2005 ANNUAL REPORT
NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

HELPING PEOPLE LIVE BETTER LIVES

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

CORRECTION for Paragraph 1, column 2 of page 12.

To be eligible for ADC cash assistance, a family must have monthly countable income less than the state's established need and payment standard, **which is $293/month (maximum payment assuming no income) for a two-person family. This increases by $71 for each additional eligible family member.**

MESSAGE FROM THE POLICY CABINET

The Mission of the Nebraska Health and Human Services System is:

"We help people live better lives through effective health and human services."

Christine Z. Peterson
Policy Secretary

Nancy Montanez, Director
Health and Human Services

Joann Schaefer, MD, Director
HHS Regulation and Licensure,
Chief Medical Officer

Richard P. Nelson, Director
HHS Finance and Support

These are not empty words. Helping people live better lives is what we do every day, whether we're educating and protecting people through public health efforts; assisting the elderly, the poor and those with disabilities; providing safety to abused and/or neglected children or vulnerable adults; or serving those in need of 24-hour facility care.

The 2005 Annual Report, *Helping People Live Better Lives*, documents the major activities and services provided by dedicated staff who are committed to doing their best for people living in Nebraska. We hope this report will provide an understanding of the varied responsibilities carried out by the three state agencies within the Health and Human Services System.

Behind the information and statistics provided in this annual report are the lives of real people who are touched by the programs and services we offer. We hope you will take a few moments to review many of the HHS System's accomplishments.

Most of the information covered in this report is for State Fiscal Year (FY) 2005, which includes July 1, 2004 through June 30, 2005. Some information may be provided by Calendar Year (CY) or Federal Fiscal Year (FFY). Additional information about HHSS can be found on our Website at www.hhss.ne.gov. Questions and concerns about HHSS programs and services can be directed to the System Advocate at 1-800-254-4202 or 402-471-6035 in Lincoln.

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HHSS Mission and Operating Principles

The mission statement for the Health and Human Services System (HHSS) is:

We help people live better lives through effective health and human services.

A set of operating principles outlines how employees carry out this mission. These operating principles are referred to as the "Five Cs," and include:

Communication
What we mean: Communication means keeping people informed; listening actively; being open and accessible; and ensuring we are accurate, timely, and complete in all we say and write.
The results we want: Our customers, the people we work with and the public, see us as open and honest in our communication, believe that we hear and understand what they say, and view us as a source of valid and reliable information that is easily accessible.

Cooperation
What we mean: Cooperation means a willingness to work with others in good faith, assisting them and accepting assistance from them.
The results we want: Our customers and the people we work with join us in seeking solutions and improvements.

Collaboration
What we mean: Collaboration means a willingness and ability to work together with others as equals in the pursuit of common goals.
The results we want: Our customers and the people we work with trust that we will work with them as partners in the pursuit of common goals.

Customer Service
What we mean: Customer Service means responding to our customers in a respectful, timely, and effective manner.
The results we want: Our customers know we value them and are considerate of their needs.

Confidence
What we mean: Confidence means reliance on us to do our jobs effectively and efficiently with integrity and fairness.
The results we want: Our customers, the people we work with and the public, learn that we do our jobs with commitment, professionalism, efficiency, and through accountable programs and accurate systems.

Policy Cabinet and Organizational Overview

The Health and Human Services Policy Cabinet structure provides for both system-wide coordination of activities and agency-specific oversight and direction.

Policy Cabinet members are appointed by the Governor and approved by the Legislature. These include the Directors of the three executive branch agencies, which are the Department of Health and Human Services Finance and Support, the Department of Health and Human Services Regulation and Licensure, and the Department of Health and Human Services; the Policy Secretary; and a Chief Medical Officer if the director of HHS Regulation and Licensure is not a physician.

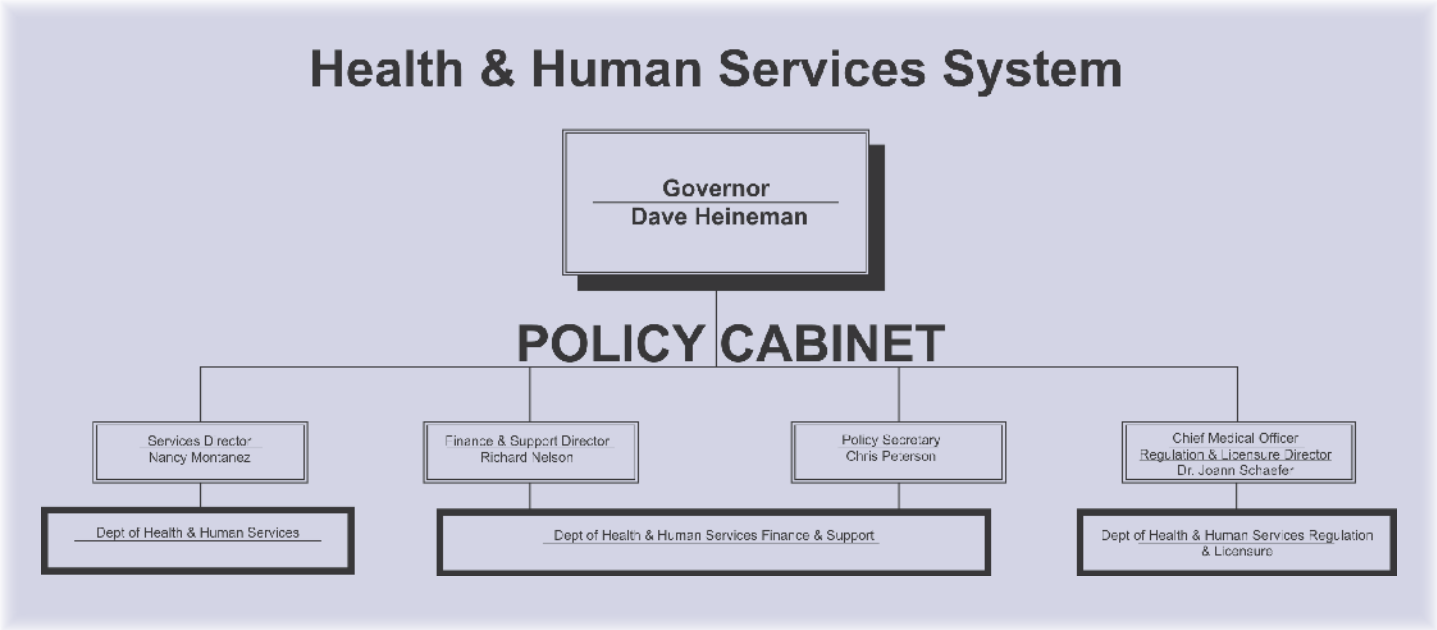
During FY 2005, the Policy Cabinet consisted of Richard Nelson, HHS Finance and Support; Dr. Joann Schaefer, HHS Regulation and Licensure and Chief Medical Officer (appointed mid-year to replace Dr. Richard Raymond); Nancy Montanez, HHS; and Christine Peterson, Policy Secretary.

The organization chart below illustrates the administrative structure of the Policy Cabinet.

In FY 2005, the Health and Human Services System (HHSS) employed nearly 5,900 people located in over 100 offices across the state and in ten 24-hour facilities. The System's central office in Lincoln provided administrative direction and operational support to employees and programs.

Total expenditures for HHSS for SFY 2005 were $2.4 billion in state, federal and cash funds.

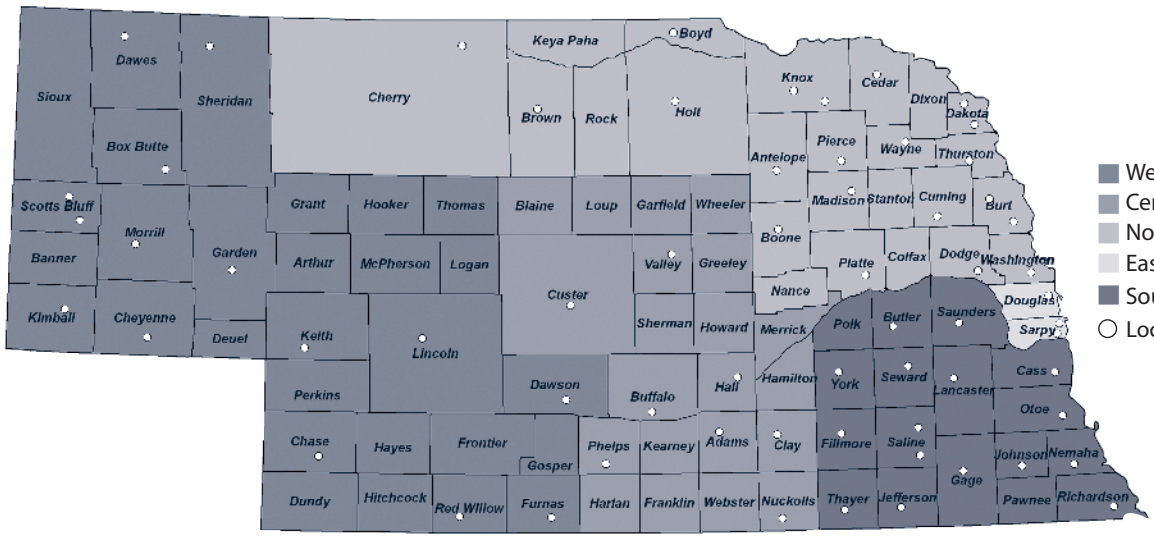
The agency sections of this annual report provide additional detail and results of program activities.



I. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Overview

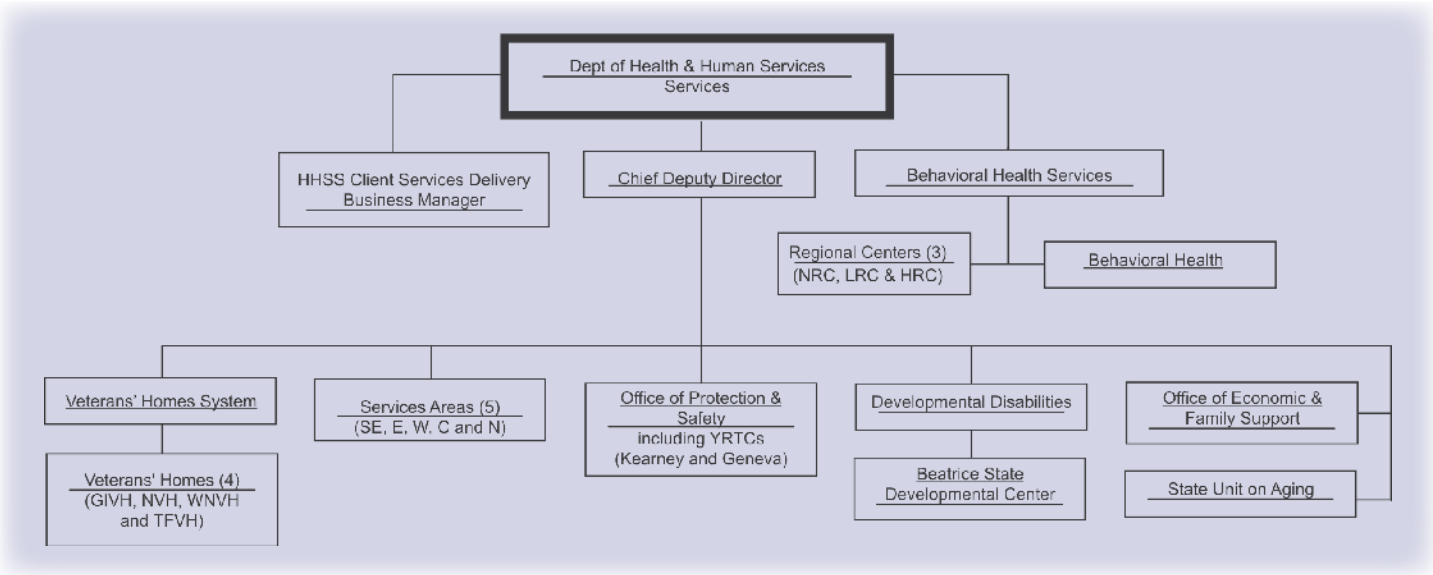
The Department of Health and Human Services (HHS) provides a wide variety of services to individuals and families.



Health and Human Services Service Areas

The local offices across the state are organized into five geographic service areas. Service Area staff work with clients to determine eligibility for economic assistance programs such as Aid to dependent Children, Child Care Subsidy, Child Support Enforcement, Employment First, Food Stamps and Medicaid.

The Service Areas collaborate with Central Office in Lincoln in the areas of adoption, foster care, investigation and prevention of child abuse and neglect and juvenile services. Children come to HHS because of abuse, neglect, dependency, status offenses or delinquency.



Staff collaborate with other partners in the child welfare system to ensure the safety, permanency and well-being of children served by HHS.

The Department operates ten 24-hour facilities: four Veterans' Homes, three Regional Centers, two Youth Rehabilitation and Treatment Centers and the Beatrice State Developmental Center.

In addition, HHS includes aging and ombudsman services, and monitors and provides oversight for community-based developmental disabilities, mental health, substance abuse and gambling programs.

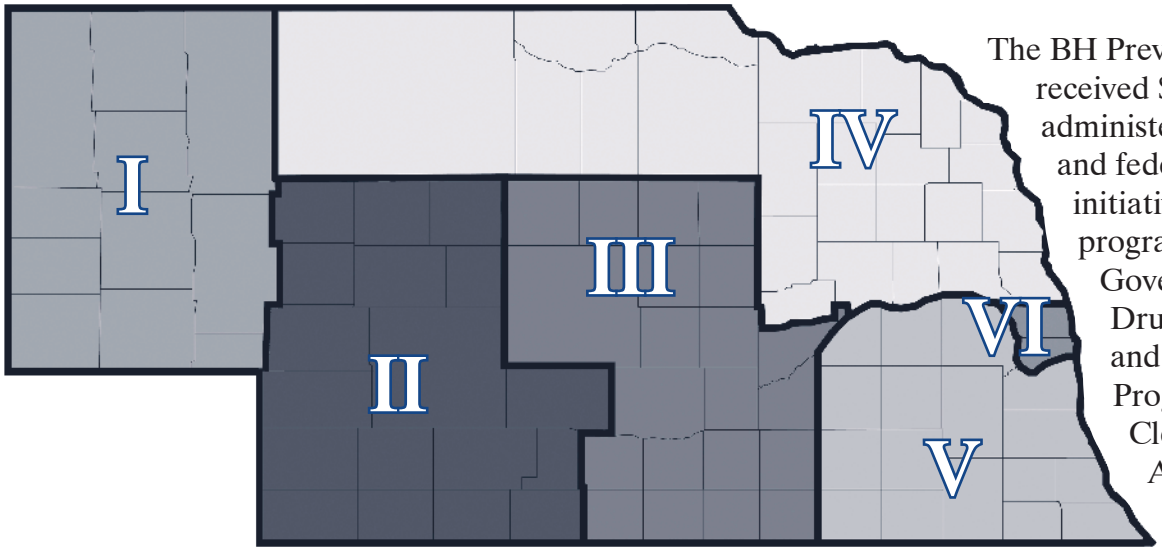
The Department of Health and Human Services had approximately 4,793 employees and expenditures of $314,995,868 in FY 2005.

Behavioral Health Services

The Division of Behavioral Health Services provides planning, funding, monitoring and evaluation of community mental health, substance abuse and problem gambling prevention, treatment and rehabilitation services. It also directly delivers behavioral health (BH) services at the three State Regional Centers. As the federally designated State Mental Health Authority and the State Substance Abuse Authority, the Division provides leadership, planning and coordination for BH services throughout Nebraska. Included within the Division are the Gambling Assistance Program, the Prevention Program, and the Office of Consumer Affairs.

During FY 2005, the Division managed revenues and monitored continuation and Regional Center transfer fund expenditures from multiple state, federal and cash sources totaling $75,571,619 for community programs to provide behavioral health services. Of this, $63,825,257 was contracted through the six Region BH Authorities that subcontract with more than 125 providers for over 55 mental health and substance abuse adult and youth services in their respective geographic areas.

In addition to community funding, in FY 2005, $61,425,596 was budgeted for services in the three Regional Centers – Hastings Regional Center (HRC), Lincoln Regional Center (LRC) and Norfolk Regional Center (NRC).



Behavioral Health Regions

The BH Prevention Program received $5.7 million to administer several state and federal prevention initiatives and programs, including the Governor's Safe and Drug Free Schools and Communities Program, the Nebraska Clearinghouse for Alcohol and Drug Information, the School and

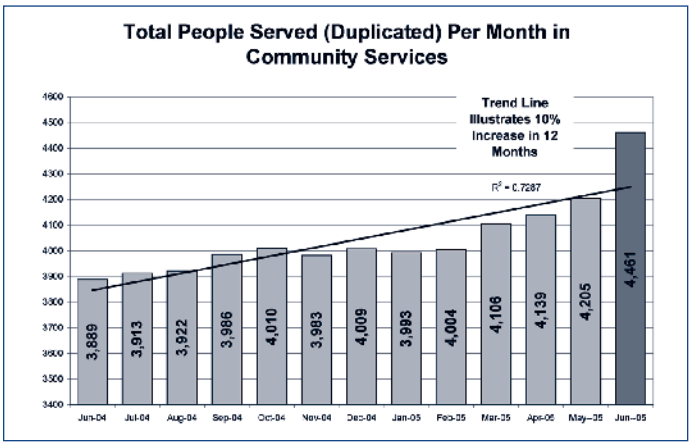
Community Intervention Program, the Youth Risk and Protective Factor Survey and the nationally-recognized State Incentive Cooperative Agreement (SICA) that provided funding to 18 local community coalitions in Nebraska to implement local prevention strategies. The Division contracts with the Nebraska State Patrol to meet the federal requirements for annual random inspections of more than 850 tobacco retail outlets to reduce the illegal purchases by minors. Thirty-eight percent of the $5.7 million also funds prevention services for substance abuse through contracts with the six Regions. The Gambling Assistance Program managed $1.1 million.

The Division manages over 90 contracts for other specialty BH services and new initiatives including: (a) $1.3 million funds mental health and substance abuse treatment and prevention services at the four recognized tribes in Nebraska (Ponca, Omaha, Santee Sioux and Winnebago) and in a specialty residential treatment program for Native Americans; (b) $300,000 funds outreach and case management support and referral services for the federal PATH Homeless grant program; (c) $176,480 for core education classes for alcohol and drug counselors; and (d) $148,534 for the rural mental health crisis counseling services to rural and farming residents of Nebraska.

Reform of the adult behavioral health services system was initiated by LB 1083, the Nebraska Behavioral Health Services Act, which became effective in FY 2005. This legislation revised previous community and institutional mental health, compulsive gambling and alcohol/drug services laws to allow persons with mental illness and substance abuse disorders to be served in the least restrictive settings closer to their home communities, support systems, family and friends, while providing safety and protection for the individuals and the community.

LB 1083 provided $6 million of one-time funds, almost $5 million of funds transferred from HRC, and $2.5 million for new emergency services to reform the BH system by expanding community-based services and reducing Regional Center BH services.

Federal funds increased by $1.7 million in FY 2005, compared to FY2004. Federal funds can be used for community-based services, but cannot be used for people served in Regional Centers.



The decline in commitments to Regional Centers is a positive indicator that community services are better providing support to individuals since reform began in 2004.

Mental Health Board Commitment Admissions to Behavioral Health Reform *Units by Region FY02, FY03, FY04, FY05

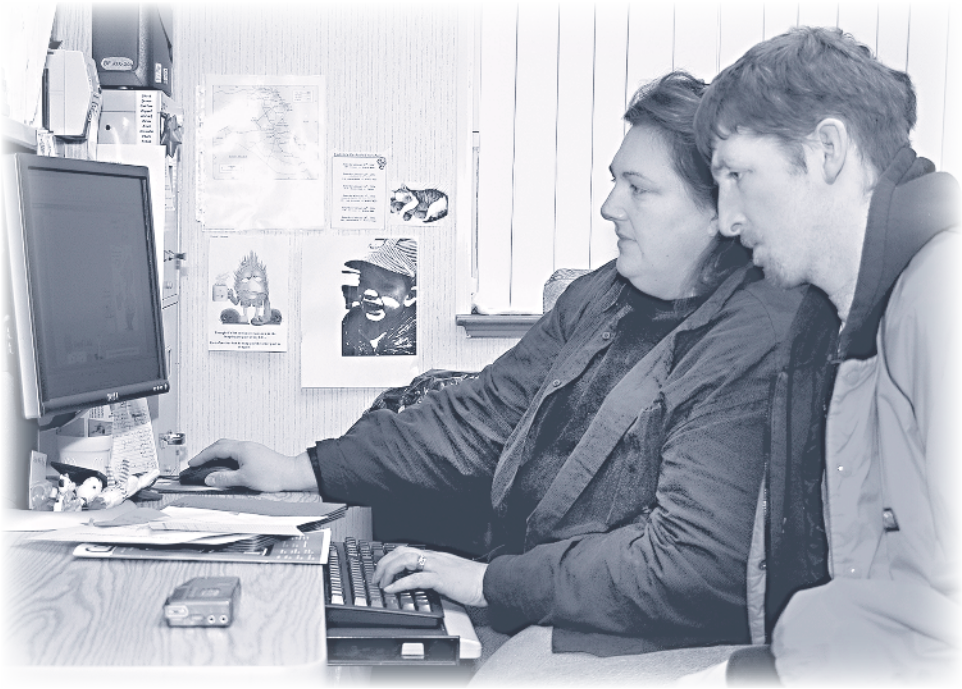
Region	FY02	FY03	FY04	FY05
Region 1	50	54	40	7
Region 2	74	40	35	32
Region 3	241	179	140	129
Region 4	39	69	80	76
Region 5	205	216	172	155
Region 6	262	274	274	227
Total	**871**	**832**	**741**	**626**

Data Source: AIMS
** Behavioral Health Reform Units includes inpatient and residential units at LRC, NRC, and HRC, but excludes Adolescent, Forensic and Sex Offender units*

Developmental Disabilities

The Developmental Disabilities System (DDS) in HHS is responsible for administering an integrated system approach for providing developmental disability services by:

- Administering all state and federal funds for specialized developmental disabilities programs;
- Doing certification, technical assistance, regulations and payment for providers of community-based developmental disabilities services;
- Contracting with 34 public and private community-based providers at 70 area programs statewide to serve Nebraskans with developmental disabilities;
- Developing a comprehensive statewide plan for services for Nebraskans with developmental disabilities;
- Administering four Home and Community-Based Medicaid Waivers serving up to 3,510 adults and 250 children;
- Having a single point of entry for specialized developmental disabilities services, managed by Service Coordination;
- Operating a statewide registry of persons eligible for specialized developmental disabilities services;
- Providing training and technical assistance statewide to staff of community-based providers and developmental disabilities service coordination;
- Allowing funding to follow persons receiving services and to change as service needs change;
- Utilizing outcome-based, consumer-focused managed care to ensure that individuals receive what they need, no more, no less;
- Operating BSDC, an intermediate care facility that provide 24-hour care to approximately 373 individuals with developmental disabilities in FY05 at a total state and federal expenditure of $43,423,560.
- Providing eligible persons short-term community-based or residential behavioral intervention, training and follow-up through BSDC's Outreach and Intensive Treatment Services; and
- Administering the BSDC Bridges Program, a 14-bed secure setting designed to provide a structured, therapeutic environment for persons with challenging behaviors that pose a significant risk to members of the community.



BSDC employee Sue Clausen works with center citizen James Plate on a newsletter article.

For FY 2005, 4,319 individuals were authorized for community DD service coordination. Of those, 3,857 received community-based day and/or residential services.

State and Federal dollars spent for DD services in FY 2005 totaled $137,712,230. This included $61,577,162 in state general funds and $76,135,068 in federal funds.

Medicaid Home and Community-based waivers	Number served in 2005
Comprehensive	2,080
Day Services	618
Residential Services	125
Children's Services	250

Economic and Family Support

Economic and Family Support is responsible for administering all state and federal public assistance funds that assist eligible low-income families and individuals.

Aid to Dependent Children (ADC) and Temporary Assistance to Needy Families (TANF)

Nebraska operates the Aid to Dependent Children (ADC) program through a federal block grant known as Temporary Assistance for Needy Families (TANF). This program provides cash assistance to low-income families with minor children. The family must meet income resources and eligibility criteria. ADC income is used to pay for family living expenses like rent, utilities, food, clothing, and other necessities. ADC is often the only source of cash assistance for a family.

To be eligible for ADC cash assistance, a family must have monthly countable income less than the state's established need and payment standards. The ADC cash assistance for a family of two is $541 a month. The amount is increased $71 for each additional child.

ADC families may consist of children and both parents or there may be a parent absent due to separation, divorce, or death. When both parents are absent, a different family member such as a grandparent, aunt, or uncle may receive ADC on behalf of the child(ren).

An ADC family may receive benefits and services from other assistance programs as well. The household may be eligible for Food Stamps.

All ADC children and adults are eligible for Medicaid coverage. In addition, families may be eligible for subsidized child care to allow adults to participate in Employment First activities.

A monthly average of 11,921 families received ADC in FY 2005 for total expenditures of $50,212,564.

All ADC adults who are able to must participate in the Employment First program, which provides training, education, work experience, and employment-related activities and supportive services.

ADC adults must also cooperate with child support enforcement efforts as appropriate to remain eligible for assistance. ADC families in which the parent(s) are capable of attaining self-sufficiency are limited to receipt of 24 months of cash assistance within a 48-month period.

Recipient	Monthly Average SFY03	SFY04	SFY05
Families receiving ADC	11,961	12,237	11,921
Persons receiving ADC	31,214	31,724	30,915
Children receiving ADC	21,685	22,004	21,633
Adults receiving ADC	9,529	9,719	9,283
Adults in Employment First	7,926	9,040	8,644
ADC families with no parent in the ADC unit	3,474	3,554	3,627
ADC families with two parents in ADC unit	1,030	1,028	982
ADC families with one parent in ADC unit	7,434	7,655	7,312
Female-headed one parent ADC families	7,136	7,227	6,881
ADC adults that have never been married	5,527	5,637	5,384
ADC families living in Omaha metro area	6,208	6,501	6,272
Maximum ADC payment for a typical family	$364	$364	$364
Maximum amount of gross monthly income to be eligible for ADC	$733	$764	$764

Families in which the parent is disabled or otherwise found to be incapable of attaining self-sufficiency are not time-limited.

Child Care Subsidy

HHS provides financial assistance to low-income families with child care expenses (a child care subsidy). The family's gross income is used to calculate eligibility. Both earned income (for example, wages) and unearned income (for example, child support, Social Security payments, Unemployment Insurance) are counted.

There are two categories of eligibility:

- Transitional Child Care for families transitioning from Aid to Dependent Children (ADC) assistance, and
- Non-Transitional Child Care for families not transitioning from ADC.

To qualify for assistance, the parent or caretaker must need child care because he or she is: employed, attending school or training sessions; going to medical or counseling appointments for herself/himself or another child; or incapacitated (this must be verified by a physician).

Depending on income, a family may owe a monthly fee based on sliding scale for each child for whom

they receive assistance. That fee is paid directly to the child care provider, who then bills HHS for the remainder of the bill.

Transitional Child Care:
If the family received ADC assistance and their income increased because the parent or caretaker started a job or had increased earnings, the family may be eligible for up to 24 consecutive months of Transitional Child Care Subsidy. The family's gross income must be below 185% of the Federal Poverty Level:

Family Size	**2**	**3**	**4**	**5**	**6**	**7**	**8+**
Maximum Gross Monthly Income	$1,980	2,481	2,984	3,487	3,989	4,492	4,995

Non-Transitional Child Care:
If the family has not received ADC assistance within the last six months, they may be eligible for Child Care Subsidy if their gross income is below 120% of the Federal Poverty Level:

Family Size	2	3	4	5	6	7	8+
Maximum Gross Monthly Income	$1,283.99	1,608.99	1,935.99	2,261.99	2,586.99	2,913.99	3,239.99

There is no limit on the length of time a family can receive non-transitional child care as long as the parent(s) or caretaker(s) is participating in one of the approved activities with the potential to allow the parent/caretaker to no longer need Child Care Subsidy. For instance, self-employed individuals must be able to get to the point of privately paying for child care.

All families eligible for a child care subsidy may select the provider of choice. However, HHS will only pay for child care by a licensed or approved provider who meets standards and has a provider agreement with HHS.

There were 16,169 child care subsidy recipients totaling $4,440,916 in the month of June 2005.

Child Support Enforcement

The Child Support Enforcement Program helps children obtain financial support from both parents, enables current public assistance recipients to end their reliance on welfare, and helps prevent single parents from entering public assistance.

Child Support Enforcement Services include locating parents; establishing paternity; establishing and modifying a court order for child support; enforcing court orders, medical support, and spousal support only when connected to a child support order; reviewing court orders for possible modification; and working with other states to enforce support when one parent does not live in Nebraska.

By law, the Child Support Enforcement program cannot help with divorce, property settlement, visitation and custody, spousal support (alimony or maintenance) establishment or modification, child care support, or provide legal advice or counsel.

In September 2004, HHS and the Nebraska State Treasurer jointly announced that people could receive child support payments on a debit card instead of a paper state warrant or direct deposit. The card is a Visa® debit card, known as the ReliaCard® and is issued by U.S. Bank®. The ReliaCard is a debit, not a credit, card. Debit card holders can only use the funds that have been deposited onto the card. Court-ordered child support funds are sent to U.S. Bank, where the money is electronically loaded to the card. The ReliaCard can be used to make purchases wherever Visa debit cards are accepted. Cardholders may also withdraw their child support funds at Visa/Plus ATMs or at any bank or credit union that accepts Visa. In FY 2005, U.S. Bank issued 5,020 ReliaCards for the Nebraska Child Support Program (59,865 loads were made to those cards, totaling $7,739,955).

Sue Derrig, a Customer Service Representative at the Child Support Enforcement Call Center, assists a caller.

In FFY 2005, $168,105,945 in child support collections were distributed to IV-D clients. A IV-D client is someone who applies for services from HHS to collect child support. This was a 4% increase over 2004.

Community Services Block Grant

The Community Services Block Grant (CSBG) is a federal, anti-poverty block grant that provides base funding for Nebraska's nine Community Action Agencies (CAA). These nine agencies create, coordinate and deliver programs and services to low-income families in all 93 counties of Nebraska. Some of the programs provided include emergency assistance; case management; youth programs; family parenting classes; housing services; abuse prevention and intervention; Head Start, Early Head Start and Migrant Head Start; and health programs.

Community Action strongly encourages its clientele to become more active community members through volunteerism, and 683 clients volunteered in their communities, donating 485,001 volunteer hours.

CSBG also provides discretionary dollars that Nebraska uses to fund the Nebraska Farm Hotline, overseen by the Nebraska Farm Crisis Response Council; Migrant Assistance Program, managed by Panhandle Community Services; Nebraska Fatherhood Initiative, managed by the Nebraska Children and Families Foundation; and Community Action of Nebraska.

Energy Assistance

The Nebraska Low Income Energy Assistance Program (LIHEAP) helps those with limited incomes offset the cost of heating and cooling their homes. The program will partially pay the cost of electricity, fuel oil, gas, coal, wood, kerosene, propane, or other fuel sources. Income and resource eligibility criteria must be met. Excluded from the eligibility determination are a home, one car, and personal belongings such as furniture and clothing. The resource limit is $5,000. Countable resources are cash, checking and savings accounts, time certificates, CDs, stocks, bonds and property other than the home.

A cooling program is available in the summer to households that meet resource and income guidelines. To be eligible, someone in the household must be age 70 or older or have some specific medical conditions that make that person susceptible to heat.

In FY 2005, approximately 35,500 families received assistance totaling $12,400,000.

Food Stamps and Electronic Benefits Transfer

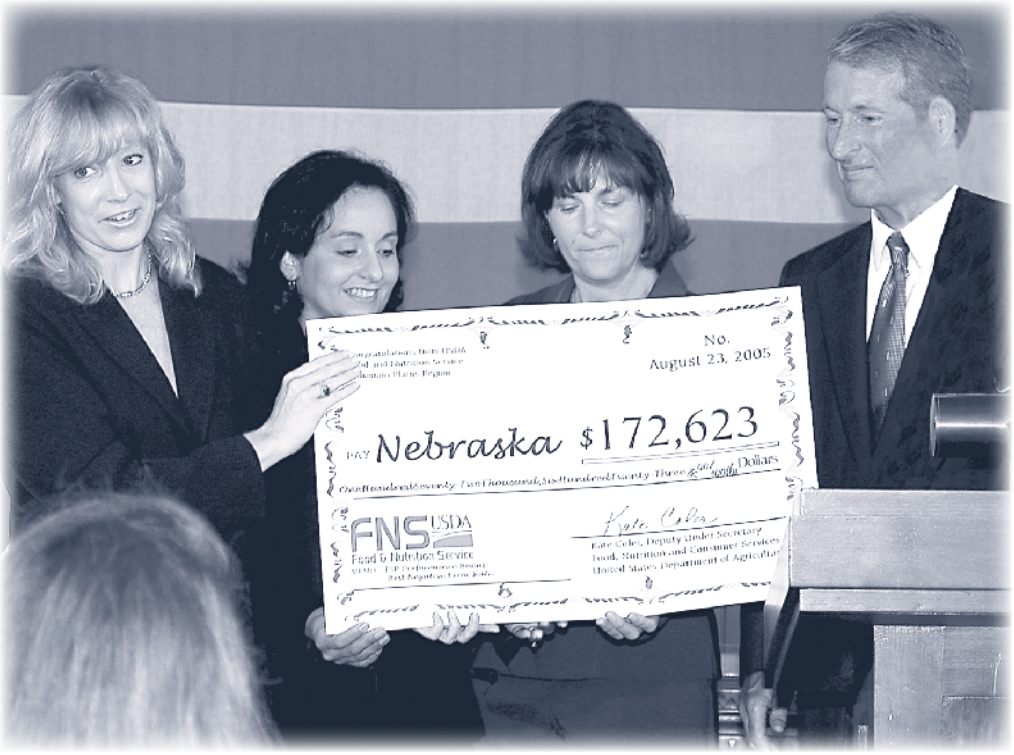
Nebraska changed from paper food stamp coupons to an electronic benefits transfer card (EBT) in October 2002. The EBT card works similar to a debit card for purchasing food with food stamp benefits.

Nebraska's EBT card.

HHS staff determine a household's eligibility to receive food stamp benefits and set up an account for the household. The EBT card deducts the purchase amount from their account.

Each day all food stamp purchases are totaled and funds are electronically deposited into the bank accounts of the food retailers. Food stamp benefits are issued over the first five calendar days each month regardless of weekends or holidays.

The Food Stamp Program administered through the U.S. Department of Agriculture is available to households that meet the program guidelines for income and resources. HHS staff determine eligibility. A household can be one person or a group of people who purchase and prepare meals together.



(L to R) Kate Coler, USDA Secretary for Food, Nutrition and Consumer Services, presents a High Performance Bonus check to HHS Director Nancy Montanez, Food Program administrator Trish Bergman, and Deputy Administrator for the Office of Economic and Family Support Mike Harris.

For a household size of 2, the gross monthly income eligibility standard is 130% of the federal poverty level (FPL) or $1,390 for 2005. The Food Stamp allowance would be $278 a month.

In FY 2005, the HHS Food Stamp Program received a High Performance Bonus of $172,623 from the U.S. Department of Agriculture (USDA). For 2004, Nebraska had the second lowest negative error rate in the nation at 0.44%, which means more than 99% of applications were denied or closed accurately.

There were 50,145 food stamp households totaling $9,989,978 in expenditures in the month of June 2005.

Homeless Assistance

The objective of the Nebraska Homeless Assistance Program (NHAP) is to assist in the immediate alleviation of homelessness by Nebraska citizens using the Department of Housing and Urban Development's (HUD) Emergency Shelter Grant Program (ESGP) funds and the Nebraska Homeless Shelter Assistance Trust Fund (HSATF).

It is recognized that homelessness is not due to just a lack of shelter; it also involves a variety of unmet needs and underlying economic, physical, and social challenges. Because homelessness encompasses a wide range of conditions, the state strongly supports a collaborative approach to address the needs of people who are homeless.

This approach helps ensure a comprehensive and coordinated housing and service delivery system that includes outreach, intake, and assessments to identify an individual's or family's service and housing needs and link them to appropriate housing and/or service resources, emergency shelter and safe, decent alternatives to the streets, transitional housing with supportive services to help people develop the skills necessary for permanent housing and permanent supportive housing.

Seventy grantees across the state receive approximately $2,500,000 each year to assist people who are homeless and at risk of homelessness meet their immediate needs, work toward greater self-sufficiency, and secure or maintain appropriate housing. In FY 2005, assistance was provided to 38,726 individuals who are homeless and 41,796 individuals who were at risk of homelessness.

Protection and Safety

Nebraska's Protection and Safety System works collaboratively to ensure that the abused, neglected, dependent, or delinquent populations it serves are safe from harm or maltreatment in a permanent and caring environment with a stable family, and that communities are safe from harm by these children or youth.

The Office of Protection and Safety is responsible for addressing the needs of children where abuse or neglect is suspected or adjudicated, who are dependent or voluntarily relinquished, who fall under Interstate Compact for the Placement of Children and Interstate Compact for Juveniles, or who come to the agency through the court as juvenile offenders and status offenders. On any given day, the Office of Protection and Safety is working with approximately 7,500 children and their families. Because of this public trust and our commitment to these children, our paramount concern is their safety, permanency, and well-being, and the safety of communities.

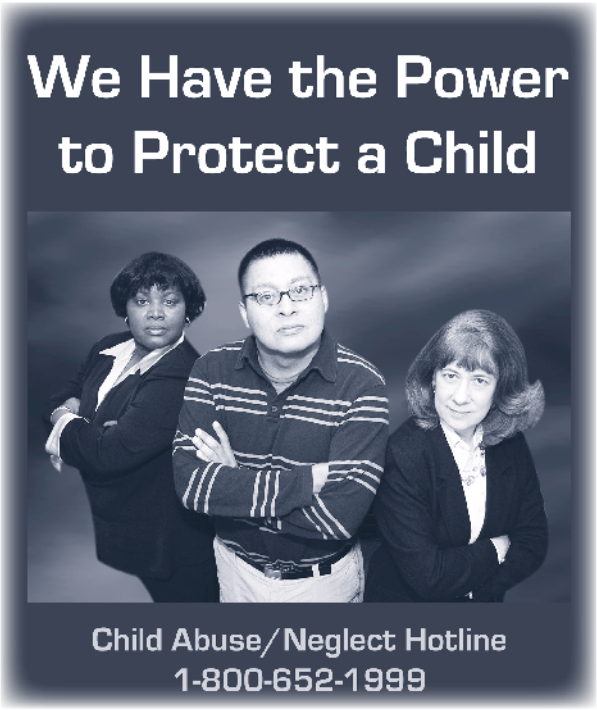
The Office of Protection and Safety's three priority outcomes:

- Safety - Children are, first and foremost, protected from abuse and neglect and children are safely maintained in their homes whenever possible and appropriate.
- Permanency - Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for families.
- Well-Being - Families have enhanced capacity to provide for their children's needs. Children receive appropriate services to meet their educational needs. Children receive adequate services to meet their physical and mental health needs.

No single state agency can accomplish these alone. Therefore, the Protection and Safety system includes collaboration and active involvement with children, youth, families, law enforcement, county attorneys, judges, guardians ad litem, court appointed special advocates, medical personnel, Foster Care Review Board, Child Advocacy Centers, therapists, foster parents, volunteers, group homes and institutional care providers, schools, care providers, advocacy groups and others.

Activities that have occurred with LB 1089 (effective in FY 2005) funding include:

- Additional new workers have been hired and trained to work in the field: 78 Protection and Safety workers, 6 supervisors, 27 support staff, and 8 Quality Assurance program specialists. HHS is also in the process of hiring an Indian Child Welfare Act (ICWA) Specialist.
- Four public awareness campaigns that included brochures, newspaper ads, posters, and radio and television public service announcements. The theme of the campaign, "You Have the Power to Protect a Child," focused on areas identified by the Governor's 2003 Children's Task Force. Those areas included hotline reporting, domestic violence, shaken baby syndrome and substance abuse with a focus on methamphetamine.
- North Platte was identified as the site for a seventh Child Advocacy Center. Work is currently underway to finalize development of the Child Advocacy Center for that area.
- The case coordinators of the Child Advocacy Centers have been hired and are working with the 1184 Teams in facilitating case review process, promoting interagency collaboration and information sharing and developing training for professionals.
- The Nebraska Criminal Justice Information System (NCJIS) and HHS have an agreement to allow Protection & Safety staff and supervisors access to NCJIS data. NCJIS has information from courts, corrections, jails and other entities. HHSS also provides data to NCJIS. Access to HHS information currently is limited to law enforcement and county attorneys. Work with the courts is underway to make HHS data available.
- HHS finalized a contract with the Lincoln Child Advocacy Center to conduct eight law enforcement training sessions across the state over the next two years.
- HHS awarded a grant to the Nebraska Children and Families Foundation to conduct the training of medical professionals to strengthen the identification and reporting of child abuse among medical providers. Over 25 training sessions have occurred statewide.



One of the posters from the "You Have the Power to Protect a Child" public awareness campaign.

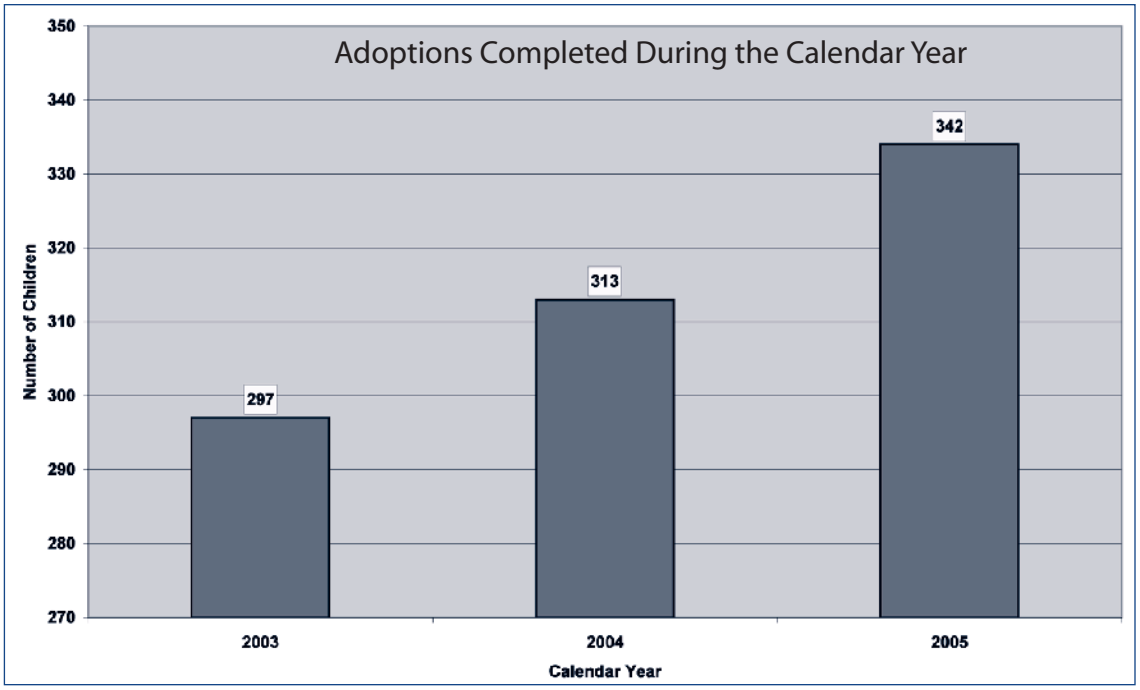
Zoe and her adoptive parents asked their caseworker, Terri Hernandez (pictured) to attend their adoption celebration at the courthouse in Minden.

Adoption

Children available for adoption through the HHS System have special needs including being older, mostly ages six through 18; physical, mental or emotional disabilities or problems; minority race; siblings who need to be placed together; and children who are not legally free for adoption and need foster parents who commit to adopting them in the future.

The number of available and waiting children varies, but HHS has about 200 children per year waiting to be adopted. Nebraska agencies, both public and private, place approximately 450 children per year in adoptive homes.

In CY 2005, 342 adoptions were finalized, with another 154 children placed in adoptive homes. Nebraska was one of 24 states to receive a Federal Adoption Incentive Award, receiving $352,000 in FFY 2005.



Child Abuse and Neglect

Nebraska law requires any person who believes that a child has been physically or sexually abused or neglected to report to the Nebraska Department of Health and Human Services, Law Enforcement or to 1-800-652-1999. HHS and law enforcement work together on reports involving family members and law enforcement conducts separate investigations regarding reports of abuse by people not related to the alleged victim.

Only courts and law enforcement have the right to remove a child from a home due to imminent danger to the child.

Foster Care

Every child has the right to live in a safe, supportive, stable, and permanent home. Preservation of the family and a permanent home are very important to the well-being of a child. Maintaining the child in the family's home, whenever possible, is prioritized if the child's safety can be assured. When safety cannot be established in the home, out-of-home placement becomes necessary.

HHS has a high percentage of children and youth in foster care. The chart below shows the number of children in out-of-home care and the total

State of Nebraska Types of Substantiated Abuse or Neglect - CY 2002 - 2005
(Data reflects the numbers at the time when the CAN Annual Report was published for each particular year)
(Calendar Year 2005 are preliminary numbers/2005 CAN Annual Report will be released Fall 2006)

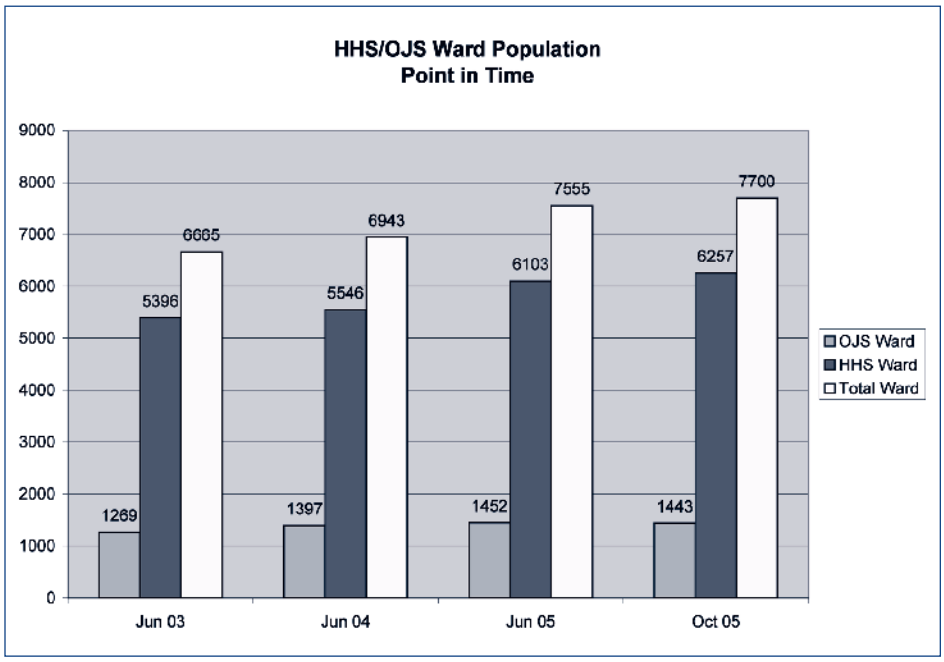
Calendar Year	Physical Abuse	Emotional Abuse	Physical Neglect	Emotional Neglect	Med Neg Hndcp Infant	Sexual Abuse	Children Involved In Substantiated Reports of Abuse
2002	853	435	3,364	249	5	372	3,434
2003	829	363	3,712	221	6	363	3,610
2004	969	374	5,787	332	2	441	4,896
2005	745	375	4,653	375	4	523	5,498

Nebraska Health & Human Services
Child Abuse or Neglect (CAN) Reports by Calendar Year
(Data reflects the numbers at the time when the CAN Annual Report was published for each particular year)
(Calendar Year 2005 are preliminary numbers/2005 CAN Annual Report will be released Fall 2006)

Calendar Year	Total Reports Received	Total Reports Alleging Abuse or Neglect [1]		Total Abuse or Neglect Reports Investigated or in Process [2]		Total Abuse or Neglect Reports Investigated that were Substantiated [3]		Total Abuse or Neglect Reports Investigated that were Unsubstantiated [3]		Total Abuse or Neglect Reports Investigated that were Unable to Locate [3]		Total Abuse or Neglect Reports In Process of Investigation [3]	
2002	27,654	16,128	58.3%	7,328	45.4%	2,192	29.9%	N/A		N/A		N/A	
2003	23,479	16,246	69.2%	9,296	57.2%	2,423	26.1%	5,969	64.2%	200	2.2%	704	7.6%
2004	24,111	20,568	85.3%	13,291	64.6%	3,336	25.1%	9,084	68.3%	330	2.5%	541	4.1%
2005	27,986	24,374	87.1%	13,889	57.0%	3,324	23.9%	9,684	69.7%	303	2.2%	578	4.2%

1 Denotes % when compared to "Total Reports Received."
2 Denotes % when compared to "Total Reports Alleging Abuse or Neglect."
3 Denotes % when compared to "Total Abuse or Neglect Reports Investigated or in Process."
N/A These items were not included in the 2002 CAN Annual Report.

number of children in HHS custody, including delinquent youth in state custody through the Office of Juvenile Services (OJS).



The Office of Protection and Safety is responsible for licensing and approving foster homes for the placement of children. Foster care is designed to be a temporary placement for children when their own families are in crisis and unable to provide for their essential needs. As of December 2005, there were 2,398 licensed foster homes and 2,305 approved homes.

Juvenile Services

The Office of Juvenile Services (OJS) community-based services and programs are included in the HHS Office of Protection and Safety. OJS is designed to work with youth and their families, when a youth has committed a criminal act. The functions of OJS include administration of the Youth and Rehabilitation Centers (YRTC) in Kearney and Geneva and juvenile community supervision services. These services include: case management, direct supervision of paroled youth from YRTCs and juveniles committed by the courts for direct community or home placement.

There is a range of contracted residential and non-residential services and programs utilized to meet the supervision and treatment needs of juveniles and their families.

The number of delinquent youth in state custody has increased over the past few years.

There are two juvenile correctional facilities in Nebraska: the Youth Rehabilitation and Treatment Center in Kearney (YRTC-K) for males and the Youth Rehabilitation and Treatment Center in Geneva (YRTC-G) for females.

Youth placed in the YRTCs are under the age of 18, committed for an indeterminate stay, and must be released on or before their 19th birthday.

HHS/OJS was awarded federal funding through the Violent Offender Incarceration and Truth in Sentencing (VOI/TIS) Incentive federal grant to develop a juvenile offender Transitional Living Treatment program and Sex Offender Treatment program for youth committed to the YRTC-K. The transitional living program began in Omaha in June 2005.

State Unit on Aging

The State Unit performs a variety of advocacy, planning, research, education, coordination, public information, monitoring and evaluating functions. It collaborates with public and private

service providers to ensure a comprehensive and coordinated community-based services system that will assist individuals to live in a setting they choose and continue to be contributing members of their community.

Nebraska's aging network includes eight Area Agencies on Aging, formed under the Nebraska Intergovernmental Cooperation Act and governed by a board comprised of local elected county/city officials or their designees. The State Unit on Aging grants state and federal funds to the Area Agencies to support local programs and services and administers Title III and Title VII of the Older Americans Act and the Nebraska Community Aging Services Act.

Supportive services provided through the aging network include:

- Access Services – such as information and referral, outreach, escort and transportation. In FFY 2005, 242 providers served 25,731 people with a total expenditure of $2,908,980.
- In-Home Services – which include chore, homemaker, personal care, home-delivered meals, emergency response system, durable medical equipment, care management, and Medicaid wavier. In FFY 2005, 140 providers served 30,104 people with a total expenditure of $12,157,697.
- Community Services – including senior center, congregate meal, long-term care ombudsman, elder abuse prevention, legal, employment counseling and referral, senior care options, senior Medicare patrol, health promotion and fitness programs. In FFY 2005, 235 providers served 33,017 people with a total expenditure of $11,499,528.
- Caregiver Services – such as respite, counseling, and education. In FFY 2005, 63 providers served 68,613 people with a total expenditure of $1,384,911.

Norfolk Veterans' Home employee Diane Lieswald assists member Kent Luke board a facility van.

Veterans' Homes

The four state Veterans' Homes operated by HHS are available for all veterans who served on active duty during a designated wartime period and who lived in Nebraska at least two years during their lifetime.

The Veterans' Homes provide medical, nursing and rehabilitative services ranging from assisted living to skilled nursing care. The independent Board of Inquiry and Review determines eligibility and charges for each applicant. Charges are based on ability to pay.

Veterans must be disabled by reason of service, age or otherwise unable to earn a livelihood; wholly or partially dependent upon public support; or require care that is only available in a public facility. Spouses, widows and widowers of veterans, and Gold Star mothers and fathers are eligible under similar requirements.

	Average Daily Census	Total Expenditures 05
Thomas Fitzgerald Veterans' Home - Omaha	98 members	$8,508,746
Grand Island Veterans' Home	264 members	$19,231,031
Western Nebraska Veterans' Home - Scottsbluff	81 members	$5,458,963
Norfolk Veterans' Home	138 members	$9,768,271
Total	581 members	$42,967,001

The groundbreaking ceremony for the Eastern Nebraska Veterans' Home in Bellevue took place in June 2005. This new facility will replace the Thomas Fitzgerald Veterans' Home in Omaha. Completion is estimated for summer 2007.

II. DEPARTMENT OF HHS REGULATION AND LICENSURE

Overview

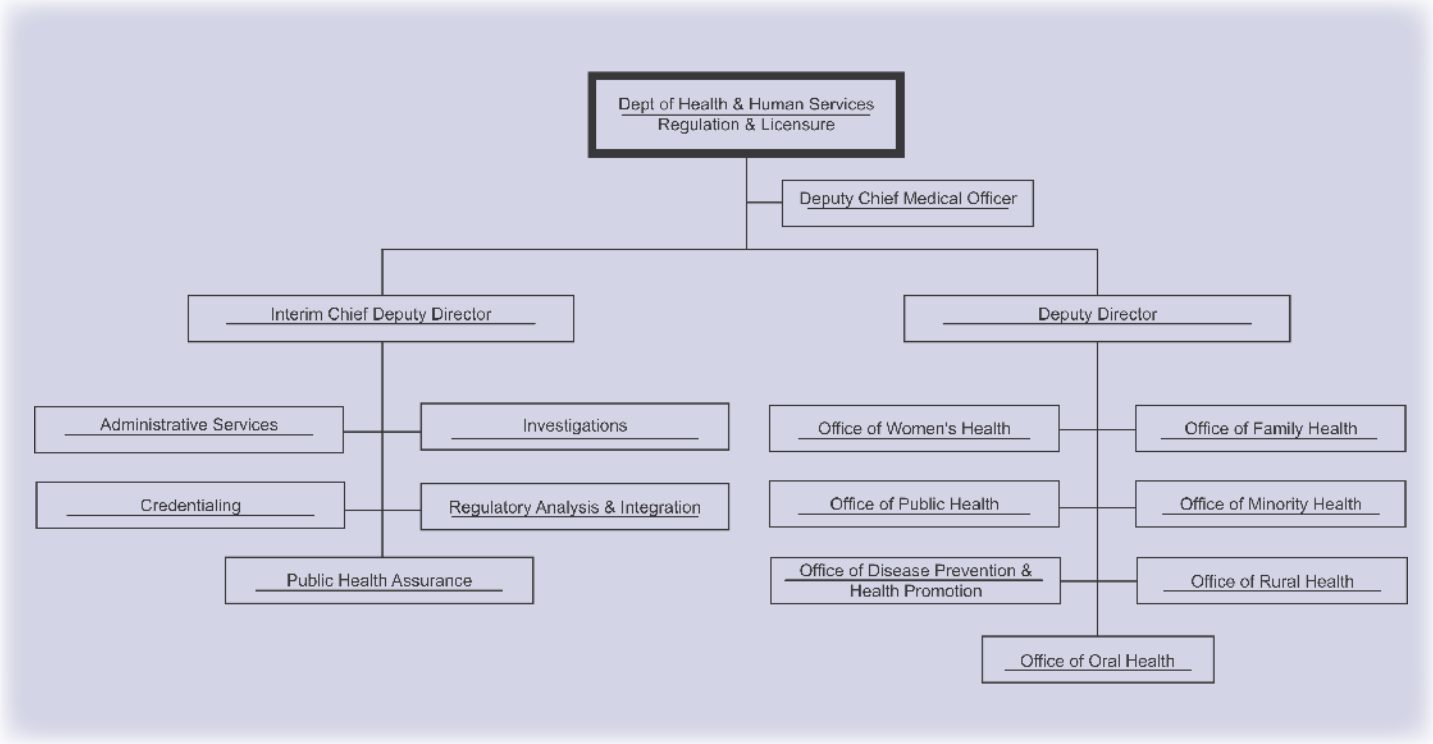
The Department of Regulation and Licensure has programs that address public health issues, with the goal of producing healthy people in healthy communities by carrying out the public health functions of assessment, policy development and assurance.

The Department of Regulation and Licensure credentials health care professionals and facilities and investigates complaints against them. The department is responsible for specific environmental health duties, such as the regulation of public water supplies, and for investigating outbreaks of infectious diseases. The State Environmental Health Laboratory and the Bioterrorism Response Section are located in this department.

The agency's activities are grouped into five divisions: Administrative Services, Credentialing, Investigations, Public Health Assurance and Regulatory Analysis and Integration. In addition, the Department contains the Offices of Oral Health, Family Health, Rural Health, Minority Health, Public Health, Disease Prevention and Health Promotion, and Women's Health.

The Regulation Analysis and Integration Division supports all HHSS programs and services by facilitating a uniform process for developing and revising rules and regulations. Administrative Services provides administrative support to the agency and support the State Board of Health and the 407 review process.

In FY 2005, HHS Regulations and Licensure responsibilities were carried out by 453 full time equivalent employees. Expenditures were $46,374,133.



Credentialing

The mission of the Credentialing Division is to protect the public's health, safety and well-being through the regulation of individuals, facilities and programs.

The Credentialing Division is responsible for four programs:

- Licensing, certification and registration of persons who practice certain professions and occupations that provide health care services or health-related services;
- Licensure and certification of health care facilities and services;
- Licensure of child care programs; and
- Certificate of Need, which pertains to expansion or modifications in size or location of beds in nursing homes and rehabilitation hospitals.

Active Licenses in FY 2005	
Professional and Occupations	145,631
Health Care Facilities and Services	5,470
Child Care Programs	4,163
Total	155,264

A major portion of the Division's activities relate to discipline against the licenses of health professionals and sanctions imposed against health care facilities for non-compliance with regulations and standards.

To keep track of the licenses, certificates and registrations of professionals and entities, the division has a comprehensive License Information System available on the Web at http://www.hhss.ne.gov/lis/lisindex.htm This site displays all licensure information and provides licensure verification online.

Disease Prevention and Health Promotion

This area includes state and federal grants that promote healthy Nebraskans through a comprehensive effort to reduce disease and respond to the health needs of Nebraskans.

Arthritis

Funded by the Centers for Disease Control and Prevention (CDC), this program provides a surveillance system, develops a state arthritis plan, provides education to raise awareness of the impact of arthritis and promotes methods of prevention and control. This program received $138,293 in FFY 2005. Arthritis impacts approximately 350,000 Nebraskans.

Cancer and Smoking Disease Research

One cent per pack of cigarettes sold in Nebraska goes toward research in cancer or smoking-related diseases. In FY 2005, that generated $583,736. A portion of the tax revenue went to the Eppley Institute for Research at the University of Nebraska Medical Center (UNMC) and the Cancer Registry in HHSS. The remainder went to grants and contracts, with all campuses of the University of Nebraska (including UNMC) and Creighton University competing annually for the funds.

An additional two cents per pack goes to HHSS for cancer and smoking disease-related research, divided exclusively between UNMC and Creighton University. In FY 2005 that amounted to $2.6 million.

Cardiovascular Health

This program promotes healthy lifestyles and environmental conditions and policies that reduce cardiovascular disease in Nebraska. The emphasis is on disease prevention and control, and focuses on the risk factors of high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition (including the Eat 5-A-Day Fruit and Vegetable campaign).

The program works with local public health departments, communities, worksites, faith organizations, schools, health care systems, voluntary organizations, state agencies, and other HHSS programs. The program is federally funded from the CDC and received $505,302 in FFY 2005.

Comprehensive Cancer Control

Nebraska C.A.R.E.S. (Cancer Awareness, Research, Education and Service) is a statewide partnership initiated in October 2004 comprised of 249 individuals representing more than 125 groups and organizations. These partners developed and are implementing parts of the State Cancer Plan. The Nebraska C.A.R.E.S. goal is to reduce cancer through prevention, screening and early detection, access to appropriate treatment and palliative care, and education in collaboration with Nebraska's 15 cancer centers, local public health departments, advocacy groups, other governmental agencies, professional associations, health care and social services providers, faith organizations, cancer survivors, other HHSS programs, and other individuals and entities. The program is funded by a grant from CDC and received $299,333 in FFY 2005.

Diabetes

The Nebraska Diabetes Prevention and Control Program develops, implements and evaluates a systems-based diabetes prevention and control program to deliver a broad range of public health activities and educational efforts to reduce death, disability, and costs related to diabetes and its complications. Approximately 67,000 Nebraskans have diagnosed diabetes. This program received $335,071 in FFY 2005.

Hepatitis Prevention

This program's comprehensive approach aids in preventing the spread of viral hepatitis and limits the complications of viral hepatitis-related chronic liver diseases within Nebraska. The primary focus is education and awareness in both the medical professional setting and the general public. This program received $46,656 in FFY 2005.

HIV/AIDS Prevention

This program's mission is to lower HIV infection, illness and death rates for Nebraskans and to create an environment of leadership and partnership which fosters HIV prevention and the provision of services. The program currently receives $1.3 million in federal funds on an annual basis for these activities:

- Health education and risk reduction with 12 community-based agencies providing specific HIV prevention interventions. A toll-free hotline for HIV information is supported.
- Counseling, testing, referral/partner counseling and referral with confidential and anonymous HIV counseling and testing services. Approximately 7,470 tests were completed in CY 2004 at over 80 sites. During that year there were 48 new cases of HIV infection in Nebraska.
- Public information and education campaigns.
- Community planning to identify those at risk and determine prevention activities.

In addition, the Housing Opportunities for Persons with AIDS (HOPWA) Program provides housing and supportive services for people living with HIV and AIDS. The Nebraska AIDS Project serves as project sponsor. From June 1, 2004 to May 31, 2005, the HOPWA Program served 141 clients statewide. This program received $452,398 in FFY 2005.

The Ryan White Program provides eligible individuals living with HIV and AIDS access to care and support services. From April 1, 2004 to March 31, 2005, the program served 360 clients by providing medications for the treatment of HIV/AIDS through a subgrant with the UNMC. There were 269 clients who received direct emergency assistance in the form of housing, transportation, utility, food, and insurance premium payment assistance, and 457 clients who received case management services through a subgrant with the Nebraska AIDS Project. The program receives $1.7 million, of which $1.1 million is dedicated to medications.

Injury Prevention

The Injury Prevention Program targets the prevention of death and disability due to the leading causes of injury: falls, motor vehicle crashes, bicycle crashes, pedestrian injuries, injuries due to impaired driving, and poisoning. The program includes injury surveillance, training and technical support provided for Safe Communities Teams, the Nebraska SAFE KIDS Program, the Nebraska Improv Program, and addressing high-risk behaviors such as smoking. Funding for FFY 2005 totaled $220,832.

Organ and Tissue Donor Awareness

This program assists organizations such as the Organ and Tissue Donor Task Force of Nebraska, Inc., to promote organ and tissue donation through educational information. Nebraskans can donate $1 of their drivers' license fee for statewide public information programs on organ and tissue donation. The amount collected in FY 2005 was $81,126.

Preventive Health & Health Services Block Grant

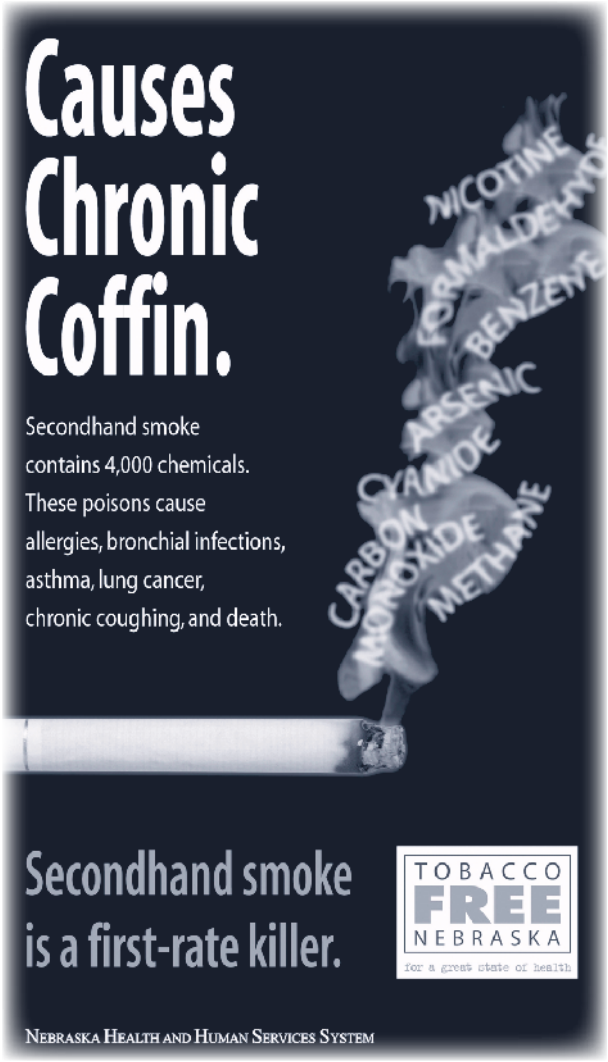
This block grant focuses attention on Nebraska's key public health priorities and helps achieve the national health objectives set out in "Tracking Healthy People 2010." The $1.9 million granted in FFY 2005 supports 31 projects, operated primarily by HHSS and local health departments. Current priorities include prevention of cardiovascular disease and cancer through promotion of healthy eating and regular physical activity; advocacy in addressing disparities in health status among ethnic and racial minorities; prevention of unintentional and intentional injury; facilitation of community health development; improvement of emergency medical services through training of providers; control of HIV and STDs through laboratory testing; monitoring the progress of programs by conducting needs assessment, data collection and analysis; and provision of sexual assault prevention and victim services.

Renal Disease

This program provides financial assistance for low-income persons on dialysis or with kidney transplants. Persons must be residents of Nebraska, diagnosed as having irreversible renal failure, and although not eligible for Medicaid, meet income guidelines. In FY 2005, 445 patients were served for a total of $866,862. This includes payment for limited dialysis services and pharmacy expenses.

Tobacco Free Nebraska

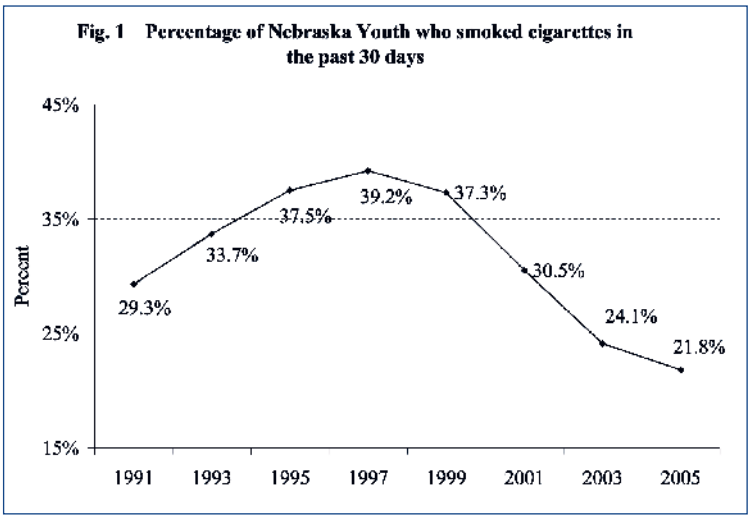
This comprehensive program targets youth prevention, cessation, the elimination of secondhand smoke exposure, and the elimination of disparities related to tobacco use and its effects among different population groups.



One of the posters from the smoking cessation public awareness campaigns.

Some highlights from FY 2005 include:

- Continued partnership with Cooperative Extension/4-H to integrate tobacco prevention messages and activities to reach youth in all areas of the state,
- Increased the number of schools in Nebraska with tobacco-free campus policies,
- Granted awards to nine communities and three Native American Tribes to prevent tobacco use and decrease exposure to second-hand smoke,
- Continued to evaluate program efforts via the 2005 Youth Risk Behavior Survey, the Social Climate/Adult Tobacco Survey, the School Administrator Survey and Native American Youth Tobacco Survey,
- Initiated State Tobacco Cessation Workgroup and partnership with CDC to promote the national network of the quitline's toll-free cessation helpline phone number, 1-800-Quitnow,
- Continued statewide media efforts and began development and focus-group testing of new campaigns, and
- Awarded contract for statewide No Limits Youth Empowerment movement.



Surveys show that the Tobacco Prevention Program has produced results in recent years. As shown in the chart, the percentage of Nebraska

youth who smoked cigarettes in the past 30 days steadily increased from 29% in 1991 to 39% in 1997. Following that upward trend, the figure decreased to approximately 22% in 2005, largely due to Congress passing the Tobacco Master Settlement in 1999.

The Tobacco Free Nebraska program was funded by $1,381,169 in federal funds, $401,000 in state funds, and $2,560,000 from tobacco settlement funds.

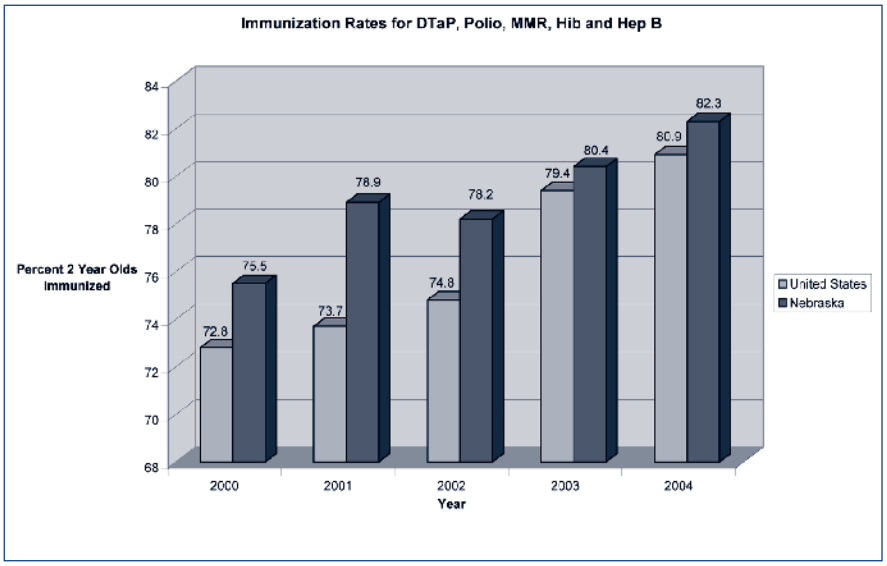
Family Health

The Office of Family Health promotes the health of women, children and families with funding primarily from the federal Maternal and Child Health grant.

Immunization

The Immunization Program assures immunizations are available for children statewide through a network of public immunization clinics and private physicians enrolled in the Vaccines for Children Program. Vaccine is provided by the federal Centers for Disease Control and Prevention (CDC). The program received federal funds of $7,128,376 in FFY 2005. State general funds provided $328,355 for additional vaccine.

Immunization records for approximately 350,000 clients who use the public immunization clinics are stored in an Immunization Information System. The system analyzes the records and recommends the immunizations needed to complete the series, issues reminder/recall cards for future visits, accounts for vaccine used and issues reports. According to the CDC National Immunization Survey, Nebraska routinely ranks higher than the national average on the immunization of two-year-olds for diptheria, tetanus and pertussis; polio; measles, mumps and rubella; haemophilus influenzae type b; and hepatitis B. In 2004, 82.3% of Nebraska's two year olds were immunized compared to 80.9% nationally.

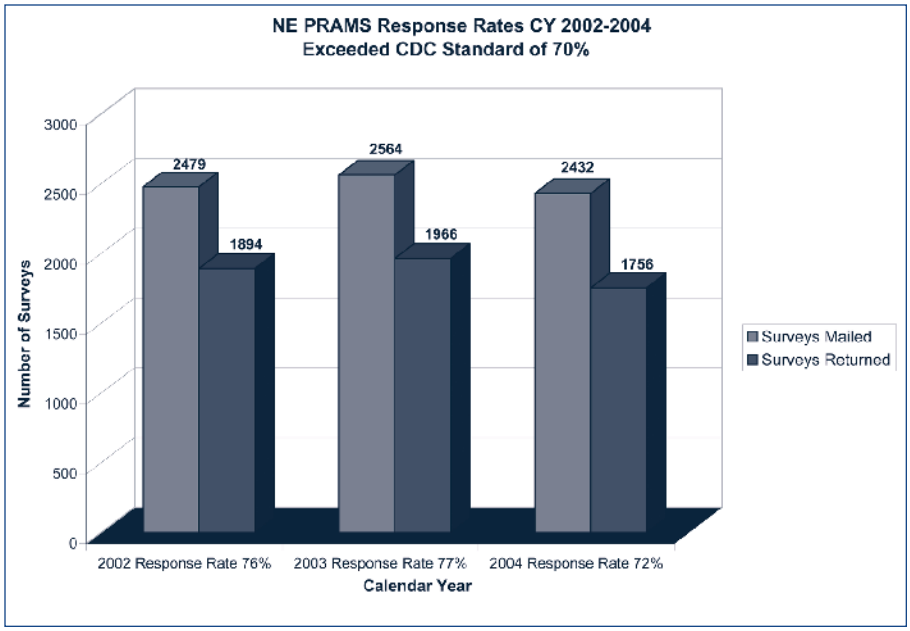


Maternal and Child Health Epidemiology

The Child Death Review Team (CDRT) reviews existing information regarding all deaths of children newborn through age 17 in Nebraska. The purpose of the CDRT includes developing an understanding of the number and causes of child death and advising on actions that might prevent future deaths. These reviews show the top causes of death to be pregnancy-related conditions (25%), birth defects (22%) and motor vehicle crashes (16%). Rates of child death have declined 26% since 1993.

The goal of the Pregnancy Risk Assessment Monitoring System project (PRAMS) is to improve the health of mothers and infants by collecting

data that is used to reduce adverse outcomes, such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS is an on-going surveillance project of CDC and state health departments. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health. In 2004, 2,432 mothers were sampled and 1,756 responded to the survey, a 72.2% response rate, exceeding CDC standard of 70%. PRAMS data provided key information for conducting Nebraska's five-year comprehensive needs assessment for the maternal and child population.



MCH Planning and Support

This area administers the Title V/Maternal and Child Health (MCH) Services Block Grant.

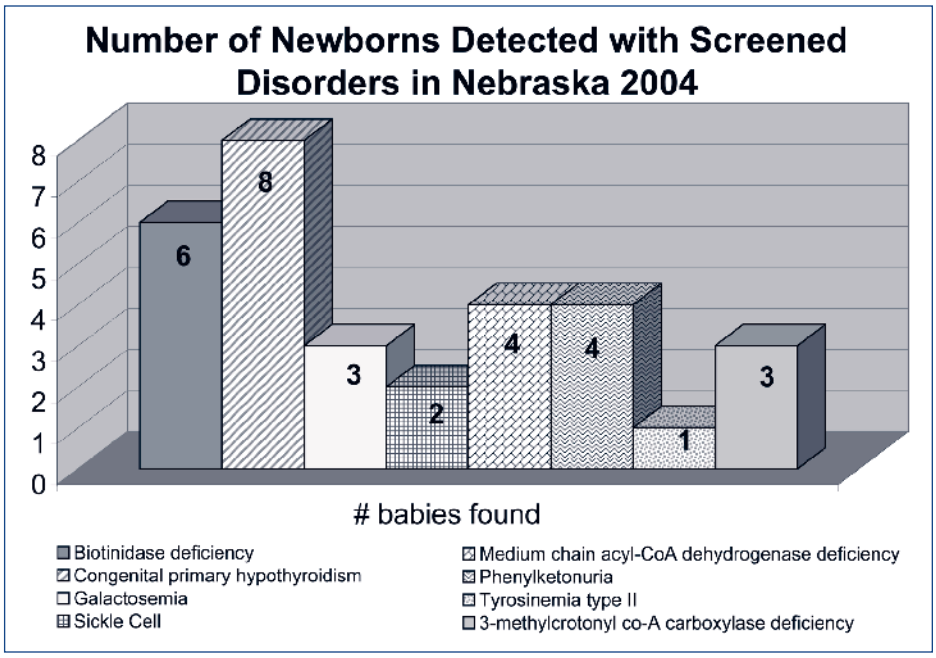
Title V/MCH funded programs assure the health of all mothers and children in the state, assess health needs and determine health priorities, and develop systems that build capacity across the state to address priority needs. The programs identify the specific health needs of the population through a five-year statewide needs assessment, submit an annual plan for meeting those needs, and report annually on performance measures. States must match three dollars to every four dollars of MCH/ Title V Block Grant funds. The MCH block grant award for FFY 2005 was $4,167,938.

For the most recent reporting year FFY 2004 ending September 2004, 31,524 women (3,247 pregnant women and 28,277 other women of child-bearing age), 26,391 infants, 15,655 children and 3,503 children with special health care needs were served by community-based and HHSS services funded through the Block Grant.

Newborn Screening

In Nebraska, all newborns are required to be screened for six conditions and to be offered screening for another approximately 30 disorders via a supplemental panel. Nebraska's first full year (2004) of offering expanded newborn screening universally to all Nebraska newborns, resulted in the most newborns detected in a single year since screening began in the 1960's. With more than 95% of parents opting for the supplemental screen, 31 babies were spared possible mental retardation, severe illness, physical disability and even death because of early detection and preventive treatment.

The Newborn Screening Program regulates disorders to be screened, contracts for laboratory services and provides follow-up to ensure that babies receive any repeat or confirmatory testing. Fifty-nine families received special foods and/or formula through the program in 2004.



Birthing facilities educate parents about hearing screening, including newborn hearing screening, as part of the standard of care and conduct hearing screenings for at least 95% of the newborns born in Nebraska. In 2004, 25,966 infants (98% of newborns) were screened, 918 were referred for additional testing, and 25 were identified with a hearing loss and entered into treatment and educational programs.

Nutrition Programs

The Commodity Supplemental Food Program (CSFP) is a U.S. Department of Agriculture (USDA) program that provides foods to infants up to the 12th month of age, children from age one up to the sixth birthday, women who are pregnant, breastfeeding and/or who have had a baby within the past year, and seniors 60 years or older. CFSP distributes surplus foods at 69 sites serving all 93 counties.

In FFY 2005, $3.2 million in food from the USDA was distributed. CSFP served 12,960 seniors and 1,363 women and children monthly.

The Nebraska Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition and breastfeeding education, nutritious foods, and referrals to other health and community services for low- and moderate-income women who are pregnant, postpartum or breastfeeding and children at risk of developing nutrition-related health problems.

The WIC Program is available at approximately 125 clinic sites and serves about 9,500 mothers and 30,500 infants and children each month. Participants shop for WIC approved foods at over 400 authorized stores across Nebraska. The program received $17,392,138 for food and $7,221,727 for nutrition services in FFY 2005.

Perinatal, Child & Adolescent Health

This area is funded by the Title V/MCH Block Grant, the State Maternal and Child Health Early Childhood Comprehensive Systems Grant, the Abstinence Education Grant, and the State Grants for Perinatal Depression. These programs strive to improve the health of Nebraska's women, infants, and families by promoting healthy behaviors for women and children from the preconception period through adolescence.

One of the services is the Healthy Mothers/ Healthy Babies Helpline which is open 24-hours a day at 1-800-862-1889 to anyone who is pregnant or planning a baby, new parents, or those who need help finding medical, financial, emotional, and other health-related assistance. Spanish-

speaking clients can call the National Hispanic Prenatal Hotline at 1-800-504-7081. During 2005, approximately 300 persons utilized the helpline.

Reproductive Health

This statewide program provides education and comprehensive medical services that are an integral part of prevention and good health.

The broad focus of the Nebraska Reproductive Health Program is to:

- Promote responsible behavior, the well-being of families, and healthy babies;
- Reduce maternal and infant mortality, child abuse, and sexually transmitted diseases; and
- Encourage women to have the healthiest body and healthy spacing of pregnancies while decreasing the risk of birth defects and preterm labor.

Services were provided to 39,707 individuals through contracts with 14 organizations at 35 locations across the state in FFY 2005.

Investigations

The Investigations Division investigates licensed or certified health care professionals and professionals in related fields. It also conducts investigations into incidents of unlicensed practice and prelicensure investigations. The Division checks for compliance with provisions of the Uniform Licensing Law, with rules and regulations governing professional practice, and with the Uniform Controlled Substances Act. In FY 2005, 1,626 complaints against health care professionals were received. Of these, 849 were investigated.

Special Investigations conducts investigations of recipient fraud in Medicaid, Energy Assistance, Assistance to the Aged, Blind and Disabled (AABD), Temporary Assistance to Needy Families (TANF), Social Services Block Grants (Title XX), and the Food Stamp Program. This unit also investigates child care fraud (recipient and provider) and disabled/family support and respite programs fraud, as well as internal (employee) fraud. In FY 2005, 2,036 referrals were received. Of these, 1,619 were opened for investigation.

Program Evaluation and Review conducts assessments of the accuracy of food stamp determinations and the accuracy and timeliness of processing of child support determinations. In CY 2004, assessments were conducted on 1,359 food stamp cases, 731 Medicaid cases and 917 child support cases.

Minority Health

The Office of Minority Health (OMH) represents and advances the interests of people of color for the purpose of reducing the disparity that exists between the health status of racial/ethnic minorities and non-minorities in Nebraska.

HHSS has a Central Office of Minority Health and one satellite office in Congressional District 2 in Omaha, and two satellite offices in Congressional District 3 in Lexington and Gering.

Key activities are to:

- Partner with other HHSS programs to ensure that policies and activities reflect cultural sensitivity and support diversity,
- Provide an annual assessment of cultural competence for state, local and community partner agencies and organizations,
- Distribute $1.6 million annually to local community agencies and organizations to expand or enhance health service delivery to Nebraska's racial and ethnic minority populations,

- Develop a status report on the health of Nebraska's racial and ethnic minority populations every four years,
- Hold a yearly conference to increase awareness of health disparities among racial and ethnic minorities and share strategies to equalize health outcomes and eliminate health disparities, and
- Distribute $500,000 to the health centers of the four federally recognized tribes and the Chadron Native American Health Center.

OMH insures compliance with culturally and linguistically appropriate standards by providing training and assessment of federal mandates for recipients of federal funding. OMH also works with tribal nations and committees in eliminating health disparities as well as with refugees and newly arriving immigrant populations.

Public Health

The Office of Public Health strengthens the public health system in Nebraska by improving collaboration and working effectively with local public health departments and other community-based public health organizations. The major activities include:

- Managing and monitoring the funds distributed to local public health departments under the Nebraska Health Care Funding Act and the Bioterrorism Grant from CDC. The Office works with local health departments so funds are used effectively to improve the health of the population and protect the public from potential health hazards.
- Providing technical assistance to local public health departments in planning, policy and program development, and evaluation.
- Organizing a statewide public health coalition to revise the Turning Point Public Health Improvement Plan.
- Staffing and coordinating the activities of the Public Health Law Team, which develops recommendations for changing public health laws at the state level.
- Working with UNMC and the Public Health Association of Nebraska to strengthen the Public Health Leadership Institute and develop other public health education activities.
- Managing the State Planning Grant Project and providing staff support to the Nebraska Health Insurance Policy Coalition. The coalition estimates the number and characteristics of the uninsured, and develops state policy options for reducing the number of uninsured and strengthening the health care safety net.
- Working with the Office of Rural Health to manage the Medicare Rural Hospital Flexibility Grant and the Small Rural Hospital Improvement Grant to help support the state's 60 critical access hospitals.

Public Health Assurance

Public Health Assurance is responsible for environmental health programs, investigations of disease outbreaks, emergency medical services, and data collection, among other responsibilities.

Asbestos Control

Nebraska regulates individuals, contractors and training providers that make up the state's asbestos industry. The program has approximately 30 licensed abatement contractors, 800 certified individuals and six approved training providers. It inspects approximately 80% of projects for compliance with regulations.

Bioterrorism

Bioterrorism Response participates with other agencies in drills and exercises to test the state's capacity to respond to bioterroristic threats. Funding from the federal Centers for Disease Control and Prevention and the Health Resources and Services Administration has helped fund the development of local health departments across the state to increase surveillance and diagnostic capacities, the establishment of the Health Alert Network to reach health care providers in a crisis, and the installation of crucial laboratory equipment at UNMC and in regional laboratories in rural Nebraska. The funding has also been used to help establish a ten-bed biocontainment unit at the University of Nebraska Medical Center (UNMC) and provide support to local medical response systems, among other endeavors. HHSS is a member of the Homeland Security Policy Group, which coordinates the state's response to potential incidents of bioterrorism.

Governor Dave Heineman and Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention (CDC) watch as Dr. Richard Raymond, Director of HHS Regulation and Licensure at the time, speaks at a news conference about bioterrorism.

Childhood Lead Poisoning Prevention

The Childhood Lead Poisoning Prevention Program, through a grant from the federal Centers for Disease Control and Prevention, provides education and outreach, surveillance and case management on the hazards of lead poisoning. In 2004, out of approximately 141,000 children under age 6 in Nebraska, over 20,000 (14 percent) received blood lead testing.

Communicable Disease

Communicable Disease is responsible for the investigation of disease outbreaks, including foodborne illness, sexually transmitted diseases and other communicable diseases. Certain diseases and conditions are required by rules and regulations to be reported to the Department of Regulation and Licensure and those include, among others, West Nile virus, measles, tuberculosis, whooping cough, and rubella.

Emergency Medical Services

This program provides training and support to the state's prehospital providers including first responders, EMTs, paramedics and ambulance services. In CY 2004, the program taught 480 continuing education classes to 10,390 students. The EMS Program is developing the EMS Trauma System, which is a network of health care providers designed to

provide coordination of personnel, equipment and facilities in a manner that makes emergency medical care available 24 hours a day, ensuring that trauma patients are sent to the most appropriate medical facility as quickly as possible and receive the best care. In addition, EMS provides automatic external defibrillators to communities, along with training and education.

Kim Plouzek, environmental health analyst, tests for lead paint.

Environmental Health Laboratory

This laboratory performed over 70,000 environmental tests and 2,700 blood alcohol tests in CY 2004. There were 43,732 environmental tests of public water systems for contaminants such as e.coli, nitrate, lead/copper and pesticides.

Indoor Air Quality

The Indoor Air Quality Program provides information and recommendations to achieve a healthy living and working environment. The program provides information on secondhand smoke, the Nebraska Clean Indoor Air Act, carbon dioxide, carbon monoxide, mold, formaldehyde and mercury spills.

Lead-Based Paint

Nebraska currently has over 50 abatement contractors and consulting firms. This program regulates individuals, firms and training providers in the business of the removal of lead-based paint in homes and child care facilities.

Lead Hazard Control

The Lead Hazard Control Program is designed to eliminate or control lead hazards by targeting older housing with lead-based paint and with children six years old and younger, for families whose income is

less than 80% of the average median household income. The program provides education and outreach for families and lead abatement supervisors and workers, housing application processing, insurance, and $10,000 construction costs per home for up to 150 housing units.

Public Water Supplies

The Environmental Health Services Section oversees public water systems in order to assure safe drinking water. In CY 2004, staff reviewed and approved 175 water projects and inspected 164. Field personnel conducted 386 sanitary surveys of public water systems and identified 1,443 deficiencies.

Radon

In Nebraska, approximately 55% of homes tested have high radon levels. The Radon Program works to ensure public health by increasing public awareness and by administration of a licensing program for radon measurement and mitigation businesses and individuals. There were nine radon mitigation businesses, eight laboratories and 27 measurement businesses in Nebraska in 2004.

Risk Assessment

Staff provides risk assessment, toxicological consultation, reports and calculations associated with exposure to environmental contaminants. Risk-based calculations and national guidelines are utilized to develop clean-up levels for spills and limits for chemical contaminants found in the environment to ensure the protection of public health.

Sanitation

In 2004, the Sanitation Program, in partnership with local jurisdictions, licensed and inspected 1,211 swimming pools and spas, 543 mobile home parks and 58 recreation parks. In addition, the program inspected 722 schools twice a year for food safety, 65 summer food programs and 171 senior centers for food safety, and 136 child care centers for sanitation and food safety.

Water Well Standards

The Water Well Standards Program ensures the public's health by protecting ground water resources from potential pollution by providing proper siting and construction of wells and proper decommissioning of wells. In 2004, it conducted 728 water well inspections and reviewed 1,050 water well registrations.

Rural Health

The Office of Rural Health assists rural residents in obtaining high quality health care. It develops a comprehensive rural health policy to guide the development of programs and action plans to improve rural health care with other state agencies' efforts in the area of rural development and human service delivery, and works with the Rural Health Advisory Commission on the state's incentive programs for health care professionals.

The Office of Rural Health is responsible for the following programs:

- The Nebraska Rural Health Professional Incentive Act provides financial assistance to certain health professional students and licensed health professionals serving the shortage areas of Nebraska. In 2005, 24 student loans were awarded, totaling $341,250.

- The Nebraska Loan Repayment Program recruits and retains health professionals. Between 1994 when the program began and November 2005, 230 health professionals have participated in this program.
- The Rural Health Advisory Commission assists in analyzing, determining, and fulfilling rural health care manpower needs in the state.
- The Primary Care Office improves access to primary care services and strengthens the state's infrastructure to provide integrated primary and preventive care.
- The Office of Rural Health provides technical assistance for any qualifying hospitals to apply for the status of Critical Access Hospital.

Women's Health

The Office of Women's Health helps improve the health of women of all ages in Nebraska by fostering the development of a comprehensive system of coordinated services, policy development, advocacy, and education.

Current programs and initiatives include:

- Every Woman Matters, which provides an annual preventive health check-up for women 40 through 64 years of age who qualify financially and have limited or no health insurance. Breast, cervical and colorectal cancer screening are included in the services offered. Screening for cardiovascular disease and diabetes are part of the WISEWOMAN component.
- New Dimensions of Health created the first Nebraska Women's Health Plan and action steps for its implementation. Three community organizations have been funded to develop local plans for integrated, comprehensive women's health services.
- Walking packets were provided to over 1,500 women under a partnership with Blue Cross Blue Shield of Nebraska during Women's Week in 2005. These packets included pedometers, Mother's Day cards, and educational materials on walking.
- Pick Your Path to Health, which encourages women to take simple and manageable steps to improve their health, held an annual Women's Health Symposium through a network of over 80 organizations.
- Heart Truth and Statewide Walking Campaign mini-grants fund community educational events and walking programs.

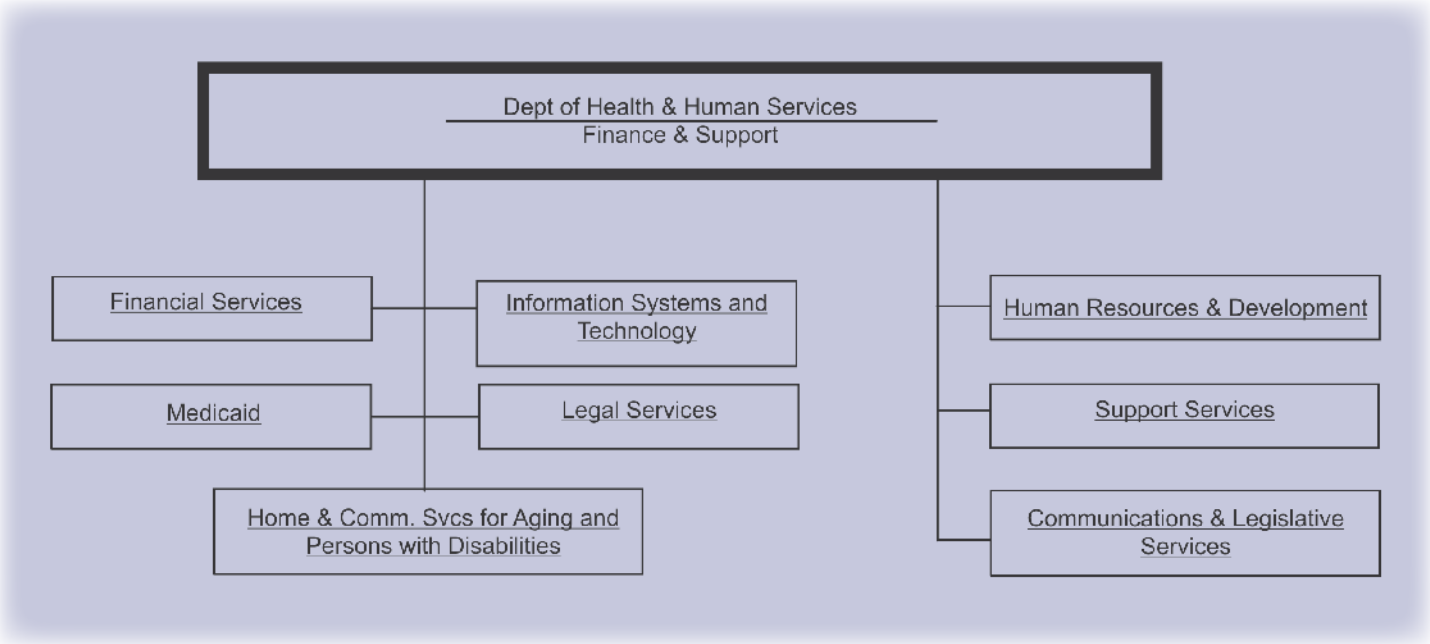
Every Woman Matters Screening Results As of July 2005	
Women screened since 1992	42,429
Breast cancers diagnosed since 1992	446
Invasive cervical cancers diagnosed since 1992	38
Women screened annually	9,000
Women receiving cardiovascular and diabetes screening since 2002 ***More have been screened in Nebraska than in any other WISEWOMAN program in the U.S.**	11,757*
New cases of hypertension detected since 2002	995
New cases of diabetes detected since 2002	224
New cases of high cholesterol detected since 2002	991
Persons screened for colorectal cancer since 2002	1,500
Positive screens for colorectal cancer since 2002	34
Colorectal cancers detected since 2002	1

III. DEPARTMENT OF HHS FINANCE AND SUPPORT

Overview

The Department of Health and Human Services Finance and Support provides administrative and financial support to the entire HHS System. In addition, the agency includes program administration for the state's Medicaid program, home and community based services for the elderly and children with disabilities, respite and adult protective services.

The organization chart illustrates the administrative structure of HHS Finance and Support, with Policy Cabinet oversight shared by the Director of HHS Finance and Support and the Policy Secretary.



The agency has eight divisions, six of which provide administrative support activities to the Policy Cabinet and all HHSS programs and services:

- **Communications and Legislative Services** includes public information, media relations, legislative coordination, Webmaster responsibilities, and the System Advocate

who responds to questions, concerns, and complaints related to the agencies, services, and programs within HHSS.

- **Financial Services** includes all accounting activities, budget administration, claims processing, audit activities, strategic and financial planning, research and analysis, research and performance measurement, and revenue collection.
- **Human Resources and Development** includes employee recruitment and selection, labor relations, classification and compensation, equity and diversity, organizational development, employee training, career development, supervisory support, human resource analysis and planning, and payroll processing.
- **Information Systems and Technology** includes applications development and maintenance, data processing operations, project management, and planning and analysis activities.
- **Legal Services** includes providing legal advice, representation and legal hearings.
- **Support Services** includes records management, forms distribution, vital statistics, vital records, material management facilities and engineering, and administrative support services. The Issuance and Collection Center (ICC) monitors and collects overpayment within the Food Stamp Program and handles collection efforts for Foster Care (agencies and individuals), Child Care (providers and clients), Aid to Aged, Blind and Disabled, and Aid to Dependent Children. ICC's combined collections for fiscal year 2005 totaled $2,368,449.

HHS Finance and Support responsibilities were carried out by 626 full time equivalent employees. Expenditures for SFY 2005 totaled $2,039,588,127.

Home and Community Services for Aging and Persons with Disabilities

This division administers non-institutional, home-based and community-based services for individuals qualified for federal Medicaid waivers; the aged, adults and children with disabilities; and infants and toddlers with special needs.

Adult Protective Services

Adult Protective Services (APS) provides for the prevention, correction, or discontinuance of abuse, neglect or exploitation of a vulnerable adult, using the least restrictive alternative and promoting self-care and independent living.

Services available under APS include:

- Receiving and investigating reports of alleged abuse/neglect,
- Services Coordination/Case Management,
- Developing Social Service Plans,
- Arranging for services, such as: medical care, mental health care, legal services, financial management, housing, and home health care,
- Arranging for items, such as food, clothing, shelter, and supervision, and
- Arranging or coordinating services for caregivers.

In CY 2004, APS received 3,115 reports of alleged abuse, self-neglect and financial exploitation, an increase of about 20% over 2003. The most commonly investigated perpetrated abuse was financial exploitation, and the most commonly investigated self-neglect involved medical neglect.

Aged & Disabled Medicaid Waiver

Using home-and-community-based services to reduce utilization and high costs of nursing homes for the elderly, adults and children with disabilities resulted in reduction in nursing home days for Medicaid clients with disabilities and expansion of services delivered through the Medicaid Aged and Disabled Waiver.

To be eligible for this waiver, persons must meet the criteria of nursing facility level of care and be eligible for Medicaid. The average cost of waiver services funded by Medicaid must not exceed the average cost to Medicaid for Nursing Facility services.

A collaboration with Assistive Technology Partnership, the Department of Education, and HHSS offers clients assistive devices or home modifications to increase their independence and safety while remaining in their home and communities. Equipment is also recycled so in many cases there is no cost to Medicaid to meet the client's needs.

Many of Nebraska's nursing facilities have converted beds to assisted living facilities so clients could live in an independent setting in their own living units. In FY 2005, 211 assisted living facilities were certified as waiver providers to offer this choice to clients.

For FY 2005, expenditures totaled $55,637,832. Of this, payments to assisted living facilities for waiver clients totaled $23,902,221. The remaining amount, $31,735,611, funded services provided to consumers in their homes. In-home services may include chore, home-delivered meals, transportation, adult day health care, respite care, child care for children with disabilities, independent skills management, assistive technologies, and personal emergency response systems.

Each month, an average of 3,938 Nebraskans chose to receive Waiver services to help them remain in their homes, rather than the more costly option of nursing facility care.

Disabled Persons and Family Support

This program provides support services to elderly, employed persons with disabilities and children with disabilities to help them maintain or obtain employment, remain in the homes and communities, or help families remain together. An eligible client may get up to $300 per month for such things as respite, home modification, housekeeping, prescription drugs, personal assistance or travel expenses for medical situations. In FY 2005, 378 persons were assisted each month through DPFS with an expenditure of $847,356.

Early Intervention Services (Birth to Age 3)

Early Intervention provides services coordination for infants and toddlers, birth to age 3, with a disability and their families. The program is administered through a co-lead arrangement between HHSS and the Department of Education. HHSS contracts with 29 agencies statewide to provide early intervention services to infants and toddlers who are verified as eligible through special education criteria.

In FY 2005, Services Coordinators served 4,860 infants and toddlers at an annual cost of $3,772,225.

Home Health Services and Private Duty Nursing Services

Home health is skilled nursing and aide services provided through home health agencies and private duty nurses.

Services Provided in FY 2005

Service Type	Clients	Expenditures
Home health agencies	6,001	$21,759,466
Private duty nurses	385	$2,183,526
Total	6,385	$23,942,992

Hospice

Hospice may be chosen by Medicaid recipients whose condition is considered terminal and select comfort care, pain and symptom management rather than curative treatment.

Hospice services include: nursing, social work, medications, aide services, medical equipment and supplies, therapies, pastoral care, and volunteer services. In FY 2005, Nebraska Medicaid added hospice services for end-of-life care. As a new service, approximately 30 hospices were enrolled as Medicaid providers.

During FY 2005, 174 clients received hospice services throughout the state at a cost of $577,787. In addition, room and board payments were made for nursing facility residents eligible for Medicaid and receiving hospice through another source, such as their Medicare benefits. The total cost for hospice services (including the direct service cost listed previously) in FY 2005 was $6,616,846.

Medically Handicapped Children's Program (MHCP)

MHCP provides family-focused services coordination/case management, specialty medical team evaluations for children in local areas, access to specialty physicians, and payment of treatment services.

Medical teams review diagnosis and provide a treatment plan for the following conditions:

- Craniofacial conditions, including cleft lip/palate and other defects
- Cystic Fibrosis
- Diabetes/Juvenile Diabetes
- Severe and/or congenital heart conditions
- Midline neurological defects, including spina bifida and hydrocephalus
- Neuromuscular conditions, including cerebral palsy and other conditions with similar symptoms

In FY 2005, MHCP served 1,756 children throughout Nebraska for total expenditures of $1,889,859 through 120 sponsored clinics.

Nebraska Lifespan Respite Subsidy

The Respite Subsidy Program Across the Lifespan offers a maximum of $125 per month to help families with loved ones who have special needs (from birth through death) to pay for respite care. Families choose their own providers, decide how much to pay, and set their own schedules. This program can help only those families who do not receive respite services from any other governmental program.

In FY 2005, the Respite Subsidy Program served 922 persons - an annual increase of 273 persons served. In FY 2005, a total of $785,527 provided respite for Nebraska families, keeping people in

their home and with families rather than in an institution.

Nebraska Respite Network

Respite services provide short-term relief to primary caregivers of ongoing care for an individual with special needs. The Statewide Nebraska Respite Network houses and coordinates information regarding respite resources. The statewide network includes:

- Eastern Area – Partnership in Aging
- Southeast Area - SESAME (Southeast Service Area Membership Entity)
- Central Area - Central Nebraska Community Services
- Northern Area - Central Nebraska Community Services
- Southwest Area – An RFP was in process
- Panhandle Area – Panhandle Partnership for Health and Human Services

In Nebraska, the Respite Network is responsible for recruiting and offering training to respite providers and caregivers, providing information and referral regarding respite resources/services, marketing the availability and need for respite, and matching families with appropriate respite providers.

The Nebraska Respite Network currently has 1,131 respite providers with expenditures of $558,000. An average of 500 calls are received each month from potential providers and families needing respite services.

Personal Assistance Services

Personal assistance services are provided to persons with disabilities and chronic conditions of all ages. Medicaid covers personal assistance services, based on individual needs and criteria determined through a written assessment process. The services supplement the client's own personal abilities and resources and help them remain in the home and avoid having to be in a hospital or nursing facility.

In FY 2005, 1,547 Nebraskans received Personal Assistance Services through the Medicaid program, at a total cost of $9,778,260.

School Outreach Services

Schools and Educational Service Units (ESUs) provide early periodic screening, diagnosis, and treatment (EPSDT), administrative outreach and case management to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid-eligible children and their families residing within each school district's boundaries.

In FY 2005, $20,000,000 in federal funds was reimbursed to schools.

Social Services Block Grant

Social Services Block Grant (SSBG) provides services that enable adults with disabilities and elderly persons to remain in their homes and communities, rather than living in an institution. HHSS local staff assess the needs of clients, authorize services, and recruit, certify and authorize providers after appropriate screenings.

SSBG services include: chore services, adult day care, home-delivered and congregate meals, respite services, and transportation.

In state FY 2005, 6,520 average monthly eligible individuals were served statewide through the Social Services Block Grant. The annual cost for this program was $6,920,989.

Medicaid

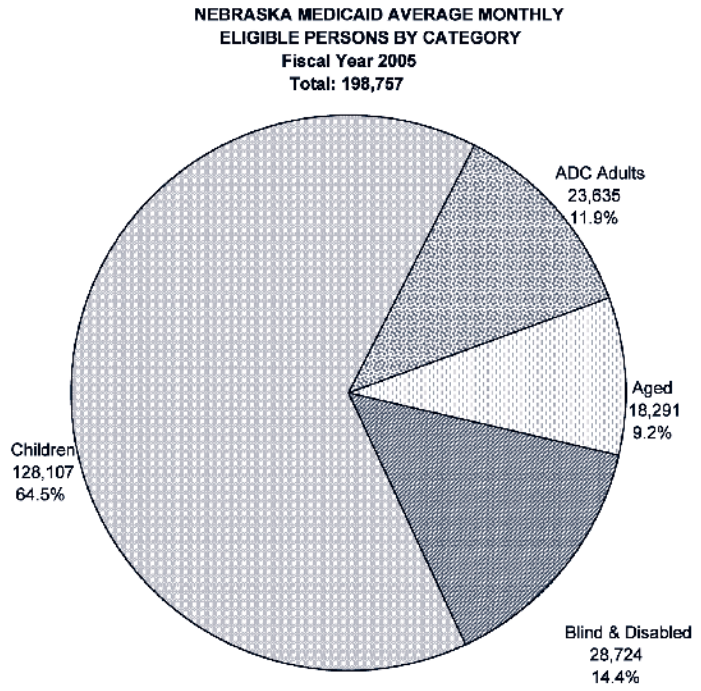
Medicaid provides health care services to eligible low-income seniors with chronic illnesses or who need long-term care, and to eligible people who have disabilities. It's also an insurance-like program for eligible low-income pregnant women, children and some parents. Medicaid provides health care for more that one in every 10 Nebraskans, and costs our state nearly $1.4 billion in fiscal year 2005.

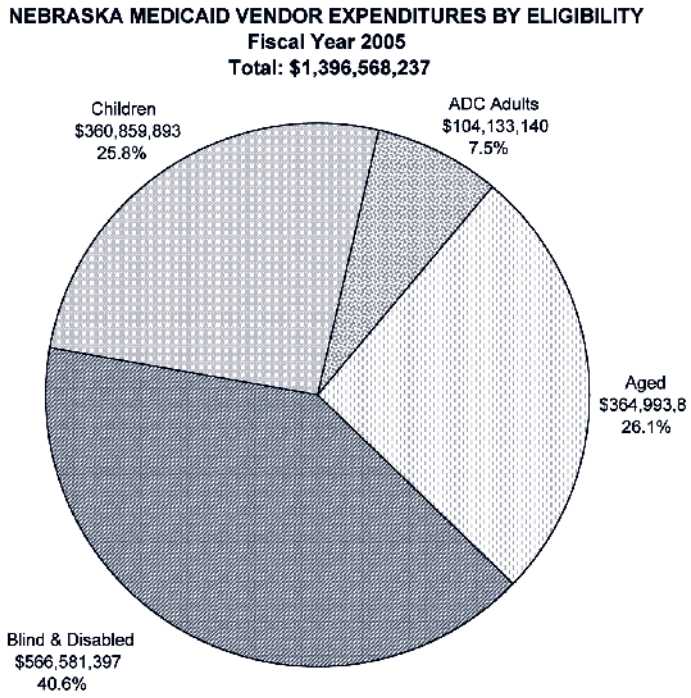
Eligibility

All states participating in the Medicaid Program are mandated to extend coverage to certain populations who meet eligibility requirements. Nebraska provides Medicaid coverage to children and pregnant women, ADC adults, blind or disabled individuals, and the elderly.

In FY 2005, the average monthly eligibles and expenditures were:

	Individuals	Percent of Total	Expenditures	Percent of Total
Children and pregnant women	128,107	64.5%	$360,859,893	25.8%
ADC adults	23,635	11.9%	$104,133,140	7.5%
Blind or disabled individuals	28,724	14.4%	$566,581,397	40.6%
The elderly	18,291	9.2%	$364,993,807	26.1%
TOTAL	198,757	100%	$1,396,568,237	100%





Services

States are required to cover specific mandatory services and can elect to cover additional optional services and receive a federal match. States are also allowed to expand services to encompass non-medical health-related services through a waiver process. The Nebraska Medicaid Program offers 26 medical services and six home and community-based waiver programs. All services, except for certain screening services, must be medically necessary.

Federal Medicaid Mandatory and Optional Services Covered in Nebraska

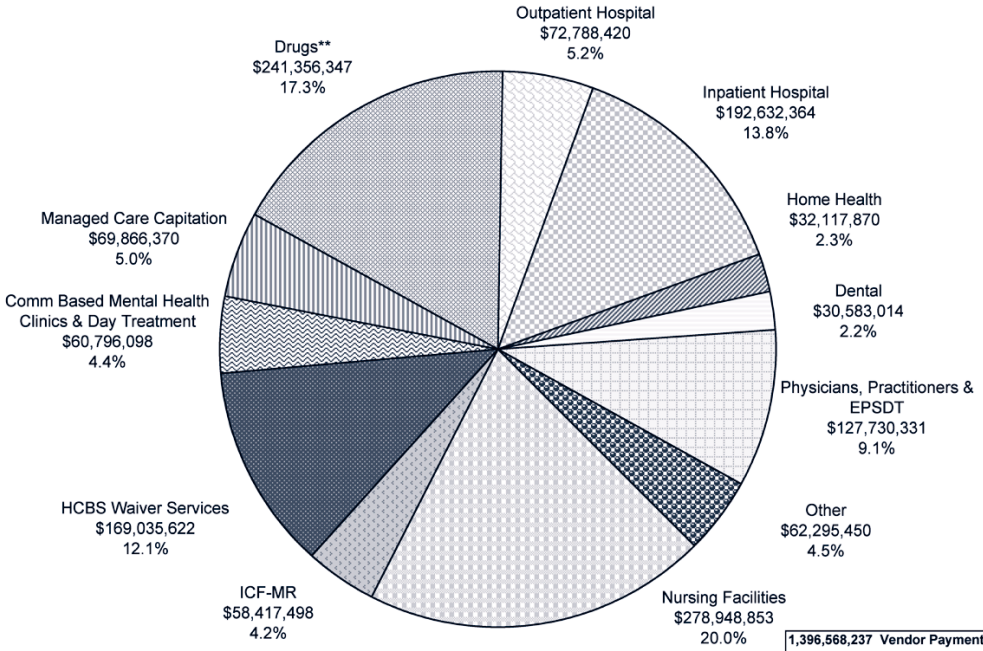
Mandatory Services	Nebraska Optional Services
• Nursing facility services for individuals aged 21 or older • Inpatient hospital services (other than Institutions for Mental Diseases) • Physician's services • Outpatient hospital services and rural health clinic services • Home health services • Laboratory and X-ray services • Early and periodic screening and diagnosis and treatment (EPSDT) • Medical supplies • Family planning services and supplies • Nurse practitioner services • Medical and surgical services of a dentist • Nurse-midwife services	• Prescribed drugs • Home and community-based services (HCBS) for persons with mental MR/DD • Intermediate care facilties for persons with mental retardation (ICF-MR) • HCBS for older adults and persons with disabilities • Dental Services • Rehabilitation services • Case management for persons with mental retardation/developmental disabilities • Personal care services • Durable medical equipment • Medical transportation • Vision-related services • Speech therapy • Physical and occupational therapy • Chiropractic services • Podiatric services • Optometric services • Hospice services

The largest categories of vendor payments in FY 2005 were:

	Expenditure	Percent of Total
Nursing facility	$278,948,853	20.0%
Inpatient and outpatient hospital	$265,420,784	19.0%
Prescribed drugs	$241,356,347	17.3%
HCBS Waiver Services	$169,035,622	12.1%

Additional non-medical, health-related services are offered through home and community-based waivers allowing states to offer a coordinated set of services to avoid institutionalization or to individuals receiving institutional services and wishing to return to the community. Examples of services which could be provided under a waiver but not under the regular Medicaid Program are respite care and habilitation services.

NEBRASKA MEDICAID VENDOR EXPENDITURES BY SERVICE
FISCAL YEAR 2005*
(Includes CHIP/Title XXI and NFOCUS Payments for HCBS Waiver Services)
Total Vendor Payments $1,396,568,237



1,396,568,237	**Vendor Payments**
23,574,096	DSH/Rate Adjustments
21,844,109	Medicare Premiums
45,112,763	Intergovernmental Transfer (IGT)
54,017,105	Other Payments (MC, Transport, FICA)
(66,162,309)	Rebates/Refunds
(79,185,212)	GF Paid in Other Budget Programs
1,395,768,789	Net Program 344/348 Expenditures

* Includes payments to vendors only, not adjustments, refunds or certain payments for premiums nor services paid outside the Medicaid Payment System (MMIS) or NFOCUS.
(Payments for certain Waiver services are made through NFOCUS)
** $57.1 million in offsetting drug rebates received from manufacturers is not reflected in the Drug expenditures of $241,356,347
Expenditures may not sum due to rounding.

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The Nebraska Health and Human Services System is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

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