP grant are allocated on a formula based upon the number of NSIP eligible meals served in the most recently available fiscal year. This basis is the same method as the formula used by ACL for the allocations on a nationwide basis.

Title III B, C-1, C-2, D, and E

Title III Part Descriptions

1. Title III-B-Supportive Services
 - a. Minimum of 15% of all allocation must be used for Access Services.
 - b. Minimum of 15% of allocation must be used for In-Home Services.
 - c. Minimum of 2% of allocation must be used for Legal Services.
2. Title III-C-1-Congregate Meal Programs
3. Title III-C-2-Home Delivered Meal Programs
4. Title III-D-Preventative Health
5. Title III-E-Family Caregivers Support
6. Title VII- Ombudsman & Elder Rights

AAA Title III and State Percentages

AAA **Title III** and **State** Percentages are calculated using population type data. The most recent decennial Census provides county level data. County level data is totaled by each AAA's planning and service area.

- The OAA eligible population (those 60 years and over)
- Those that are OAA eligible AND in poverty
- Those that are OAA eligible AND a minority
- Those that are 75 years and over, at higher risk of institutionalization, and more likely frail.

The AAA's total is compared against the state's population to determine the planning and service area's percent population.

Appendix H – Intrastate Funding Formula

Per the 2010 Census (Figure 1)

Agency	60+ Population	60+ and Poverty	60+ and Minority	75+ Population
Blue Rivers AAA	19,798	2,666	340	8,220
Eastern NE Office on Aging	118,015	7,201	12,435	38,362
Lincoln AAA	64,290	4,105	2,829	22,563
Midland AAA	27,222	2,814	1,035	10,332
South Central NE AAA	22,430	2,662	387	8,680
Aging Office of Western NE	20,683	2,188	1,408	8,111
Northeast NE AAA	46,235	6,083	1,592	18,562
West Central NE AAA	23,494	2,297	1,009	8,721
Total Population	342,167	30,016	21,035	123,551

This yields the percentage by population type by AAA. (Figure 2)

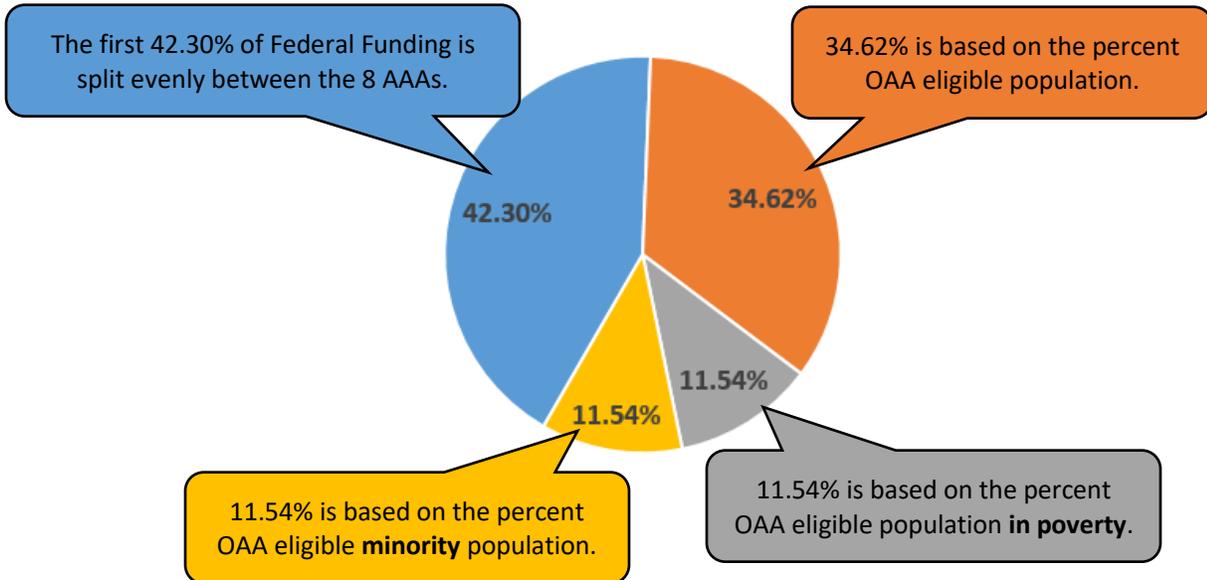
Agency	60+ Population	60+ and Poverty	60+ and Minority	75+ Population
Blue Rivers AAA	5.79%	8.88%	1.62%	6.65%
Eastern NE Office on Aging	34.49%	23.99%	59.12%	31.05%
Lincoln AAA	18.79%	13.68%	13.45%	18.26%
Midland AAA	7.96%	9.38%	4.92%	8.36%
South Central NE AAA	6.56%	8.87%	1.84%	7.03%
Aging Office of Western NE	6.04%	7.29%	6.69%	6.56%
Northeast NE AAA	13.51%	20.27%	7.57%	15.02%
West Central NE AAA	6.87%	7.65%	4.80%	7.06%
Total Population	100%	100%	100 %	100 %

Note: The percentages provided below rounded to the nearest hundredth, when calculating awards, decimals frequently go beyond the millionth spot.

Appendix H – Intrastate Funding Formula

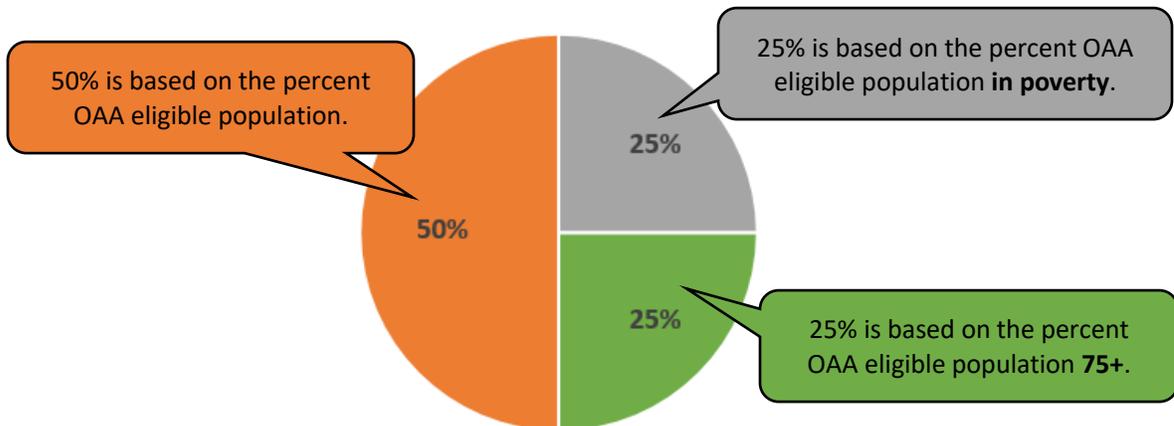
Each population percentage is weighted.

Title III Funding Weighting (Figure 3)



.125 multiplied by 42.30%
AAA 60+ Population Percentage multiplied by 34.62%
AAA 60+ Population in Poverty Percentage multiplied by 11.54%
+AAA 60+ Minority Population Percentage multiplied by 11.54%
AAA Title III Percentage

State Funding Weighting (Figure 4)



AAA 60+ Population Percentage multiplied by 50%
AAA 60+ Population in Poverty Percentage multiplied by 25%
+AAA 75+ Population Percentage multiplied by 25%
AAA State Percentage

Appendix H – Intrastate Funding Formula

Does the Total Projected Title III amount meet the Baseline Title III allocation?

The **Baseline Total Amount of the Title III** (B, C-1, C-2, D, and E) is **\$5,125,038**. This is the **Baseline Total Amount** for each year of the State Plan.

The State Unit on Aging calculates the **Projected Total Amount of Title III** (sum of B, C-1, C-2, D, and E) Funding for the fiscal year. It includes the 5% state match to federal funds.

Figure 5 or *Figure 7* will be used to calculate each Area Agency on Aging’s Award Amount. To determine whether *Figure 5* or *Figure 7* should be used, compare the **Baseline Total Amount of Title III** (always \$5,125,038) to the **Projected Total Title III Amount**. Do not compare the Baseline and Projected Individual Title III Parts. For example, it does not matter if Projected Title III-B amount is greater than, equal to, or less than the **Baseline Title III-B Amount**: \$1,958,614 (*Figure 6*). Only the **Baseline** and **Projected Total Amounts** should be used to determine which formula (*Figure 5* or *Figure 7*) to use. Once identified by the Totals comparison, the formula from *Figure 5* or *Figure 7* will be used to calculate each **Title III Part Amount**.

If the **Projected Total Title III Amount** is less than the **Baseline Total Amount** (\$5,125,038), follow calculation steps in *Figure 5*.

(*Figure 5*)

Projected Total Title III Amount < \$5,125,038		
Award Amount to AAA is calculated by:		
AAA Title III Percentage	(x) multiplied by	Projected Title III Part Amount

The **Projected Title III Part Amount** is the expected individual value for each Part (B, C-1, C-2, D, E) for the fiscal year.

OR

If the **Projected Total Title III Amount** is greater than or equal to the **Baseline Total Amount** (\$5,125,038), follow calculation steps in *Figure 7*.

(*Figure 7*)

Projected Total Title III Amount ≥ \$5,125,038		
Baseline Award to AAA is calculated by:		
AAA Title III Percentage	(x) multiplied by	Baseline Title III Part Amount
Adjusted Award to AAA is calculated by:		
<u>Adjusted Title III Part Amount</u> (<i>Figure 8</i>)	(x) multiplied by	AAA State Percentage
Baseline Award + Adjusted Award = Award Amount to AAA (rounded to the nearest dollar)		

The **Baseline Title III Part Amounts** are below. (*Figure 6*)

Part	B	C-1	C-2	D	E
Amount	\$1,958,614	\$2,414,224	\$473,650	\$128,550	\$150,000

The **Adjusted Title III Part Amount** is calculated by:

(*Figure 8*)

Projected Title III Part Amount	(-) minus	Baseline Title III Part Amount
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If the **Projected Title III Part Amount** is less than **Baseline Title III Part Amount** the result is a negative number. The negative number is multiplied by the **AAA State Percentage** (*Figure 7*) and subtracted from the Baseline Award. This reduces the Award Amount to AAA.

Appendix H – Intrastate Funding Formula

Example

Title III-B Allotment for Blue Rivers AAA for Federal Fiscal Year 2020

Using the *Figure 1* Census data, follow *Figures 3* and *4* to calculate Blue Rivers AAA's **Title III** and **State Percentages**.

Title III Percentage (*Figure 3*)

.125 multiplied by 42.30%	.052875
AAA 60+ Population Percentage multiplied by 34.62%	(19,798/342,167) x .3462
AAA 60+ Population in Poverty Percentage multiplied by 11.54%	(2,666/30,016) x .1154
+AAA 60+ Minority Population Percentage multiplied by 11.54%	(340/21,035) x .1154
AAA Title III Percentage	.085021371

State Percentage (*Figure 4*)

AAA 60+ Population Percentage multiplied by 50%	(19,798/342,167) x .5000
AAA 60+ Population in Poverty Percentage multiplied by 25%	(2,666/30,016) x .2500
+AAA 75+ Population Percentage multiplied by 25%	(8,220/123,551) x .2500
AAA State Percentage	0.067767949

Projected Total Amount of Title III
\$7,910,239

>

Baseline Total Amount of Title III
\$5,125,038

The **Projected Total Amount of Title III** is greater than the **Baseline Total Amount of Title III**. *Figure 5* calculations are not used. Follow calculation steps listed in *Figures 7* and *8* for the **Award Amount**.

Blue Rivers AAA:

(*Figure 7*)

Projected Total Title III Amount ≥ \$5,125,038			
Baseline Award to AAA is calculated by:			
0.085021371	(x) multiplied by	\$1,958,614	= \$166,524.05
Adjusted Award to AAA is calculated by:			
220,384	(x) multiplied by	0.067767949	= \$ 14,934.97
166,524.05 + 14,934.97 = \$181,459.02 (rounded to: \$181,459)			

The **Adjusted Title III Part** Amount is calculated by:

(*Figure 8*)

2,178,998	(-) minus	1,958,614	= \$220,384
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Blue Rivers AAA will have **\$181,459** III-B Funds for Fiscal Year 2020. This calculation includes the 5% state match.

Title III-B Minimum Service Requirements for Blue Rivers AAA for Federal Fiscal Year 2020

(*Figure 9*)

Minimum Description	Title III-B Award	Minimum %	Minimum Expenditure
Access Services	\$181,459 (x) multiplied by	15% =	\$27,219
In-Home Services	\$181,459 (x) multiplied by	15% =	\$27,219
Legal Services	\$181,459 (x) multiplied by	2% =	\$3,629

Appendix H – Intrastate Funding Formula

Title VII

Title VII funds are distributed amongst participating AAAs.

AAA	Amount
Eastern NE Office on Aging	\$31,589
Midland AAA	\$8,534
South Central NE AAA	\$15,878
Northeast NE AAA	\$37,960

State Funds

This section describes how Community Aging Services Act (CASA) funds are allocated.

Designated Amounts

Some programs/contracts have a set amount of CASA funding. The State matches Title III-B, C-1, C-2, D, and E programs with CASA funding. CASA supplements approximately 5% of the Title III-B, C-1, C-2, and D programs and approximately 15% of the Title III-E program.

State Fiscal Year 2020: (Figure 9)

Program/Contract	CASA Amount
State Senior Volunteer Program	\$125,000
Contract with Legal Aid of Nebraska	\$75,000
Ombudsman Program	\$15,000
Ombudsman Match	\$7,500
Title III-B Match	\$140,900
Title III-C1 Match	\$172,447
Title III-C2 Match	\$72,900
Title III-D Match	\$9,400
Title III-E Match	\$177,200
Total	\$795,953

Remaining CASA Funds

(Figure 10)

The remaining CASA Funds are calculated using the formula:

$$\begin{array}{l} \text{Projected CASA Amount} \\ - \text{Designated Amounts (Figure 9 Total)} \\ \hline \text{Remaining CASA Amount} \end{array}$$

The remaining funds are distributed based on the AAA's 75+ population. Those that are 75 years and over, at higher risk of institutionalization, and more likely frail.

The AAA's 75+ population is compared against the state's 75+ population to determine the planning and service area's percent population.

Taken from *(Figure 1)*

Appendix H – Intrastate Funding Formula

Agency	75+ Population
Blue Rivers AAA	8,220
Eastern NE Office on Aging	38,362
Lincoln AAA	22,563
Midland AAA	10,332
South Central NE AAA	8,680
Aging Office of Western NE	8,111
Northeast NE AAA	18,562
West Central NE AAA	8,721
Total Population	123,551

The percent population is multiplied by the **Projected Total Amount of CASA** and rounded to the nearest dollar.

Example

This example will determine Blue Rivers AAA’s CASA allotment for State Fiscal Year 2020. Designated Amounts are not included in this calculation.

Remaining CASA Amount		AAA 75+ Population Percentage	Award Amount
\$6,734,276	<i>(x) multiplied by</i>	$(8,220/123,551) =$	\$448,040

Appendix H – Intrastate Funding Formula

An estimate is provided to the AAAs in advance of budget preparation. The funding formula is used to calculate the allocations by category by agency. Priority service minimums are provided.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES | DIVISION OF MEDICAID & LONG TERM CARE | STATE UNIT ON AGING
 RESERVATION TABLE ESTIMATES AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2020

SUA-19-PI-08
 Issued: 1-14-19

AREA AGENCY	Estimated Federal Funding FFY 2020							TOTAL FEDERAL FUNDING	Estimated State Funding SFY 2020				Total State Funding
	TITLE III-A / NSIP	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TITLE VII		CARE MANAGEMENT	ADRC	CASA	Senior Volunteer	
BLUE RIVERS	\$ 108,078	\$ 181,459	\$ 239,233	\$ 111,729	\$ 9,742	\$ 82,322		\$ 732,563	\$ 169,384	\$ 90,273	\$ 448,040	\$ 25,000	\$ 732,697
EASTERN	\$ 190,357	\$ 563,604	\$ 802,890	\$ 453,966	\$ 29,042	\$ 358,519	\$ 31,589	\$ 2,459,967	\$ 690,858	\$ 90,273	\$ 2,090,961		\$ 2,872,092
LINCOLN AREA	\$ 128,202	\$ 330,575	\$ 447,384	\$ 253,937	\$ 16,137	\$ 200,792		\$ 1,377,027	\$ 381,060	\$ 90,273	\$ 1,229,820		\$ 1,701,153
MIDLAND	\$ 94,604	\$ 208,358	\$ 276,145	\$ 134,808	\$ 10,984	\$ 100,895	\$ 8,534	\$ 834,128	\$ 192,885	\$ 90,273	\$ 638,156		\$ 921,314
SOUTH CENTRAL	\$ 106,645	\$ 188,195	\$ 248,625	\$ 118,108	\$ 10,032	\$ 87,627	\$ 15,878	\$ 775,410	\$ 173,415	\$ 90,274	\$ 488,718		\$ 752,407
WESTERN (AOWN)	\$ 104,875	\$ 190,449	\$ 249,645	\$ 110,991	\$ 10,425	\$ 80,074		\$ 746,459	\$ 195,404	\$ 90,273	\$ 442,099	\$ 25,000	\$ 752,776
NORTHEAST	\$ 204,592	\$ 292,431	\$ 396,231	\$ 226,687	\$ 14,210	\$ 179,692	\$ 37,960	\$ 1,351,803	\$ 353,728	\$ 90,273	\$ 1,011,741		\$ 1,455,742
WEST CENTRAL	\$ 149,700	\$ 193,927	\$ 255,371	\$ 118,092	\$ 10,454	\$ 88,651		\$ 814,195	\$ 158,826	\$ -	\$ 475,347		\$ 634,173
Neighbor to Neighbor												\$ 25,000	\$ 25,000
Mid Nebraska CAP												\$ 25,000	\$ 25,000
Sr Citizens Industries												\$ 17,500	\$ 17,500
TOTAL	\$ 1,087,353	\$ 2,178,998	\$ 2,915,524	\$ 1,528,118	\$ 111,026	\$ 1,176,572	\$ 93,961	\$ 9,091,552	\$ 2,315,560	\$ 631,912	\$ 6,824,882	\$ 117,500	\$ 9,889,854

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,219	27,219	3,629
EASTERN	89,041	89,041	11,872
LINCOLN AREA	49,586	49,586	6,612
MIDLAND	31,254	31,254	4,167
SOUTH CENTRAL	28,229	28,229	3,764
WESTERN (AOWN)	28,567	28,567	3,809
NORTHEAST	43,865	43,865	5,849
WEST CENTRAL	29,089	29,089	3,879

NOTES

CASA and Care Management prepared using 2010 Census
 Title III prepared using 2010 Census

The carryover timing is changing in FY20, moving it to January. The graph below was provided with the FY20 reservation table. Activities are shown on the following page.

Appendix H – Intrastate Funding Formula

Planning Process, Reservation Table, Budget Cycles:																																								
State Funds:																																								
Federal Funds:																																								
AAA Budget Cycle:																																								
NOTES:																																								
State Funds:	Appropriated during each legislative session, funding for 1 year, 7/1 - 6/30, no carryover.																																							
Federal Funds:	1	Appropriated annually, parceled out through continuing resolutions since 2000.																			September balance calculated; Issue Scheduled Reservation Table in January																			
	2	Up to FY15, Subawards were combined State and Federal Funds, with hold back of Federal funds to match SFY.																																						
	2	FY16 Federal and State subawards issued separately, by FFY project period (3 years), and SFY.																			Optional: Budget Revision																			
	4	FY19, forward: 2 years to obligate & liquidate, 2 years total.																																						
	5	FY19 forward: unbundled awards.																																						
	6	Each Notice of Award requires a subaward amendment.																																						

Appendix H – Intrastate Funding Formula

Month: High Level Activity Description:

January:	SUA Issue Reservation Table in January for the upcoming SFY (7/1-6/30) (includes best guess for FFY - 10/1-9/30) budget period. Possible carryover, up to 10%, included from prior FFY, if available.
April:	AAA Area Plan due to SUA (2019).
April:	SUA Review Budgets, approve plans & budgets (2019).
April:	AAA budget revision if needed (\$100 minimum move), to utilize state funds by 6/30.
April:	SUA review budget revisions requested for current SFY.
May:	AAA Area Plans due (2020, 2021, 2022)
April-May:	SUA Review Budgets for next SFY, approve plans & budgets.
May:	SUA Subawards developed for next SFY, submitted (2019). Senior Community Service Employment Program annual grant submission.
June:	SUA / AAAs Subawards signed.
July:	SUA State encumbrance for known expenses from AAAs, SUA request year end payments made in July, post to June.
July:	AAA Fiscal Officers: Balance remaining funds on Federal subawards. This projects remaining 3 months of current federal fiscal year funding.
October:	New Federal Fiscal Year.
December:	SUA: Calculate balance of FFY funds on previous FFY grants, 10% possible carryover.

Attachment A – State Plan Assurances & Required Activities

Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

Attachment A – State Plan Assurances & Required Activities

- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
 - (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency--
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

Attachment A – State Plan Assurances & Required Activities

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

- (B) with respect to services for older individuals residing in rural areas—
 - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

Attachment A – State Plan Assurances & Required Activities

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area--

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

Attachment A – State Plan Assurances & Required Activities

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

Attachment A – State Plan Assurances & Required Activities

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

Attachment A – State Plan Assurances & Required Activities

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan shall—

Attachment A – State Plan Assurances & Required Activities

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

Attachment A – State Plan Assurances & Required Activities

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Signature and Title of Authorized Official



*Cynthia Brammeier, Administrator
State Unit on Aging
Medicaid and Long-Term Care Division
Nebraska Department of Health and Human Services*

6/19/19
Date

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Attachment B – Information Requirements

Nebraska: Service Area Plan instructions include references and requirements for Area Agencies on Aging to ensure the Older American’s Act priorities are adhered to. Monitoring of program participation rates are conducted annually, and statistical data are gathered on participation rates. The Area Agencies on Aging utilize client intake forms requesting income information about clients interested in OAA services. This is not a requirement to receive services, nor is it means tested. However, it does allow for information to show when OAA funds are being utilized by the most impoverished. There are also questions on intake forms that ask the client whether or not they self-identify as being “In Poverty” without asking for any income specifics. In an effort to address minority populations, some AAAs are utilizing non-English speakers to address minority populations previously underserved that have limited English proficiency. The SUA has promoted Census data online for use by the AAAs. The SUA has embraced additional demographic data analysis and encouraged the AAA use of these publicly available tools. The upcoming 2020 Census should provide valuable information to the State and the AAAs for further program use. Legal services to rural areas are measured using the statewide reporting system and reported in an annual report. Title V services in rural area are based on the Equitable Distribution Report submitted to USDOL and participants placed in rural areas is based on this report as directed by USDOL.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Nebraska: Area Agencies on Aging maintain emergency preparedness plans and work with their senior centers on emergency response efforts. Annual monitoring of the Area Agencies on Aging include review of these disaster plans. Nebraska experiences natural disasters annually. The need to prepare and the experience of response is part of the landscape. For example, in 2014, the village of Pilger was struck by tornadoes. In addition to the Senior Center moving their congregate meals to a church, the State Unit on Aging, with help from the AoA Regional Office, secured a Disaster Response grant to support their yearlong efforts to rebuild and restore the Senior Center. In 2018, disaster plan evaluations and discussions were held during each onsite monitoring visit. This was a new activity at this level of detail. The AAA approach varies between areas. In March, 2019, a bomb cyclone caused significant weather events across the state, including a blizzard in the panhandle and historic flooding. In all 65 counties were affected. Recovery is underway at this writing. The SUA is researching disaster preparedness training for the AAAs.

Section 307(a)(2)

The plan shall provide that the State agency will --...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Nebraska: The estimated budget table (aka “reservation table”) provided to the Area Agencies on Aging, and developed by the State Unit on Aging, outlines specific minimum funding requirements as follows: 15% Access, 15% In-Home, and 2% Legal.

Section 307(a)(3)

The plan shall--

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Nebraska: Nebraska will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000. This is included in the intrastate funding formula.

Funding is expected to remain flat for the four-year plan period from both Federal and state sources. Using SPR FFY18, conservatively estimating units and rural designations available regarding providers and clients, the comparison of rural to statewide spending was 54%. Title III-B services are more difficult to separate rural within the current software system, and are likely higher than the percent indicated.

Federal Funding – Statewide - \$9,420,771						
TLE III-A / NSIP	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TITLE VII
\$991,721	\$2,774,160	\$3,043,699	\$1,482,760	\$91,236	\$1,037,195	\$111,586

Federal Funding – Rural - \$5,111,960 (54%)						
TITLE III-A / NSIP	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TITLE VII
\$794,556	\$511,960	\$2,584,261	\$983,671	\$63,865	\$173,647	\$91,091
80%	18%	85%	66%	70%	17%	81%

Nebraska’s funding formula includes minimum spending requirements, plus an additional factor for rural counties, and persons age 75+. Budgets are reviewed based on these requirements.

PRIORITY SERVICE MINIMUMS		
ACCESS	IN-HOME	LEGAL SERVICES
15%	15%	2%

The methods used to meet the needs for services in the fiscal year preceding the first year to which such plan applies, include congregate and home delivered meals, access, in-home, legal, long-term care ombudsman, ADRC, information services, evidence based programs, care and case management, transportation, social activities, respite, and caregiver services.

Nebraska’s population growth is relatively flat, but grew enough to maintain three congressional seats. An increase of 4.5% to 5% per decade is expected until 2030 (.05 % per year). The population age 65+ is projected to increase from 240,000 in 2010 to 400,000 by 2030, or 67% in 20 years (3% per year).

Nebraska’s population is concentrated in the urban counties, all of which are on the eastern edge. Counties with towns of at least 10,000 persons are expected to continue their growth. Together, Douglas (Omaha), Sarpy (Papillion) and Lancaster Counties (Lincoln) account for slightly more than half of the state’s population, and this proportion is expected to increase. The state’s racial and ethnic diversity will increase, and the growing minority population will tend to be younger.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Nebraska: Six of the eight AAAs are located in rural areas. The other two include rural counties and senior centers. Planning in all eight AAA service areas includes engagement with residents in each county. The AAAs solicit information regarding programs and needs from each county as they are developing area plans and establishing or maintaining programing at the local level. The intra state funding formula provides an additional measure for persons age 75+ to accommodate the rural residents remaining in their communities. The section Older Nebraskan’s in Rural Areas discusses services in further detail.

Section 307(a)(14)

- (14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
 - (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Nebraska: AGID data for 2016 identified 5,401 persons age 60+ as low income minority. Planning in the eight AAA service areas analyze low income minority individuals, with other OAA priority categories, in order to maintain and enhance programming in their service areas. The most popular written materials at the state and local level are translated into Spanish. Several state developed legal documents are available in Spanish and English. The ADRC website has a translation option to display in multiple languages.

Number of people age 60 and over with income in the past 12 months below the poverty level living in Nebraska by race and Hispanic origin, 2012-2016:

	Speak English "not well"	Speak English "not at all"
Black or African American alone, not Hispanic	0	4
Asian alone, not Hispanic	195	165
Native Hawaiian and Other Pacific Islander alone, not Hispanic	0	0
American Indian and Alaska Native alone or in combination with other races, not Hispanic	0	0
Some other race alone or Two or more races (excluding combinations that include American Indian and Alaska Native), not Hispanic	0	0
Hispanic or Latino (any race)	340	495
Total	535	664¹⁴

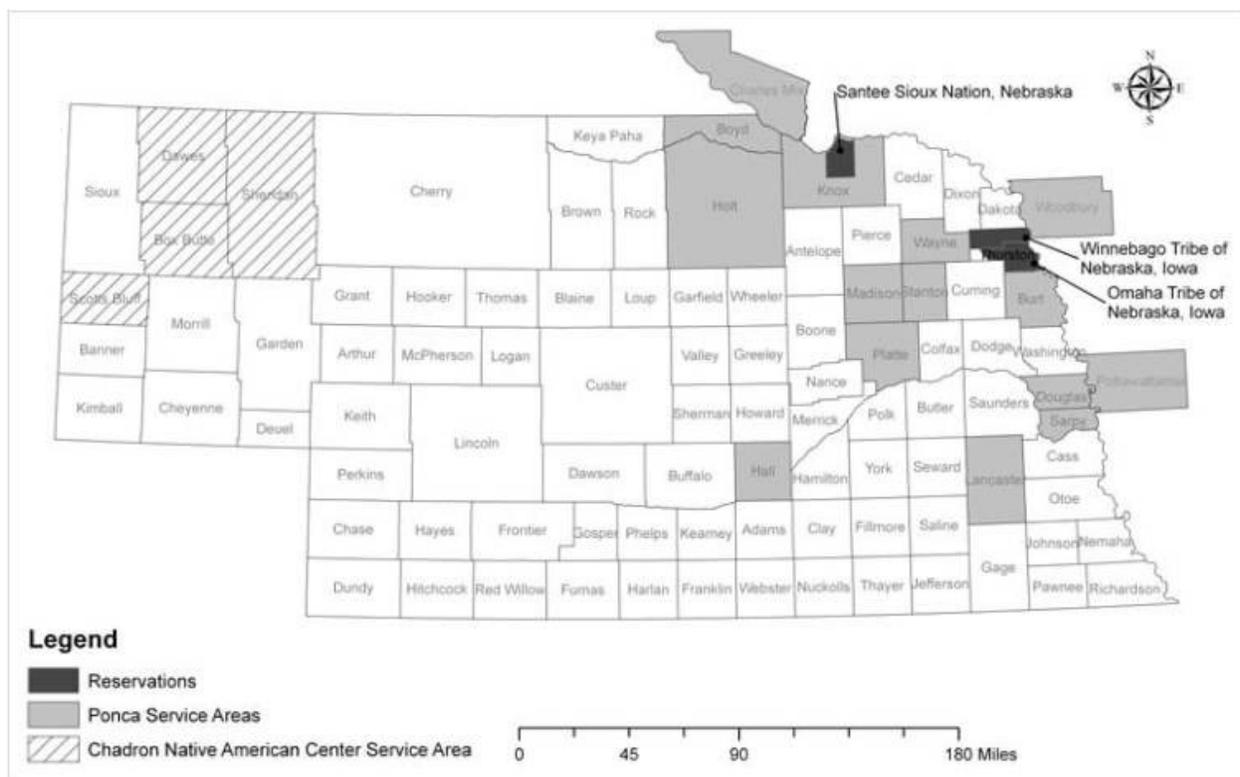
Section 307(a)(21)

The plan shall –

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Nebraska: Nebraska has 3 Reservations, all located in the Northeast Nebraska Area Agency on Aging. NENAAA has programs in all 3 areas, conducts programming, serves meals from the senior centers, and enjoys a good working relationship with the communities. These programs are outlined in the NENAAA area plan. The Ponca Tribe does not have a reservation, but is a recognized Tribe. Please see the Nebraska map of reservations and Ponca Tribe service areas of the below:

¹⁴ Source: Administration for Community Living, agid.acl.gov. Data Source: American Community Survey Special Tabulation 2012-2016, accessed June 5, 2019.



Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

Nebraska: The State Unit on Aging and the AAAs evaluate the demographics of the population when developing programming. The SUA has promoted Census data access online for use by the AAAs for this purpose. The SUA has embraced additional demographic data analysis and encouraged the AAA use of these publicly available tools. The upcoming 2020 Census is expected to provide valuable information to the State and the AAAs for further program use. Area Agencies on Aging Area Plans describe emphasis being placed on individuals residing in rural areas in the Planning Process section, examples include focusing on providing informational presentations regarding

available services in rural areas (WCNAAA), funding transportation in rural areas (BRAAA, AP, ENOA) and requiring contractors to target and outreach to identify older individuals with emphasis towards individuals who are rural (SCNAAA).

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Nebraska: The State Unit on Aging emergency preparedness plan is incorporated into the Department of Health and Human Services larger plan. The Department plan includes all Divisions and Units, and is managed by a team within the Division of Public Health.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Nebraska: The State Unit on Aging Administrator is involved in the Nebraska Department of Health and Human Services State Public Health Emergency Preparedness and Response Plan. This plan is updated annually.

Section 705(a) ELIGIBILITY --

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

Nebraska: The Long-Term Care Ombudsman oversees all Long-Term Care Ombudsman programming across the state. As such, the LTCO developed a policy manual and trained all local and volunteer ombudsmen. The Long-Term Care Ombudsman services are conducted through state employees, AAA Ombudsmen, and dozens of trained volunteer Long-Term Care Ombudsmen. Legal services programming is overseen by the SUA legal assistance developer. Each AAA participates in a contract with Legal Aid of Nebraska, who answers the Elder Access Line. Additional services are provided by contracted attorneys. The Long-Term Care Ombudsman Program and the SUA have entered into a Memorandum of

Understanding to collaborate on issues related to elder abuse prevention and legal services. This is considered a “best practice” by ACL and required under the LTCO regulations.

- (2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

Nebraska: The Long-Term Care Ombudsman will hold public hearings in order to obtain the views of older individuals receiving an LTCO service. Regular quarterly meetings with the AAAs and other local entities with a LTCO program and other interested persons are held annually.

- (3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

Nebraska: The Long-Term Care Ombudsman oversees all Long-Term Care Ombudsman programming across the state. This activity is conducted through state employees, AAA long-term care ombudsmen, and dozens of trained volunteer long-term care ombudsman. Legal services programming is overseen by the SUA legal assistance developer. Each AAA participates in a contract with Legal Aid of Nebraska, who answers the Elder Access Line. Additional services are provided by contracted attorneys.

- (4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

Nebraska: The State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter. The State Unit on Aging is meeting this requirement through several programs between the LTCOP and elder rights. Financially, AAA service minimums are required and monitored. At the state level, the legal services developer manages a robust elder justice and elder rights array of programs, including an annual elder justice training, an elder rights coalition of active stakeholders, and coordinates statewide World Elder Abuse Awareness Day activities. The SUA will work closely with Adult Protective Services in preventing and reporting elder abuse, neglect and exploitation with joint presentations in the communities to raise awareness of elder abuse, develop materials to enhance awareness of elder abuse and raise awareness through media campaigns. The SUA has administered previous Title IV grants for elder justice, and continued the programming built through those, such as the annual training. In 2019, the SUA will support another competitive grant Legal Aid is applying for.

- (5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

Nebraska: The State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5)). Entities interested in being a designated local Ombudsman may contact the SLTCO for consideration.

- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*
- (i) public education to identify and prevent elder abuse;*
 - (ii) receipt of reports of elder abuse;*
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*
- (i) if all parties to such complaint consent in writing to the release of such information;*
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) upon court order.*

- Nebraska:** With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
- (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;

Attachment B – Information Requirements

- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

The LTCO and SUA-LAD coordinate with the APS program staff where appropriate. The APS program is within the Division of Children and Families. The APS program specialist participates in the Elder Rights Coalition, and public information efforts statewide. The Elder Rights Coalition quarterly meetings provide a platform to discuss elder abuse prevention strategies. The coalition is represented by local law enforcement, state attorney general's office, Office of the Public Guardian, Nebraska Department of Banking, APS and the SLTCO. The SUA, APS, AAAs and the LTCO collaborate to observe World Elder Abuse Awareness activities and conduct public education to identify and prevent elder abuse throughout the year. Elder abuse reports are maintained with APS staff, and are not accessible by others in the Department. The LAD coordinates an annual training for professionals statewide. CEU's and CLE's are available to professionals. Local law enforcement regularly presents financial exploitation case investigations at the trainings. The LAD chairs the local TRIAD meetings which provide a platform to refer complaints to law enforcement including the Sheriff's Office, police department and the attorney general's office and social service agencies.

The LTCOP provides Abuse and Neglect presentations to long-term care facilities on a regular basis. These presentations are also available to any entity that works with the older population upon request.

The LTCOP case files and reports are available only to the LTCO, on a separate database, maintained by the SUA.