Division of Medicaid & Long-Term Care
State Unit on Aging
FFY 2016 - 2019 Plan for Aging Services

"To promote the dignity, independence and Freedom of choice for older Nebraskans"

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Verification of Intent

Hereby submitted is the Plan for Aging Services for the State of Nebraska for the period October 1, 2015 through September 30, 2019. It includes all assurances and plans to be implemented by the Nebraska Department of Health and Human Services – State Unit on Aging under the provisions of the Older Americans Act, as amended, during the period stated. The Department of Health and Human Services – State Unit on Aging has been designated the authority to develop and administer the State Plan for Aging Services in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purposes of the Act, i.e., the development of a comprehensive and coordinated system for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as an effective and visible advocate for older persons in the state.

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

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Assistant Secretary for Aging. The Nebraska Department of Health and Human Services, in accordance with the Older Americans Act as amended in 2006, and its implementing regulation, adheres to the assurances listed in Attachment A.

6/30/15
(Date)

(Signed) _____
Calder A. Lynch, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Executive Summary

The four-year Nebraska State Plan on Aging is the planning document the Nebraska Department of Health & Human Services, State Unit on Aging produces to guide Older Americans Act related programmatic activities and services for older adults, family caregivers and grandparents raising grandchildren, and to direct the statewide effort to transform the state's long-term care system to enhance the lives of Nebraska's frail elderly residents.

Nebraska is presenting a Four-Year State Plan for the period October 1, 2015 through September, 2019 (Federal Fiscal Years 2016-2019).

The State is required by the Older Americans Act, Section 307, regulations to:

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

This plan reflects the Nebraska Department of Health & Human Services' mission, "Helping people live better lives." The mission of the State Unit on Aging is to "promote the dignity, independence, and freedom of choice for older Nebraskans." The State Plan incorporates the mission and goals of the State Unit on Aging into the body of the plan and includes comments received during the public hearing. Comments are included in attachment D.9.

Fundamental objectives for the Nebraska State Unit on Aging include making community-based services available to elders who are at risk of losing their independence; preventing disease and disability through community-based activities; and supporting the efforts of family caregivers.

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

Empowering older adults by giving them more choices and greater control over their own health and health care, including more control over the types of benefits and

services they receive and the manner in which their providers deliver those benefits and services.

Recognizing the need to move beyond a "one-size-fits-all" model in policy development, and to embrace an approach that addresses both general and specific needs.
Creating a standardized and streamlined process for connecting elders and individuals of all ages with disabilities access to existing services and supports through Nebraska's ADRC.

Identifying the need to develop creative solutions that take into account racial, ethnic and cultural differences.

Moving toward a more balanced system of long-term care that respects the wishes of the individual and that dismantles the bias toward institutional care over home and community-based services.

It takes considerable planning to prepare Nebraska's communities to meet the needs of the older adults of today and tomorrow. The Nebraska Aging Network is committed to managing the resources that will be needed to meet the service demands of this aging population. With the Nebraska State Plan for Federal Fiscal Years 2016-2019 (October 1, 2015 through September 30, 2019) as a roadmap, Nebraska will continue to move forward in shaping a state in which older adults can age with dignity, respect and independence.

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

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

- *Goal 1: Advocacy*
- *Goal 2: Protect Rights and Prevent Abuse*
- *Goal 3: Individual Self-Determination & Control*
- *Goal 4: Long-Term Services and Supports*
- *Goal 5: Effective and Responsive Management*

The Older Americans Act of 1965, as last amended in 2006, provides the framework for developing a comprehensive and coordinated system of aging services in the United States. As provided in the Act, the Administration on Aging designates a State Unit on

Aging in each state. That State Unit on Aging is responsible for developing and administering a state plan on aging.

The State Unit on Aging became part of Medicaid & Long-Term Care in 2007. In 2014, the State Long-Term Care Ombudsman was moved out of Medicaid & Long-Term Care to report directly to the DHHS Chief Executive Officer.

The State Unit on Aging has a 12-member Advisory Committee appointed by the governor. The committee advises the State Unit on Aging on the needs of older Nebraskans and reviews its policies and budgets. (A list of committee members is included in Attachment D.7.)

Nebraska's aging network includes eight Area Agencies on Aging designated by the State. The eight agencies serve Nebraska's older citizens in each of the state's 93 counties. The area agency offices are located in Beatrice, Hastings, Kearney, Lincoln, Norfolk, North Platte, Omaha and Scottsbluff. See Attachment D.5 for a list of, and contact information for, the eight Area Agencies on Aging.

Context

Development of the State Plan

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

Nebraska State Unit on Aging program staff met over several months to develop the goals, objectives, strategies and outcomes that define the Unit's strategy to fulfill its commitment to older Nebraskans. Partners and stakeholders were asked for input and updates to collaborative programs.

A Nebraska Aging Network planning retreat held in the fall of 2014 helped further detail the needs of older Nebraskans across the state. Staff from all eight Area Agencies on Aging were in attendance and the importance of various Aging services were discussed. Additionally, the State Unit on Aging staff held an internal training retreat in December 2014.

Critical Issues and Future Implications

Rapid expansion of the aging population. The first Baby Boomers in Nebraska reached 65 years of age in 2010 (and will be 75 in 2020 and 85 in 2030). Over the next 20 years, Nebraska's population over 65 will increase by another 75%. Between 2015 and 2020, more of Nebraska's baby boomers will begin using services offered by the Aging Network. Resources committed to community support options will need to match the dramatic increase in at-risk older persons. Graphs 1 – 7 outline demographic information regarding the Nebraska population, including disability, poverty, ethnicity, mortality, migration, and the male/female ratio. Attachment D.1 provides a further profile of Nebraskan's over 60.

The top three causes of death for adults age 65 and older are heart disease, cancer and stroke. In order to address the health care needs of older adults, the Aging Network will need to develop and implement evidence-based programs on health promotion, disease prevention and chronic disease self-management.

Consumer directed alternatives to nursing home care. The current economic environment has presented the State Unit on Aging with continued challenges in meeting the goal of balancing the long-term care system in the state. In recent years, the Aging Network in Nebraska has expanded the availability of cash-in-counseling, committed resources to help people choose the Medicare Prescription Plan that best addresses their needs, and has established a pilot Aging and Disabilities Resource Center. During this period, resources available to our State government have declined dramatically. Maintaining the Nebraska Aging Network's core support services as resources decline will likely be one of the biggest challenges of the next few years.

Diversity of the older population continues to grow. Although Nebraska's current population is modestly diverse, data projections suggest that the state's racial ethnic minority distribution will continue to shift and expand. People of Hispanic, African American, Asian, American Indian and Pacific Islander backgrounds compose Nebraska's minority population, with the Hispanic population being the fastest growing over the last 20 years. To succeed in reaching the increasingly diverse aging populations, the State Unit on Aging and the Area Agencies on Aging must implement culturally and linguistically appropriate standards in their approaches to service delivery. Racial characteristics of Nebraska's aging population are presented in Attachment D.1, Graph 4.

Need for a fully functioning and sustainable Aging Disabilities Resource Center. An ADRC will provide key resources for Nebraskans of all ages in planning for their future long-term care needs. It will make available a full range of information regarding long-term care programs as well as information regarding financial planning and creative options such as the purchase of long-term care insurance. Disability Rates for Nebraska's aging population are presented in Attachment D.1, Graph 2.

Informal family care giving is the foundation of support for the frail older person living in the community. Services provided by family (most often by the spouse) remains the primary support that allows their frailer older loved one to remain in their home. Strengthening the family base is the focus of the Family Caregiver Support Program. The supports available for caregivers range from information about available services, assistance in gaining access to available services, individual counseling and caregiver training, as well as respite care and supplemental services (on a limited basis).

Future of the Long-Term Care Ombudsman Program: Nebraska faces many changes in the long-term care system and population, the complexity of issues that Long-Term Care Ombudsmen handle has increased since the program began. Most often, cases have a legal component or require a significant amount of time to resolve. Younger residents with a major mental illness, registered sex offenders and short stay residents may challenge the program's problem-solving approaches and confidentiality policies. Recruiting and maintaining volunteers for the program continues to be a challenge.

VISTA - Nebraska Strengthening Aging Populations (NSAP)

In an effort to promote the current efforts of the eight Area Agencies on Aging across the State of Nebraska to provide services and information to the aging population, the State Unit on Aging has pursued and obtained a grant through the Corporation for National and Community Services to have four AmeriCorps VISTA members join the State Unit on Aging team for three years, from June, 2015 through May, 2018. This program is named Nebraska Strengthening Aging Populations (NSAP) and is geared towards building capacity within existing aging programs and services. Through the Nebraska Strengthening Aging Populations (NSAP) program, VISTA members will collect data, create volunteer databases/spreadsheets with aging-related data to develop volunteer recruitment and retention programs, create training manuals and materials, create a standardized Senior Center Operational manual template, and research the policies and procedures required for Health Promotion/Disease Prevention programs to obtain evidence-based status."

Elder Justice / Elder Rights Program

The State Unit on Aging has developed a robust Elder Rights Program that focuses on protecting the rights of vulnerable older adults in the community and in institutional settings. The program has been developed pursuant to the provisions of the Older Americans Act. The Legal Services Developer chairs the statewide Elder Rights Coalition comprised of multi-disciplinary organizations. The quarterly coalition meetings provide a forum to discuss issues related to elder abuse, neglect, and financial exploitation and develop products, processes and services and sponsor trainings on issues related elder abuse and financial exploitation. The coalition information has been included in the National Committee for the Prevention of Elder Abuse (NCEA) Coalition Identification

Project and can be found at http://www.ncea.aoa.gov/Stop_Abuse/Teams/Local/index.aspx. The introduction of the legislation in Congress to reauthorize the Elder Justice Act has future implications to expand the Elder Rights Program.

Aging Services

The State Unit on Aging works with the Area Agencies on Aging and other community partnerships to meet the needs of the changing population of older individuals using the following methods:

- Empower Older Nebraskans to make a healthy and safe choice of where they live;
- Assist older Nebraskans in accessing home and community based services, which prevent or delay entry into nursing homes and allow individuals to live in an environment of their choice through case management activities;
- Assist older Nebraskans in learning about long-term care options when seeking assistance with or planning for additional needs;
- Encourage Nebraskans to plan ahead for their future long-term care needs as an avenue for maintaining optimal independence and autonomy, including choice and control over where, how and from whom they receive long-term care services;
- Assist Nebraskans in maintaining their independence and autonomy and empower them to be knowledgeable of and to exercise their rights, including the right to live in the least restrictive environment possible;
- Promote health and prevent disease via evidence-based Health Promotion and Disease Prevention (HPDP) programs;
- Address the nutritional well-being of older Nebraskans served through the Aged and Disabled Waiver and Care Management Programs;
- Encourage Nebraskans to engage in preventative health activities and effectively manage chronic illness as an avenue for decreasing or delaying the likelihood of needing long-term care and services in the future;
- Assist long-term care facility residents in receiving quality care and experiencing the highest quality of life.
- Goals and Objectives

Nebraska developed the objectives, strategies, outcomes and performance measurements below to address the Administration on Aging's Strategic Action Plan national goals for 2013-2018.

Focus Areas

Older Americans Act Core Programs

Title III

In Nebraska the Supportive, Nutritional, Health Promotion and Caregiver services of the Older Americans Act (OAA) Title III Grants for State and Community Programs on Aging are administered through the Area Agencies on Aging. The State Unit on Aging and the Area Agencies on Aging are committed to strengthening and expanding these fundamental services to meet the changing needs of older Nebraskans. A key element of the state's strategy for fortifying core Title III programs is the development of the Aging and Disability Resource Centers (ADRC). Through this initiative, streamlining access to existing services and supports will be achieved. See Attachments D.3 and D.4 for information on Title III Programs and Services used by Nebraskans.

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

Performance indicators are used to track progress for program outcomes. For home and community-based services, these indicators are:

Efficiency indicators, which assess how many services are provided and at what cost, expressed as the number of participants served per dollars of funds expended;

Client outcome indicators, which include consumer assessment of service quality and effectiveness; and

Effective targeting indicators, which assess the program's ability to serve those who may be vulnerable, such as minorities, people with disabilities, and those who live at or below the poverty level or live in rural areas.

Nutrition Program

Adequate nutrition is critical to a healthy life. Nutrition programs for the Elderly available through the Older Americans Act help older adults who may not eat adequately, and through better nutrition, can help them remain healthy and independent in their communities.

Congregate and home delivered meals through the Older Americans Act program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans 2015, issued by the Secretaries of the Departments of Health and Human Services and Agriculture.

Congregate meals are served five days per week, allowing older people to enjoy positive social contacts with other seniors in a group setting. Meals being provided occur in a variety of different settings which include: senior centers, restaurants, independent and assisted living facilities and schools. Persons age 60 or older and their spouses, regardless of age, are eligible for meals; however, priority is given to those with the highest physical, economic, or social need and to minority or rural individuals who are eligible.

Home delivered meals are service options that are funded through the Nutrition Services Incentive Program (NSIP) and other national or local programs. Meals are delivered to the individual residences of vulnerable older persons who are normally unable to leave their homes without assistance. These clients typically need assistance with meals, because they are unable to prepare meals for themselves and lack an informal support system to routinely provide assistance with meals. Services are intended to maintain or improve the nutritional status of these clients, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, and other residential facilities.

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

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

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

Objective – Nutrition

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

Strategies – Nutrition

1. Continue to offer nutrition screening, nutrition education and nutrition counseling through the Area Agency on Aging.
2. Expand home-delivered meal service to include more days of operation.
3. Conduct outreach for Food Assistance Programs, e.g., SNAP, Block Grant, Senior Farmers' Market Nutrition Program, Community Supplemental Food Program as well as develop a strategic plan for implementation of a meal voucher program.
4. Increase the number of Nutrition Counseling service units, transportation services for meal participants as well as additional sponsored meal organizations.
5. Develop and implement private pay guidelines for Area Agencies on Aging.
6. Utilize VISTA's to improve the food safety, quality, and nutrition standards for all aging population congregate and home delivered meal providers statewide.

Measurements (baseline established in FY 2015) — Nutrition

1. Increase the number of clients served by 5% by September 30, 2019.
2. Increase the number of meals served by 5% by September 30, 2019.
3. Increase the number of nutrition education and counseling services units by 5% by September 30, 2019.
4. Increase the number of private pay clients by 5% by September 30, 2019.
5. Increased contributions from eligible clients by 5% by September 30, 2019.

Objective – Nutrition

Delay institutionalization in high risk and non-Medicaid individuals.

Strategies – Nutrition

1. Identify high-risk groups for targeting prevention initiatives and activities.
- Continue to identify and build aging network partnerships.
- Develop aging network best practices models.
2. Heighten awareness about aging support services available through:
- Development and implementation of a standardized set of nutrition assessment questions.
- Providing private pay information.

Measurements — Nutrition

1. Increase the number of individuals utilizing aging programs in the community by 5% by September 30, 2019.
2. Increase the number of new volunteers and businesses collaborating with aging service programs by 5% by September 30, 2019.

Health Promotion and Disease Prevention

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

As identified through the Nebraska Behavioral Risk Factor Surveillance System assessment, a high percentage of older adults in Nebraska have arthritis, high blood pressure, metabolic syndrome, cardiovascular disease, and/or have fallen. With the prevalence of these problems, it is imperative to help older adults by providing programs to support chronic disease management and promote education for older adults on positive lifestyle changes that includes better chronic disease management, good nutrition and physical fitness.

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

Objective – Health Promotion

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

Strategies – Health Promotion

1. Provide and seek new evidence based programs throughout the aging network.
2. Integrate the development and improvement of health literacy skills into evidence based programs throughout the aging network while partnering with other Health Department programs.
3. Target caregivers and Medicaid recipients for participation in the Chronic Disease Self-Management program as well as identify sustainable funding.

4. Utilize VISTA's to create a statewide database of available Health Promotion and Disease Prevention programs that meet the AOA's new definition of evidenced-based programming by surveying existing State of Nebraska programs and researching processes for using 100% of Title IIID funding for evidence-based programs.
5. Utilize VISTA's to create a statewide volunteer system and recruitment plan to connect low-income and minority seniors to services and professionals that would otherwise be unavailable or unaffordable.
6. Investigate opportunities for partnership between an Area Agency on Aging and a community gardens organization.

Measurements – Health Promotion

1. Increase the number of sites offering evidence-based health education programs than are currently available now by 5% by September, 2019.
2. Increase the number of older adults participating in evidence-based health programs by 5% by September, 2019.
3. Increase the number of caregivers participating in evidence-based health programs by 5% by September, 2019.

Long-Term Services and Support

Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.

Objective – Long Term Services and Support (Ongoing)

Assist senior Nebraskans in accessing home and community-based services, which can delay entry into nursing homes.

Strategies – Long Term Services and Support

1. Provide outreach, information and assistance, legal and case management.
2. Aid at-risk individuals in identifying sources of assistance as well as navigating the eligibility process of obtaining support services.
3. Provide case management activities through the State Care Management Program.
4. The State Unit on Aging will continue to meet with the Area Agencies on Aging in Nebraska to enhance access to long-term services and support. This will include translation of materials into non-English languages and multi-cultural awareness training.
5. Maintain a comprehensive directory of available public and private resources that includes formal and informal community-based services for use in referral activities.

Measurements – Long Term Services and Support

1. Maximize Case Management funds through September, 2019.
2. LTSS will achieve 70% client satisfaction rate through September, 2019, using AoA's Performance Outcomes Measure Project client tool.

National Family Caregiver Support Program (NFCSP)

Family support is the number one method of care for individuals wanting to age-in-place. While most family caregivers are happy to assist their loved one, the stress can often take its toll on the caregiver. The National Family Caregiver Support program (NFCSP) is designed to provide caregivers with assistance like respite, meals, and supportive services so that they can continue to care for their loved one.

NFCSP focuses on the informal caregiver who is providing necessary care to a family member who is 60 or older and experiences deficits in at least two activities of daily living, and/or has a cognitive impairment that inhibits the client's ability to function independently. Activities of daily living include the accepted criteria for bathing, dressing, toileting, mobility (including transferring), continence, eating and cognitive impairment.

The goal is to provide services that allow the caregiver to continue in his/her role. The caregiver can receive support in the form of information, care management education, training, in-home or institutional respite, personal care, homemaker and chore can be approved if ancillary to provide respite, durable medical equipment if it assists the caregiver, minor home modifications, support groups and home delivered meals. A service can be approved if it allows the caregiver to successfully maintain their role as caregiver or maintain employment.

Another aspect of the National Family Caregiver Support Program is support for grandparents or relative caregivers who are the primary caregivers for a grandchild who is eighteen years of age or younger. The grandparent or relative caregiver has to be at least fifty-five years of age, live with the child, be the primary caregiver for that child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child, and have a legal relationship to the child or be raising the child informally.

Objective – National Family Caregiver Support Program (Ongoing)

Ensure that caregivers throughout the state have access to National Family Caregiver Support Program services.

Strategies – National Family Caregiver Support Program

1. The State Unit on Aging will work with the Area Agencies on Aging to identify areas with low use of NFCSP services by the end of FY16.
2. Develop outreach approaches for underserved populations, such as Lesbian, Gay, Bisexual, and Transgender families to be disseminated by FY19.
3. Develop regular meetings with Area Agencies on Aging to develop planning strategies to promote NFCSP services and follow up with caregivers. Frequency occurring annually each year from FY 2016 through FY 2019.
4. Continue to work with the Nebraska Lifespan Respite Network and Caregiver Coalition on relevant Family Caregiver issues. Ongoing effort.

Measurements – National Family Caregiver Support Program

1. 70% of the Caregivers for homebound care recipients will receive at least one other community support service, through September, 2019.
2. Provide trainings focused on outreach to the LGBT population through September, 2019 to at least 75% of the AAA staff responsible for III-E programming.
3. Provide cultural competency trainings to at least 75% of the AAA staff responsible for III-E programing through September, 2019.
4. Program will achieve 70% client satisfaction from Caregivers receiving caregiver services through September, 2019.
5. Increase in new Caregiver clients by 1% annually through September, 2019.

Objective – National Family Caregiver Support Program (Ongoing)

Promote best practices related to the provision of caregiver supports throughout the State of Nebraska.

Strategies – National Family Caregiver Support Program

1. Work with AAAs and other community partners to develop a standardized Caregiver assessment to address both the needs of the caregiver and care recipient, to be disseminated in all planning service areas across the State by September, 2019.
2. Create a client satisfaction survey to assess Caregiver and Care Recipient satisfaction with services to be disseminated by September, 2019.
3. Maintain membership in the Nebraska Caregivers Coalition and explore other agency partnerships with which to collaborate. Ongoing effort.
4. Maintain active communication with the Lifespan Respite program to share information about respite opportunities available to family caregivers. Ongoing effort.

Measurements – National Family Caregiver Support Program

1. 70% of caregivers assessed indicate needs are being met. Administer annually through September, 2019.

Objective – National Family Caregiver Support Program (June 2019 and Ongoing)

To support and encourage Family Caregiver Support programming statewide through a variety of brochures, videos, and other media outlets.

Strategies – National Family Caregiver Support Program

1. Establish a mailing list of AAAs, community partners, and other community members interested in the National Family Caregiver Support Program by September, 2019.
2. Disseminate best practices information regarding caregiver issues through the DHHS website and via the aforementioned mailing list of concerned parties. This will be an ongoing effort.
3. Develop NFCSP materials in non-English languages, paying special consideration to the readability level and multicultural sensitivity for dissemination by September, 2019.

Measurements – National Family Caregiver Support Program

1. Number of new clients utilizing Family Caregiver services will increase 1% annually through September, 2019.

Title VI

Services for Native Americans Programs through Title VI are administered through three Nebraska Tribes; Omaha, Santee Sioux and Winnebago. Collectively these tribes offer home and community-based supportive services to Nebraska's older Native Americans, including nutrition services and support for family and informal caregivers. All three Title VI programs reside in the Planning and Service Area of the Northeast Nebraska Area Agency on Aging (NENAAA). NENAAA provides technical assistance to the Santee, Macy and Winnebago Senior Centers. Each Center is invited to attend quarterly trainings sponsored by the Agency and members of the centers are offered an invitation to participate as members of the Agency's Advisory Board. NENAAA contracts with Nebraska Legal Aid for legal services specializing in Native American elder law. Within the planning and service area for NENAAA, for those Native American older adults who qualify, Care Management and Medicaid Waiver are provided. NENAAA supports Native American communities by actively participating in local health fairs, offering presentations on health and wellness, fraud and scam, and nutrition education. The Agency strives to collaborate with the Native American communities in order to support their initiatives and avoid duplication of services.

The State Unit on Aging is interested in working collaboratively with the Indian Affairs Commission on efforts that will reduce the need for costly institutional care and medical interventions; will be responsive to the cultural diversity of Native American communities; and will represent an important part of the communities' comprehensive services. http://www.indianaffairs.state.ne.us/

Title VII

The Title VII Elder Rights Program is a core Older Americans Act program that serves as one of the foundations of the National Aging Services Network. As required in Section 705(a) of the OAA, the State Unit on Aging has developed an Elder Rights Program that focuses on protecting the rights of vulnerable older adults in the community and in institutional settings. Program Areas within Title VII include State Legal Assistance Development and State Long-Term Care Ombudsman Program.

The aging network collaborates with Adult Protective Services (APS), law enforcement agencies and other agencies to provide services, workshops and raise awareness about abuse, neglect and exploitation. In the Lincoln area, TRIAD, which is a partnership of three organizations, law enforcement, senior citizens and community groups, is actively involved in activities to help prevent abuse, neglect and exploitation of older persons. Area Agencies on Aging partner with APS on an ongoing basis on projects and initiatives, including the World Elder Abuse Awareness Day observance. Statewide activities leading up to WEAAD include radio Public Service Announcements (PSAs) and video PSAs in movie theaters, presentations by Long-Term Care (LTC) Ombudsmen at assisted living facilities, distribution of brochures, bookmarks and other information at senior centers and other local venues where older citizens congregate.

The State Unit on Aging has a designated State Legal Assistance Developer who provides or arranges for training on legal issues at the state and local levels; reviews and updates resources such as the Surrogate Decision Making Booklet; writes and manages the Model Approaches Grants; and provides ongoing technical assistance and program monitoring to the Area Agencies on Aging.

Law enforcement officials serve on the Elder Rights Coalition, make presentations at training seminars and partner with the local AAA and APS in joint investigations on elder abuse and financial exploitation cases. The Legal Services Developer belongs to the local TRIAD organization which is made up of local Sheriff's department, local police department and volunteers. TRIAD members make presentations on elder abuse, financial exploitation and scams against the elderly.

The State Unit on Aging and APS partner with the Nebraska Bankers' Association (NBA) to promote prevention of financial exploitation of the elderly during the World Elder

Abuse Awareness Day observance, participate with an exhibit booth at the NBA's annual conference and have posted materials on financial exploitation on NBA's website.

ACL/AoA Discretionary Grants

Model Approaches to Statewide Legal Services Phase II Grant and Expansion Grant

Nebraska is in the second year of the three-year Model Approaches to Statewide Legal Services Phase II Grant. Nebraska's model builds on the current system with the goal to ensure that elders with the greatest social or economic need have access to quality legal assistance through an integrated service delivery system. The grant seeks to implement a legal services system that promotes greater accessibility and capacity to address priority legal issues including those emerging from elder abuse, neglect and financial exploitation and demonstrates the impact on the independence, health, and financial security of older adults.

The one-year Model Approaches Expansion Grant focuses on targeting and outreach to older adults in greatest need, especially minorities and expanding the training agenda to include training for the judicial branch on prevention of elder abuse by guardians and conservators. The Elder Rights Coalition serves as the Advisory Council to the Model Approaches Grant and helps in spotlighting the challenges in the system, providing input on strategies to address the gaps to enhance efficiency in legal services to the underserved elderly.

The statewide ElderAccessLine® (1-800-527-7249) received over 4,100 calls in fiscal year 2014. The services provided to seniors include, information and referral, and advice on topics such as collection, bankruptcy, wills/estate, taxes/financial and Medicaid. Some Area Agency on Aging's identified priorities of service in their respective contracts with their legal service provider. The Model Approaches Grant helps bridge the gaps in services due to the rural nature of the state with a continuum of services designed to meet the needs of the homebound elderly, rural and minority elder population including Native Americans, Hispanics and African Americans. The grant includes provision of civil legal services in Area Agency on Aging regions that are underserved by contracting with Legal Aid of Nebraska to provide extended representation on cases through Legal Aid's local offices in designated regions. Nebraska has implemented statewide legal standards that were adopted by the Area Agencies on Aging. Nebraska has a statewide reporting system for legal services that is comprehensive and detailed. It is used by the Title III-B legal service providers and the ElderAccessLine®. An annual report is developed outlining the service levels, case types, targeting, good stories and outreach efforts.

The legal services program coordinates services, with the State Bar Association's Volunteer Lawyer Project through Legal Aid of Nebraska, University of Nebraska Law School Civil Clinic, and is poised to promote the self-help online forms for advance directives developed by Legal Aid of Nebraska.

Aging and Disability Resource Center (ADRC) Grant Proposal

This grant is now closed. Nebraska applied for, and received, a 3-year grant for 2009-2012. A second grant in 2013 was also received.

The grant brought the disability and aging networks to the same table. Lessons were learned. However, several staff moves and administration focus changes resulted in less than anticipated outcomes, and not all funds were expended.

A renewed interest in the ADRC exists in the 2015 Nebraska Legislature. LB 320 was introduced by Senator Kate Bolz. This legislation would fund, through State appropriations, a functioning ADRC for two years in three sites. The primary bricks and mortar would utilize the Area Agencies on Aging, and the centers for independent living. This is a result of legislation passed in 2014, LB 690, which created the Aging Nebraskan's Task Force. The task force included participants from aging and disability networks. The ADRC legislation was developed by Senator Bolz, through close work with the aging and disability networks.

Senior Medicare Patrol (SMP)

This grant is closed. The Senior Medicare Patrol grant will be applied for by the Nebraska Department of Insurance in 2015. The Nebraska Department of Insurance manages the SHIIP Program with over 300 volunteers and staff across the state. It is a good fit for the programs to be co-located. The State Unit on Aging will continue to work collaboratively with the Department of Insurance on public awareness and outreach efforts of SMP and SHIIP.

Participant-Directed/Person-Centered Planning

The State of Nebraska is committed to providing older adults with control and choice regarding long-term care services and support options. Within Nebraska, several initiatives are underway which will allow for the strengthened consumer control and choice. Research has shown that aging clients save money and maintain better health the longer they can age in place and avoid placement in a long-term care facility. Supportive services can assist aging clients meet their daily living needs and help aging persons to safely and securely age-in-place. Self-Directed Care allows the client choose

the service provider(s) that will perform the needed service. It promotes a market of competition allowing for lower provider fees, thereby stretching the client's dollar. The Nebraska State Unit on Aging will foster the use of Self-Directed Care opportunities in all Area Agencies on Aging.

The State Unit on Aging will explore a pilot program with one of the AAAs using Title III-C2 funds to help supplement home-delivered meals to aging clients. This would allow aging clients to choose the home-delivered meal service that works best for them and have access to financial help paying for home-delivered meals in areas with no contracted home-delivered meal provider.

Additionally, the State Unit on Aging will promote self-directed care through an AmeriCorps VISTA grant titled, Nebraska Strengthening Aging Populations (NSAP). At the end of the three-year program, a volunteer recruitment and retention program aimed at connecting service volunteers (housekeeping, chore, handyman, transportation, ombudsmen) to aging clients will be produced and distributed statewide to the eight area agencies on aging. This will allow more choice for aging clients.

OAA Services Purchased as Client Directed Services and through Vouchers

Several Area Agencies in Nebraska are piloting a model which presents in-home OAA services to be offered through consumer directed services and voucher programs. Using a mutually agreed upon and authorized care plan, consumers are allowed to determine such things as the provider of the service, scheduling and budget control.

Expanding Services to Include Cost-Sharing

Currently the state funded Care Management program offered through the Area Agencies on Aging uses a sliding fee scale model for the clients they service. Exploration is underway to identify other services which might be enhanced through cost-sharing and/or fee service arrangements. While some services must remain exempt from cost-sharing (e.g., information and assistance; elder abuse prevention/ outreach and ombudsman), the value of allowing other services the opportunity to examine this new potential funding stream is significant. With the ability to secure more discretionary money, more financial stability can be obtained through the aging network.

<u>Objective (Ongoing)</u>

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Strategies

1. Expand the capacity of AAAs to offer an increase in services, such as In-Home and Community Services or Home Delivered Meals, through attempts to connect with community resources/partners.

Measurement (baseline to be established in Fiscal Year 2015)

1. Increase community partnerships to provide Aging services by 1% through September, 2019.
2. Number of clients using a self-assessment tool increases annually by 2% through September, 2019.

Choosing Home or In-Community Elder Services (CHOICES)

The Choosing Home or In-Community Elder Services (CHOICES) Program consists of three programs that provide case management related services for individuals who are on Medicaid or private pay, in-home, or seeking Medicaid payment for nursing facility care. The three programs that make up CHOICES are Care Management, Senior Care Options and the Aged and Disabled Medicaid Waiver program.

These programs are coordinated to provide continuity for client care as individual's transition through the long-term care continuum of services. CHOICES allow for the individual to be served without disruption or delay as individuals' long-term care needs change. CHOICES focuses on helping older individuals stay independent in their own homes as long as possible by using home and community based services. When in-home options are exhausted, recommendations are made to the client and family as to what steps should be taken for the well-being of the older individual. CHOICES programs are available statewide and are operated through the eight Area Agencies on Aging.

Senior Care Options is a nursing facility preadmission screening program for Medicaid eligible individuals, 65 years of age and above, to prevent premature institutionalization. Senior Care Options is required by state law and is funded through Medicaid. The program involves the completion of a state approved evaluation for eligible individuals referred to the program when Medicaid payment is being sought for nursing facility services to determine whether those individuals meet requirements for nursing facility level of care. As a component of the evaluation process, Senior Care Options also provides education to individuals and their families about alternatives to institutionalized care while emphasizing client choice.

Aged and Disabled Medicaid Waiver Program is a comprehensive home and community based services program that utilizes a client-centered services approach for individuals meeting nursing facility level of care. The program includes services coordination and

resource development to provide client needs assessment, care planning, provider recruitment and approval, service authorization, and the monitoring of services and service payments for older persons receiving Home and Community Based Services through the Aged and Disabled Waiver. The Aged and Disabled Waiver Program is a Medicaid program.

Care Management assists people who need long-term care to continue to live at home. The service begins with a comprehensive needs assessment of the client. Based on identified needs, care managers and clients develop a care plan and mutually decide on the services needed for implementation. These services help older adults reside in living situations that meet their needs and support independence. In many cases, the services help caregivers effectively carry out, balance and sustain their care giving roles over time.

The Nebraska Care Management Program was created through a legislative mandate in 1987 and established a statewide system of care management units through the Area Agencies on Aging. Care managers assist older persons with functional disabilities, both physical and mental, and help their families select and obtain a variety of services that allow them to remain in a residence of their choosing.

One of the unique features of the Nebraska Care Management Program is a cost sharing mechanism. Based on the Federal Poverty Guidelines, clients who have incomes between 150% of poverty and 300% of poverty are asked to pay a portion of the cost of the service. Persons who have incomes above 300% of poverty are asked to pay the full fee for services provided. Most of the clients served by the Care Management Program are just above the income eligibility guidelines for Medicaid, so client fees do not account for a great proportion of the program's revenue.

There is maintenance of effort requirement contained in the Care Management Services Act. The act requires the Area Agencies on Aging that used state funds for care management prior to the passage of the act to maintain that level of financial support for care management services. Four of the eight Area Agencies on Aging have met the maintenance of effort requirement. Currently all eight Area Agencies on Aging provide care management services.

Needs Assessment – State Standardized Care Management Assessment

In an effort to stay current and effective, the Nebraska State Unit on Aging is constantly reevaluating its standardized Basic Assessment form for the state-funded Care Management program. Most recently, the State Unit on Aging included the St. Louis University Mental Status (SLUMS) form (included in Attachment D.14) to the Basic Assessment as a means to evaluate an aging client's cognitive abilities. This new cognitive test began rolling out in assessments in November 2014. It is anticipated that

the SLUMS form will more accurately identify aging clients in need of cognitive assistance as early as possible.

Objective – Care Management (Ongoing)

Provide senior Nebraskans with information, education and counseling on their options to assist them to live as independently as possible in the community of their choice through the State Care Management Program.

Strategies – Care Management

1. Develop multi-lingual information sheets to promote the State Care Management Program to low-income minority aging populations.
2. Develop an electronic, fillable version of the standardized Care Management Basic Assessment form.
3. Work with Information Technology professionals to determine cost of creating a software program that would allow Care Managers to upload Assessment information directly into the Nebraska Aging Management Information System (NAMIS).

Measurements – Care Management

1. Addition of at least one non-English Care Management informational brochure in all Area Agencies on Aging.
2. Use of electronic fillable standardized Care Management Basic Assessment form by 1% of Care Managers through September, 2019.

Objective- Care Management (Ongoing)

Use the State of Nebraska Care Management Program to provide high quality, person-centered, and integrated systems that seamlessly address the health and long-term services and supports needs of older adults.

Strategies – Care Management

1. Work with AAAs and other community partners to connect more State Care Management clients to OAA services, specifically Home Delivered Meals, Housekeeping, and Transportation.
2. Research the possibility of a pilot program to use III-C2 funds as Self-Determined Care funds to allow State Care Management clients access to Home Delivered Meals in areas where another agency or entity is already providing the service.

Measurements – Care Management (baseline established in 2014)

1. Increase percentage of Care Management clients receiving additional OAA or community services by 1% by September 30, 2019.

Counseling Services Program

Counseling Services provides information and advice for older individuals in regard to public and private insurance, public benefits, lifestyle changes, legal matters and other appropriate matters. Included in Counseling Services are Legal Assistance, Financial Counseling, Volunteer Placement, Case Management, Employment Program, Ombudsman and Mental Health Counseling.
Financial Counseling services include public benefits information and tax assistance. This service is designed to assist an older individual to obtain financial services and benefits.
Volunteer Placement services help older individuals who are seeking volunteer opportunities in an Aging-sponsored volunteer role to be placed in an appropriate situation.
Case Management services help older adults reside in living situations that meet their needs and support independence. Services begin with an assessment to determine needs.
Employment Placement is offered in some areas to assist an older individual (55 and over) to find paid employment.
Mental Health Counseling services provide counseling to an individual by a licensed mental health professional which is intended to address a diagnosed mental health condition.

Elder Justice

Long-Term Care Ombudsman Programs

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

The Ombudsman Office partners with many agencies and organizations in a continued effort to enhance the program. Partnerships allow the program to expand its scope and to leverage resources as it seeks to advocate on behalf of residents in long-term care facilities across the state.

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

Objective 1 -- Long-Term Care Ombudsman Programs

Expand the Nebraska Ombudsman Programs.

Strategies – Long-Term Care Ombudsman Programs

1. Work with Area Agencies on Aging to set up a volunteer base in all Planning & Service areas.
2. Manage existing funding to increase number of local ombudsman programs.
3. Provide assistance to existing local programs to recruit volunteers.

Measurements – Long-Term Care Ombudsman Programs

1. Increase the number of volunteers statewide by 10% by September 30, 2019.
2. Increase the number of facilities visited on an annual basis by 10% by September 30, 2019.
3. Increase the number of local ombudsman programs (ongoing).

Objective 2 -- Long-Term Care Ombudsman Programs

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

Strategies – Long Term Care Ombudsman Programs

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

6. Provide residents' rights and abuse materials to seniors, those in long-term care facilities, their friends and family.

Measurements – Long Term Care Ombudsman Program

1. Using the data from the National Ombudsman Reporting System 2014 report increase or maintain the number of facility staff in-service trainings through September, 2019.
2. Using the data from the National Ombudsman Reporting System 2014 report increase or maintain the participation in resident and family council through September, 2019.
3. Using the data from the National Ombudsman Reporting System 2014 report maintain the number of cases and consultations through September, 2019.

Objective 3 – Long-Term Care Ombudsman

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

Strategies – Long-Term Care Ombudsman Program

1. Participate in and provide information to the Nebraska AARP's Aging Legislative Coalition.
2. Produce an annual report on the Long-Term Care Ombudsman program that provides program and fiscal impact information. Distribute the annual report to the Governor's Office, the State Legislature, and the Department of Health & Human Services.
3. Using the data from the National Ombudsman Reporting System 2014 report increase time spent monitoring legislation that impacts the quality of care and quality of life of residents in long-term care facilities from FFY 16 through FFY 19.

Legal Assistance Programs

Objective 1 – Legal Assistance Programs (Ongoing)

Provide legal services that will provide education about rights and representation to the most vulnerable, underserved elderly persons with greatest social or economic need.

Strategies – Legal Assistance Programs

1. Expand the statewide system for results-oriented accountability that includes collecting data, evaluating, reporting and responding to results to include data on

law school clinics and civil legal services being provided through a contract with Legal Aid of Nebraska.
2. Update statewide report for Area Agencies on Aging/legal service providers, evaluate the effectiveness and compile a statewide annual report.

Measurements (baseline established in FY 2014 – Legal Assistance Programs (Ongoing)

1. Focus legal services on priority issues listed in the Nebraska Statewide Legal Assistance Standards including Income Maintenance/Nutrition/Benefits, Guardianship/Abuse/Neglect, Consumer Protection/Financial Issues, Health/Long-term Care/Home Care, Housing, Individual Rights and Other (Wills, Estates, etc.).
2. Provide legal services to minority populations through targeted outreach. Service level will be measured on the annual legal services report during each of the four plan years.
3. Maintain high levels of elders satisfied with legal services at 85% or higher.

Objective 2 – Legal Assistance Programs (Ongoing)

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

Strategies – Legal Assistance Programs

1. Continue to fund Legal Aid of Nebraska's Statewide ElderAccessLine® after the Model Approaches to Statewide Legal Services grants end to the extent possible in order to provide uninterrupted service to older Nebraskans in greatest economic and social need on priority legal issues. See attachment D.13 for additional data on the ElderAccessLine®.
2. Promote the utilization of the Interactive Online Chat posted on Legal Aid of Nebraska website to targeted senior population for completing the self-help advance directives such as power of attorney, health care power of attorney and living wills.
3. Conduct law school clinics across the state to help older Nebraskans with preparation of Advance Directives.

Measurements – Legal Assistance Programs (Ongoing)

1. Legal services contracts with Legal Aid of Nebraska for the ElderAccessLine® and contracts to serve the Native American population will identify the level of service, targeted population and priority legal issues. These measurements will be identified in individual annual contracts.
2. The number of hits on Legal Aid of Nebraska Interactive Online Chat web page will help determine the outcomes of the self-help service to complete advance directives.

3. The number of older Nebraskans served through the law school clinics and the total number of documents prepared will help determine the performance outcome (through September, 2019).

Objective 3 – Legal Assistance Programs (Ongoing)

Develop strategic outreach and targeting strategies to serve the most under-served and hard-to-serve older adults.

Strategies – Legal Assistance Programs

1. Expand the community presentations on legal issues through education institutions such as community colleges and state colleges.
2. Enhance awareness through media outreach (radio and television ads, billboards, etc.) about available free legal services to protect the rights of all older Nebraskans, including their rights to be free from elder abuse, neglect, and financial exploitation.

Measurements -- Legal Assistance Programs

1. Number of outreach presentations by legal service providers and joint presentations by APS and aging network staff and media activity such as radio and television advertisements on elder abuse and financial exploitation will help measure the impact of the objectives from year to year based on the AAAs service levels as identified in their annual area plans and quarterly legal services reports (through September, 2019).
2. Increase in the number of calls to the ElderAccessLine® and the State Unit on Aging toll-free line will help measure the impact of the outreach (increase in calls to the ElderAccessLine® by 5% through September, 2019).

Quality Management

Monitoring

The State Unit on Aging performs onsite monitoring of each Area Agency on Aging annually. The traveling team includes the Administrator, the Federal Aid Administrator, the Program Specialists, and the Long-Term Care Ombudsman.

Monitoring tools are emailed to the Executive Directors 4-5 weeks in advance of the visit. Area Agency on Aging staff are asked to complete the monitoring tools in advance. Staff review Area Annual Plans in preparation of the monitoring trip. Program Specialists meet with the coordinators of each program; the Federal Aid Administrator meets with

the fiscal staff; and the Administrator meets with the Executive Director. Often the fiscal team and Executive Director team will meet again as a group. The Administrator and Federal Aid Administrator review any audit findings and DHHS Internal Audit review results prior to the monitoring visit. Any concerns from the audit or the DHHS Internal Auditor are reviewed with the Executive Director and fiscal staff and Executive Director at the AAA. The Nutrition Program Specialist visits 1-3 Senior Centers in the service area, and completes a monitoring tool at each. Different senior centers are selected for visits each year. Depending upon driving routes, the entire team may visit one or more senior centers on a monitoring visit. Onsite visits include case file reviews by the Care Management Program Specialist.

Other sub grantees are monitored during these visits when feasible (for example, Experience Works is located in North Platte; the Program Specialist will travel with the team and/or independently to monitor the Senior Community Services Employment Program – SCSEP). The Program Specialist will also monitor the SCSEP host agencies throughout the state.

The fiscal monitoring includes a monitoring tool, and selecting samples of expenses, including invoices, time cards, pay records, general ledgers, and month end statements showing the progression of the expense through the accounting system at the Area Agency on Aging. Each document reviewed during the fiscal monitoring is numbered and labeled with its step in the process. These documents become part of the State Unit on Aging's portion of the State's Single Audit by the Auditor of Public Accounts annually.

A letter is sent to the AAA Board Chair with the results of the onsite monitoring visit. Commendations are made, and if deficiencies are identified, deadlines are established for compliance.

For FY 16 Area Plans, AAAs were asked to submit bylaws, conflict of interest statements and sample contracts. The DHHS Legal Division assigned two lawyers to review these documents in regard to the monitoring and enforcement by the AAA, of funds subcontracted or sub awarded to counties, senior centers, or other providers. This was a new effort. Future Annual Area Plans will request these documents be submitted only if they have been updated. These documents were reviewed in order to provide the AAAs information regarding whether they may need to amend the documents in light of the new super circular sub grant monitoring requirements for Federal funds.

Beginning in FY 16, Area Plan acceptance letters will be issued to each AAA.
A feedback system will be used at outreach events to help in the assessing ongoing implementation and continuous improvement of the outreach efforts.
The State Unit on Aging Administrator participates in monthly meetings of the Area Agency on Aging Directors. Very often, at least one staff person or the Long-Term Care Ombudsman participates as well. These meetings are used to work through

requirements, offer training and collaboration with the Area Agency on Aging staff and Directors.
Beginning in 2015, an Area Plan Instruction Workshops will be held annually, with all Area Agency on Aging staff involved in the Area Plans. Guidance on describing programs, ensuring totals for service units, and related area plan activities will be covered. Leading up to this, in 2015, the State Unit Administrator and staff will cover 1-2 topics of the area plan instructions during the monthly Director's meetings. It is anticipated that these meetings will help facilitate a better understanding of the program needs and monitoring activities necessary to meet federal and state requirements.

Ombudsman Networking

The Culture Change Coalition mission is to provide education and resources to facility staff that will assist them in transforming their culture of care. It seeks to help organizations see the value in putting the person before the task. The group is comprised of facility staff. All Nebraska Ombudsmen and representatives from educational institutions are welcome members and their input is sought. Meetings are conducted in facilities across the state. Host facilities volunteer meeting space to the group as they showcase examples of how their nursing facilities have incorporated various aspects of change and have created a better environment for long-term care residents. The State Long-Term Ombudsman attends these meetings on a regular basis and engages in dialog with the group, responds to questions regarding residents' rights and promotes the residents' perspective.

Nebraska AARP

The Nebraska AARP is a leading force in the Aging Network. The NE AARP is a nonpartisan organization working on issues that affect the lives of Nebraska's seniors including adequate and affordable health care, fostering livable communities, and advocating for the rights of residents in long-term care facilities. The State Unit on Aging continues to have a strong partnership with the Nebraska AARP and works with them on many levels. The State Long-Term Care Ombudsman and Legal Services Developer participate in these meetings on a regular basis.

Attachments

FY 2015 State Plan Guidance

Attachment A STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

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

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on

the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

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

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

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

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

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe

disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided,

or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

(15) provide assurances that funds received under this title will be used-
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division
(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

FY 2015 State Plan Guidance
Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.
Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.
(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: “Periodic” (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Cynthia Brammeier, Administrator 6/30/15

Signature and Title of Authorized Official Date

FY 2015 State Plan Guidance

Attachment B INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

Nebraska description: Service Area Plan instructions include references and requirements for Area Agencies on Aging to ensure the Older American's Act priorities are adhered to. Monitoring of program participation rates are conducted annually, and statistical data are gathered on participation rates. The Area Agencies on Aging utilize client intake forms requesting income information about clients interested in OAA services. This is not a requirement to receive services, nor is it means tested. However, it does allow for information to show when OAA funds are being utilized by the most impoverished. There are also questions on intake forms that ask the client whether or not they self-identify as being "In Poverty" without asking for any income specifics. In an effort to address minority populations, some AAAs are utilizing non-English speakers to address minority populations previously underserved that have limited English proficiency.

Section 306(a)(17)

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

Nebraska description: Area Agencies on Aging maintain emergency preparedness plans and work with their senior centers on emergency response efforts. Annual monitoring of the Area Agencies on Aging include review of these disaster plans. Nebraska experiences natural disasters annually. The need to prepare and the experience of response is part of the landscape. In 2014, the village of Pilger was struck by tornadoes. In addition to the Senior Center moving their congregate meals to a church, the State Unit on Aging, with help from the AoA Regional Office, secured a Disaster Response grant to support their yearlong efforts to rebuild and restore the Senior Center.

Section 307(a)(2)

The plan shall provide that the State agency will:
(C*) Specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

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

Section 307(a)(3)

The plan shall:
(B) with respect to services for older individuals residing in rural areas:

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

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

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

Nebraska description: Nebraska's population growth is relative flat. An increase of 4.5% to 5% per decade is expected until 2030 (.05 % per year). The population age 65+ is projected to increase from 240,000 in 2010 to 400,000 by 2030, or 67% in 20 years (3% per year).

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

Nebraska's funding formula includes minimum spending requirements, plus an additional factor for rural counties. Budgets are reviewed based on these requirements.

For Nebraska's population over 60, the break out of urban and rural populations and funding are as follows:

8 Service Areas	% of Population	Population over 60	% of Funding	Funding (Federal & State)
2 Urban Service Areas	53%	182,305	54%	$8,787,439
6 Rural Service Areas	47%	159,862	46%	$7,582,438
		342,167		$16,369,877

Nebraska expects to re-visit the funding formula in the coming years.

Section 307(a)(10)

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

Nebraska description: The Nebraska intrastate funding formula accounts for rural populations, with an additional age group over 75 to further accommodate the rural population. Six of the 8 Area Agencies on Aging in Nebraska are located in non-metropolitan areas. Monitoring includes gathering information regarding the rural reach, services, and funding options available to the Area Agencies on Aging.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency*; and

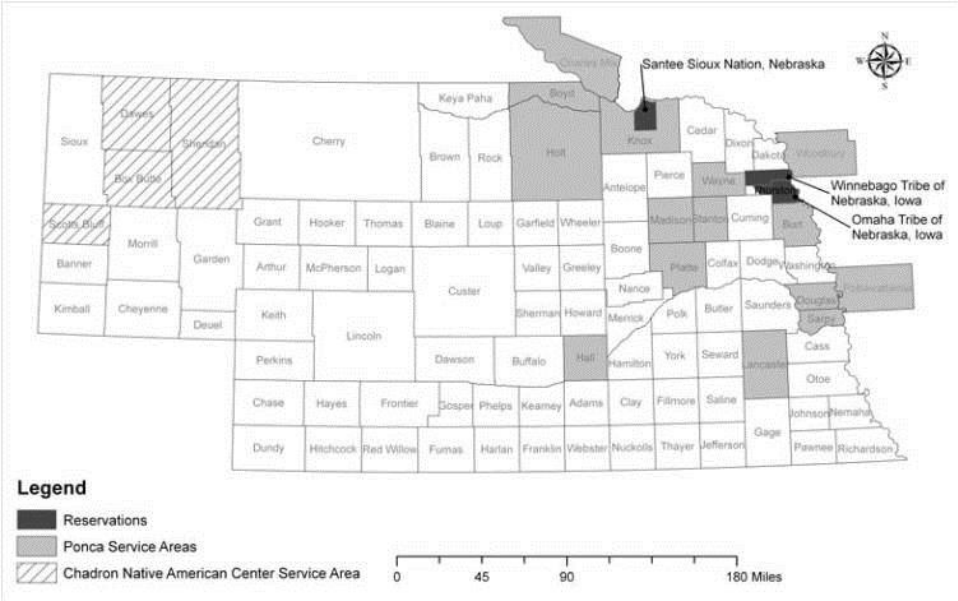
(B) *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Nebraska description: Annual Plan and 5-year Plan instructions for the Area Agencies on Aging require adherence to the OAA priorities, including addressing low income and minority individuals with limited English proficiency. Monitoring of programs and adherence to the OAA standards is conducted annually. In Lincoln, the Area Agency on Aging offers programming and outreach to the Asian Community Center, and Malone Center. Care Management services are offered by a native Vietnamese speaking care manager to assist the local Vietnamese population in connecting with In-Home and Community services. In Omaha, the Eastern Nebraska Office on Aging has implemented programming and outreach with UNMC and with Valley Services Inc., a growing food service company that provides the facility, staff and system of preparing home delivered meals to be delivered to Omaha residents. ENOA utilizes a blend of OAA, contributions and county dollars to fund its services with Valley Services Inc.

Section 307(a)(21)

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

Nebraska description: Nebraska has 3 Reservations, all located in the Northeast Nebraska Area Agency on Aging. NENAAA has programs in all 3 areas, conducts programming, serves meals from the senior centers, and enjoys a good working relationship with the communities. These programs are outlined in the NENAAA annual and 5-year plans. Please see the Nebraska map of reservations and Ponca Tribe service areas of the below:



Section 307(a)(29)

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

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

Section 307(a)(30)

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

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

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order

Nebraska description: The State Unit on Aging outlines in the annual plan instructions and the 5-year plan instructions requirements that Area Agencies on Aging adhere to the OAA requirements. As a State Unit on Aging, all staff are expected to participate in activities and committees that support programs for older Nebraskans. All programming efforts are focused on the most vulnerable citizens. The State Unit on Aging, and the Area Agencies on Aging establish and implement programs in accordance with items 1-6 above.

FY 2015 State Plan Guidance

Attachment C INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

"States shall,
(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--
(i) the geographical distribution of older individuals in the State; and
(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."
For purposes of the IFF, "best available data" is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.
As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
The request also includes information on how the proposed formula will affect funding to each planning and service area.
States may use a base amount in their IFFs to ensure viable funding across the entire state.

Financing the Services

Nebraska is not submitting changes to its intrastate funding formula previously approved. Included is a copy of the current allocation plan for the Area Agencies on Aging. The Federal funding for Nebraska has remained flat for several years. There may be additional state funds, and a new allocation plan if legislation passes aimed at funding the Aging and Disability Resource Centers in Nebraska. If this occurs, an amendment will be submitted to the four-year plan. This will include an additional funding formula to accommodate clients 0-60 with disabilities. Area Agencies on Aging are required to budget a minimum 15% of their Title III-B dollars for Access Services and 15% for In-Home Services. The requirement for Legal Services under this title is 2%. The area agencies are monitored to ensure that the amounts budgeted are actually expended for these mandatory programs.

Intrastate Funding Formula

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

Funding is allocated to the Area Agencies on Aging through an Intrastate Funding Formula that is developed in accordance with guidelines issued by the United States Assistant Secretary for Aging for the Administration on Aging. The funding formula cannot be changed without a public hearing and input from the Area Agencies on Aging. Formula is weighted to emphasize low-income persons 60 years and older, elderly 75+, and elderly minorities 60+.

Each Area Agency on Aging receives a base that is 1/8 of the first $2,167,888.00. The balance up to $5,125, 038 is weighted as follows:

60+ population	60%
60+ poverty	20%
60+ minority	20%

Total funds that exceed $5,125, 038 are weighted as follows:

60+ population	50%
60+ population	25%
60+ poverty	25%

CASA funds are distributed on 75+ populations in each Planning Service Area.

The Aging Network in Nebraska provides services to 60+ minority and poverty persons at levels greater than their proportion in the total populations. This indicates that the current Intrastate Funding Formula distributes funds in an equitable manner.

Different sources of Funding under Title III of the Older Americans Act include:

1. Title III-B-Supportive Services
2. Minimum of 15% of all allocation must be used for Access Services.
3. Minimum of 15% of allocation must be used for In-Home Services.
4. Minimum of 2% of allocation must be used for Legal Services.
5. Title III-C-1-Congregate Meal Programs
6. Title III-C-2-Home Delivered Meal Programs
7. Title III-D-Preventative Health
8. Title III-E-Family Caregivers Support

9. Title VII- Ombudsman & Elder Abuse

Intrastate Funding Formula Numerical Statement

The State Unit on Aging distributes State Community Aging Services Act (CASA) and Federal Administration on Aging (AoA), and Title III funds using the following formula: Note: Except for the "base" computation (Part A-1), all percentages are applied to each area agency's Planning and Service Area population category which bears the same ratio to that total categorical population of the state.

Part A

Title III-B, III-C(1), III-C(2), III-D, III-E, Federal Funds and State match.

A-1. Initial allocation of

Title III-B up to	$1,921,424
Title III-C(1) up to	$2,414,224
Title III-C(2) up to	$473,650
Title III-D up to	$37,190
Title III-E	$128,550
Total	$4,975,038

Base	42.30%
60+ Population	34.62%
60+ Poverty	11.54%
60+ Minority	11.54%

A-2. Additional Allocation above $4,975,038.00.

60+ Population	50.00%
75+ Population	25.00%
60+ Poverty	25.00%

Part B
The Nebraska Community Aging Services Act (CASA) non-discretionary State Funds.

B-1. Initial allocation of CASA at $494,295.00:

BRAAA	$ 44,515
ENOA	$ 76,865
LAAA	$ 58,644
MAAA	$ 64,563
SCNAAA	$ 24,825
AOWN	$ 36,131
NENAAA	$114,873
WCNAAA	$ 73,879

B-2. Additional allocation of CASA above $494,295.00:

75+ Population	100.00%

Note:
Any Area Agency on Aging may request carryover generated under Part "A" which does not exceed 10% of Part "A" funds allocated by formula to that Area Agency on Aging. The State Unit on Aging will recapture all non-obligated funds annually and award the requested (10%) funds under the following years approved plan.
Any carryover which exceeds 10% of Part "A" for that Area Agency on Aging will be recaptured by the State Unit on Aging and distributed at its discretion.

Note: Each fiscal year, the State Unit on Aging spends an amount equal to not less than 105% of the amount expended for such services (including amounts expended under Title V and Title VII) in fiscal year 1978 to provide services to older individuals who reside in Nebraska's rural areas.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG-TERM CARE-STATE UNIT ON AGING
RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
FOR THE YEAR ENDING JUNE 30, 2016

SUA-PI -15-06

AREA AGENCY	III-B	III-C(1)	III-C(2)	III-D	III-E	CASA	RESERVATION TABLE	CARE MANAGEMENT	MAINT OF EFFORT
BLUE RIVERS	$183018	$240,959	94,508	$8,788	$73,873	$429,624	$1,030,770	$162,807	$0
EASTERN	600,736	810,788	375,177	24,675	319,864	2,005,015	$4,136,255	664,030	28,645
LINCOLN AREA	334,573	451,812	209,774	13,690	179,126	1,179,270	$2,368,245	366,263	19,000
MIDLAND	210,293	278,288	113,231	9,800	90,407	540,009	$1,242,028	185,395	0
SOUTH CENTRAL	189,863	250,472	99,681	9,011	78,587	453,666	$1,081,280	166,681	40,000
WESTERN (AOWN)	191,941	251,297	94,509	9,512	71,987	423,927	$1,043,173	187,817	0
NORTHEAST	296,015	400,200	187,099	12,016	160,270	970,155	$2,025,755	339,992	33,271
WEST CENTRAL	195,561	257,184	100,021	9,451	77,786	455,808	$1,095,811	152,659	0
TOTAL	$2,202,000	$2,941,000	$1,274,000	$96,943	$1,051,900	$6,457,474	$14,023,317	$2,225,644	$120,916

PRIORITY SERVICE MINIMUMS	ACCESS 15%	IN-HOME 15%	LEGAL 2%
BLUE RIVERS	27,453	27,453	3,660
EASTERN	90,110	90,110	12,015
LINCOLN AREA	50,186	50,186	6,691
MIDLAND	31,544	31,544	4,206
SOUTH CENTRAL	28,479	28,749	3,797
WESTERN (AOWN)	28,791	28,791	3,839
NORTHEAST	44,402	44,402	5,920
WEST CENTRAL	29,334	29,334	3,911

NOTES
CASA & Care Management prepared using Title III prepared using 2010 Census

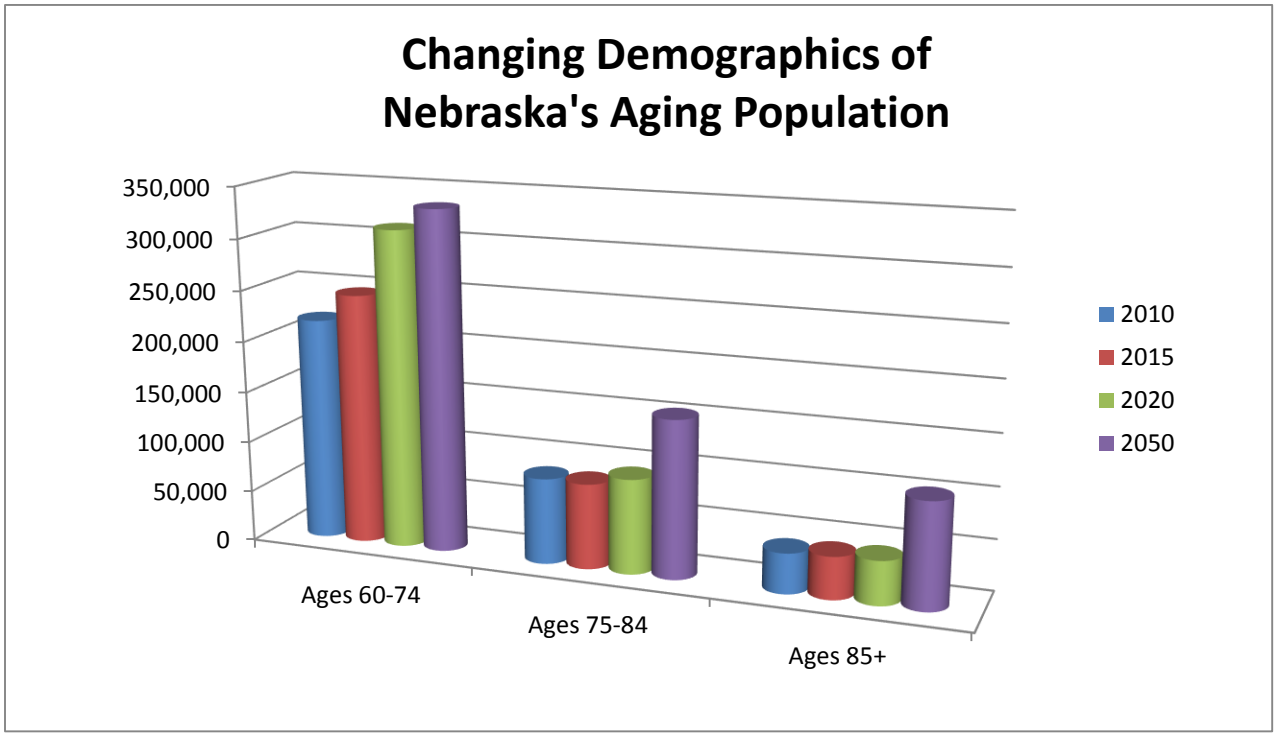
Attachment D.1 Demographic Trends

2011 was a pivotal year as the first Baby Boomers turned 65 years of age. By 2030, 20% will be 65 years of age and older. By 2050, 88.5 million Americans will be 65 and over. By 2030, there will be accelerated growth in the 85+ population. Understanding diversity will be an indispensable skill in 2050. An observed trend shows people move back to the Midwest from the Sunbelt when they are 80+ years old to be close to family. Similar to national trends, Nebraska can anticipate a rapid increase in its elderly population between now and 2030, and a moderate increase between 2030 and 2050. Between 2010 and 2030, the population aged 65 and over is expected to grow by 75 %. The population growth rate between 2030 and 2050 is projected to increase by a further 14 %, which means the elderly population will increase as well.

Nebraska's citizens 85 years of age and older – is growing. In 2009, there were an estimated 39,544 residents - 2.2 % of the population - age 85 and older in the state. By comparison, only 1.8 % of the national population was age 85 and older in the same year. During the period 1995 to 2010, this population of the 'oldest old' was projected to grow by 56 %, compared to only 13% projected growth for the population aged 65 to 84; this means that a larger share of the elderly will be over age 85 in coming years. In subsequent decades, especially between 2030 and 2050, the 85-and-over age group will grow sharply as the Baby Boom cohort ages. Data from the 2009 Census Estimates ranks the percentage of Nebraska's 85+ population as 8th highest in the nation.

Mirroring national trends, Nebraska's aging population is experiencing rapid growth and is increasingly more diverse. Nebraskans, both men and women, are living longer and net migration to the state is increasing. With this comes unique challenges and a rise in the need for Aging Services as Older Nebraskans are at risk of disability and poverty, as shown in the tables below.

Graph 1: Aging Population

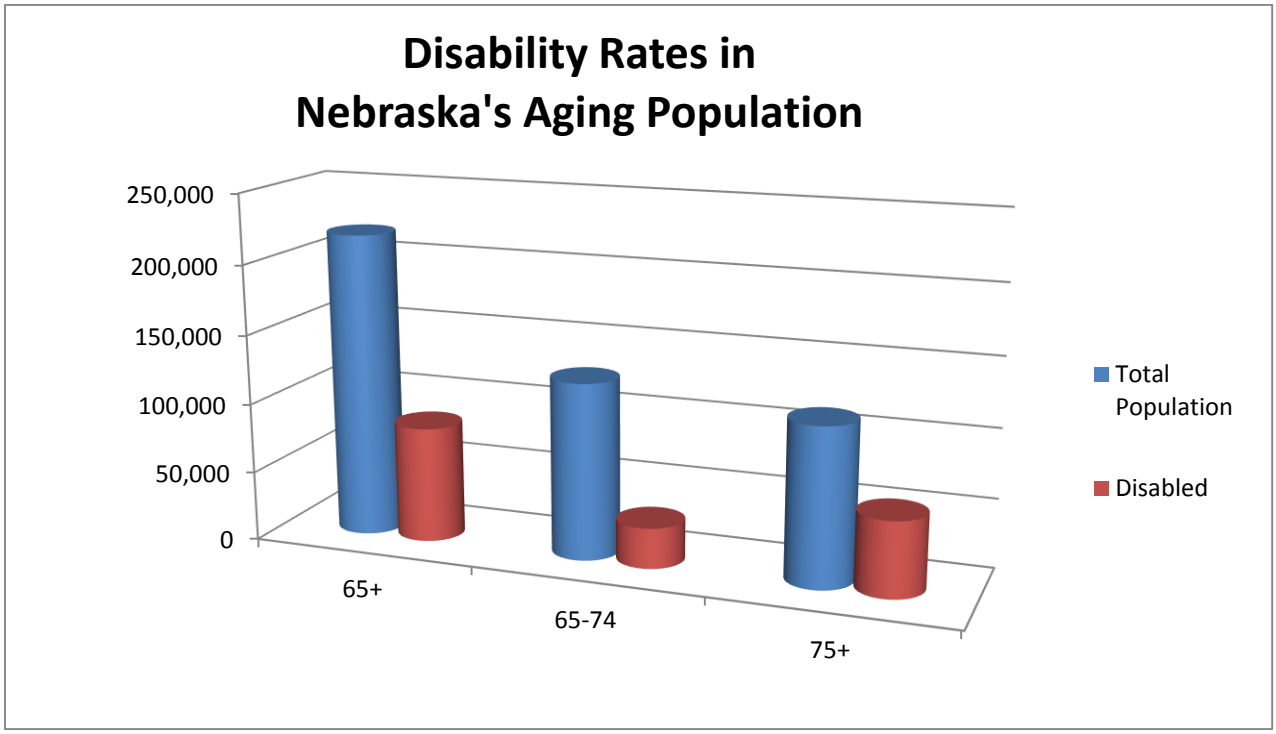


NE Dept. of Economic Development/UNO CPAR, State Data Center August 2013; Administration for Community Living/American Community Survey 2013

The demographic profile for various characteristics of Nebraska's 60 and over population based on the American Community Survey (ACS) 2013 estimates is included in Appendix D.2.

The profile of today's generation of older Nebraskan residents paints a compelling picture:

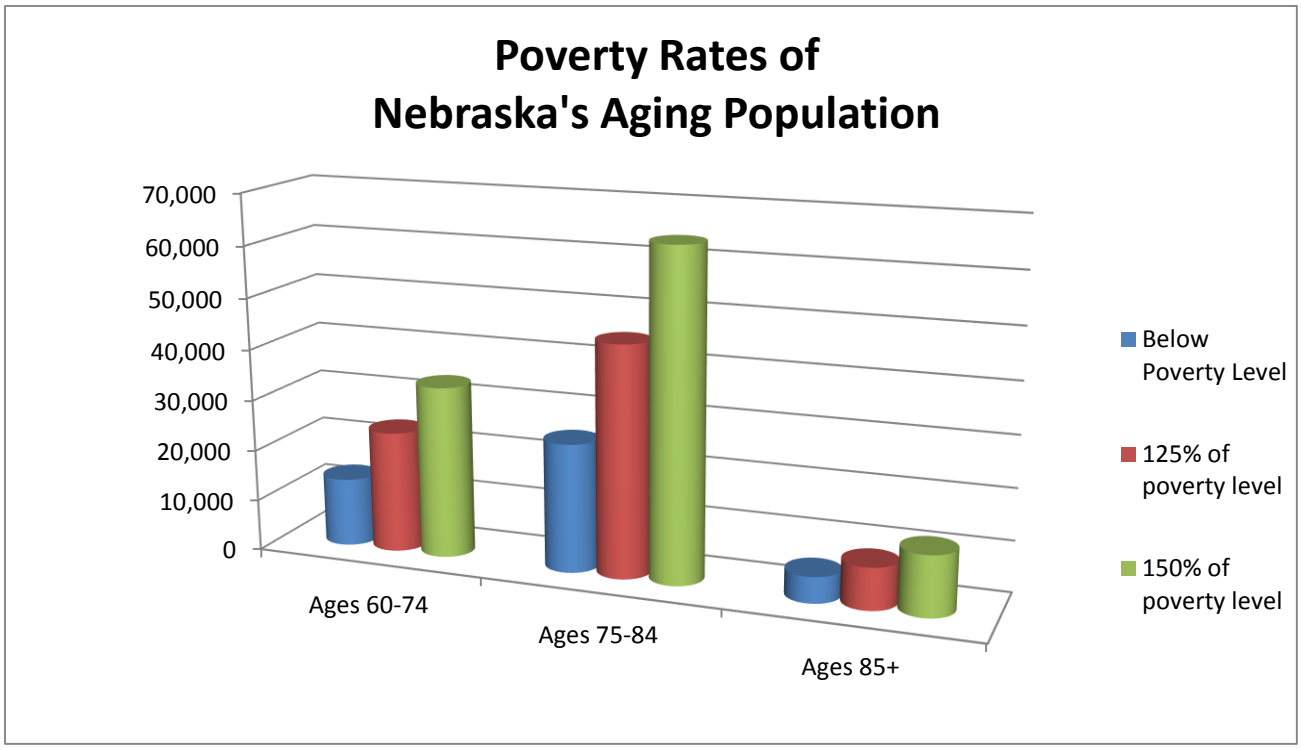
Graph 2: Disability Rates



NE Dept. of Economic Development/UNO CPAR, State Data Center August 2013; Administration for Community Living/American Community Survey 2012-2013

Disability: The disability rate among those age 65 and over is more than three times higher than in the general population. According to the 2012 ACS Survey, of the Civilian Non-institutionalized population (1,812,953 individuals), 196,273 (10.83 %) have a disability; of the Civilian Non-institutionalized population 65years and older (240,305 individuals), 34.64 % have a disability.

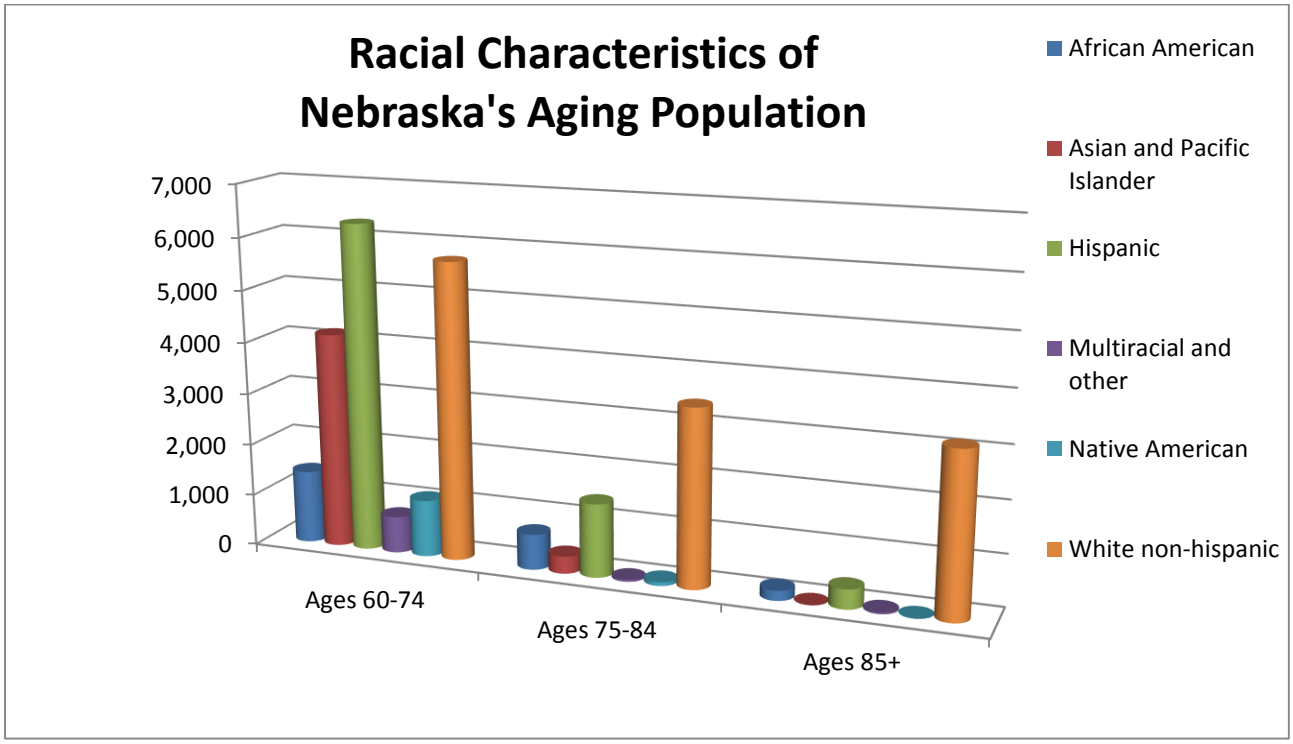
Graph 3: Poverty Rates



Administration for Community Living/American Community Survey 2012-2013

Poverty: Nearly 20 % of those ages 65 and over live at or below 150% the Federal Poverty Level. 7.8 % of those 65 years and over live below 100 percent of the poverty level; 11.5 of those 65 years and over live between 100 – 149 % of the poverty level; and 80.7 % of those 65 years and over live at or above 150 % of the poverty level.

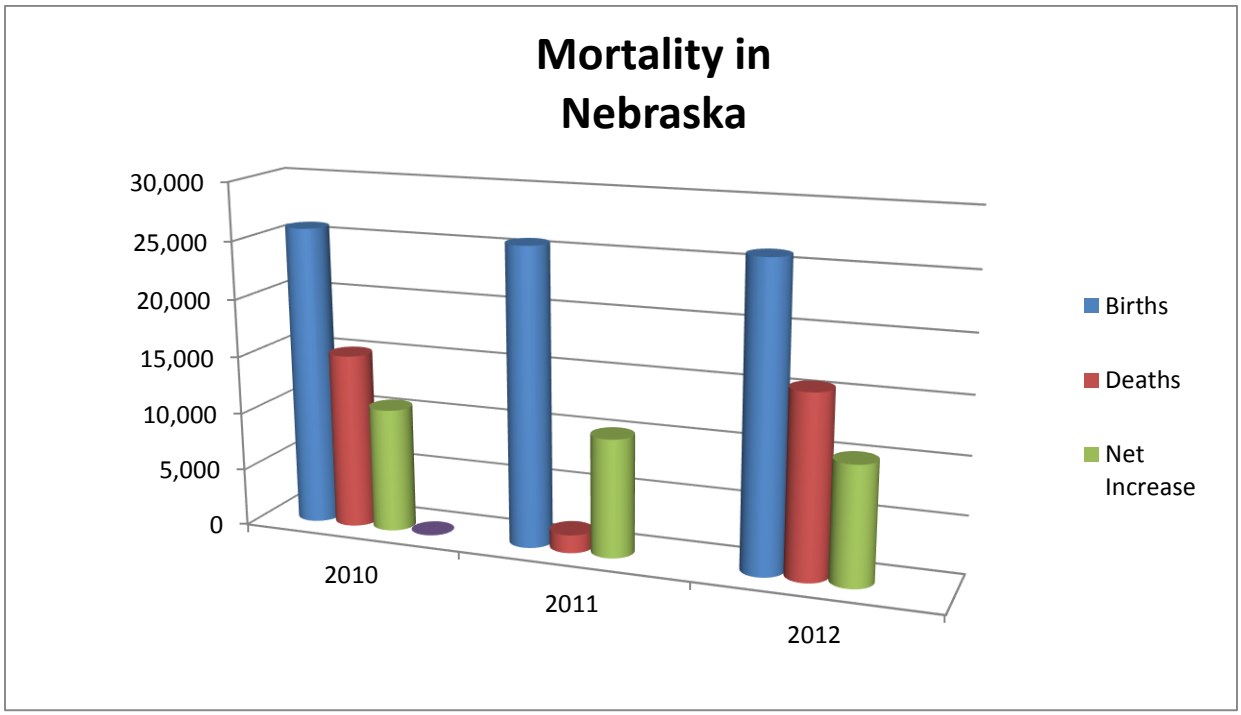
Graph 4: Racial Characteristics



Administration for Community Living/American Community Survey 2012-2013

Minority: Hispanic or Latino origin category represent 8.3 % of the total population and 2.3 % of 65 years and older population. African Americans represent the second highest percent of minority population with 4.3 % of total Nebraska population and 2.2 % of the 65 years and older population.

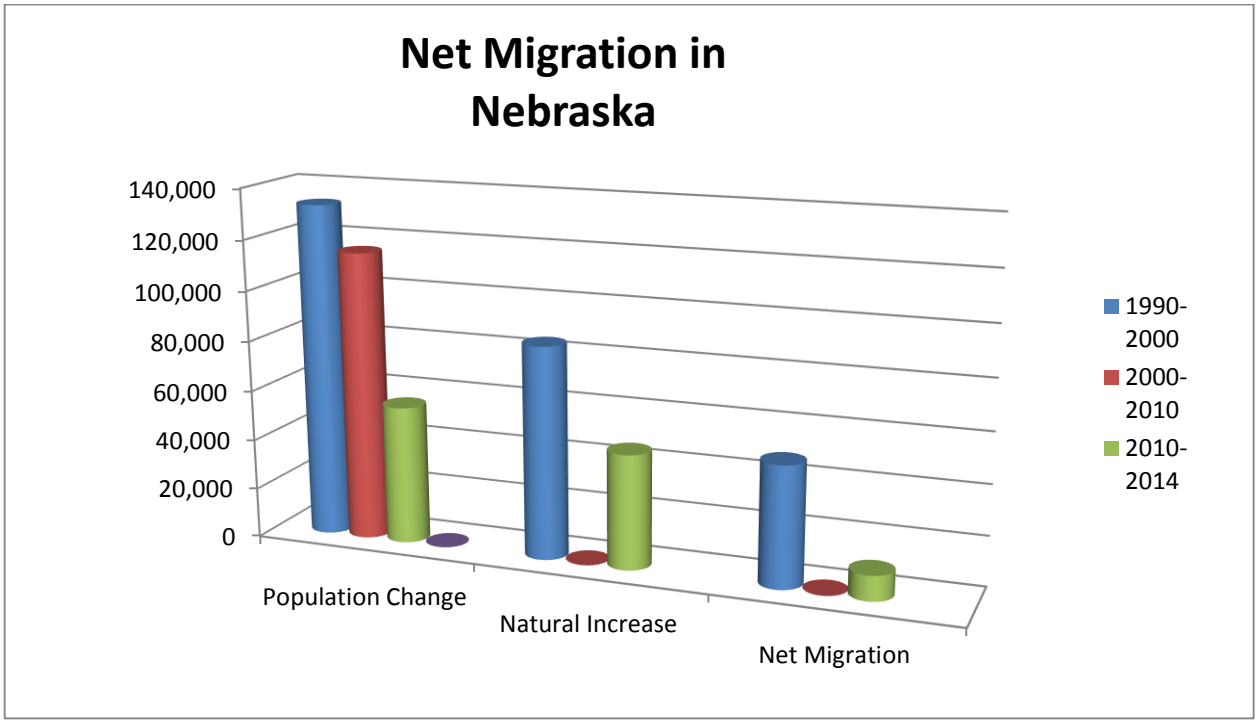
Graph 5: Mortality



Nebraska Department of Health & Human Services, Regulation & Licensure, Nebraska 2013 Vital Statistics Report

Deaths: The number of deaths in Nebraska declined slightly in 2009. Fifty-two counties had more births than deaths and forty-one had more deaths than birth.

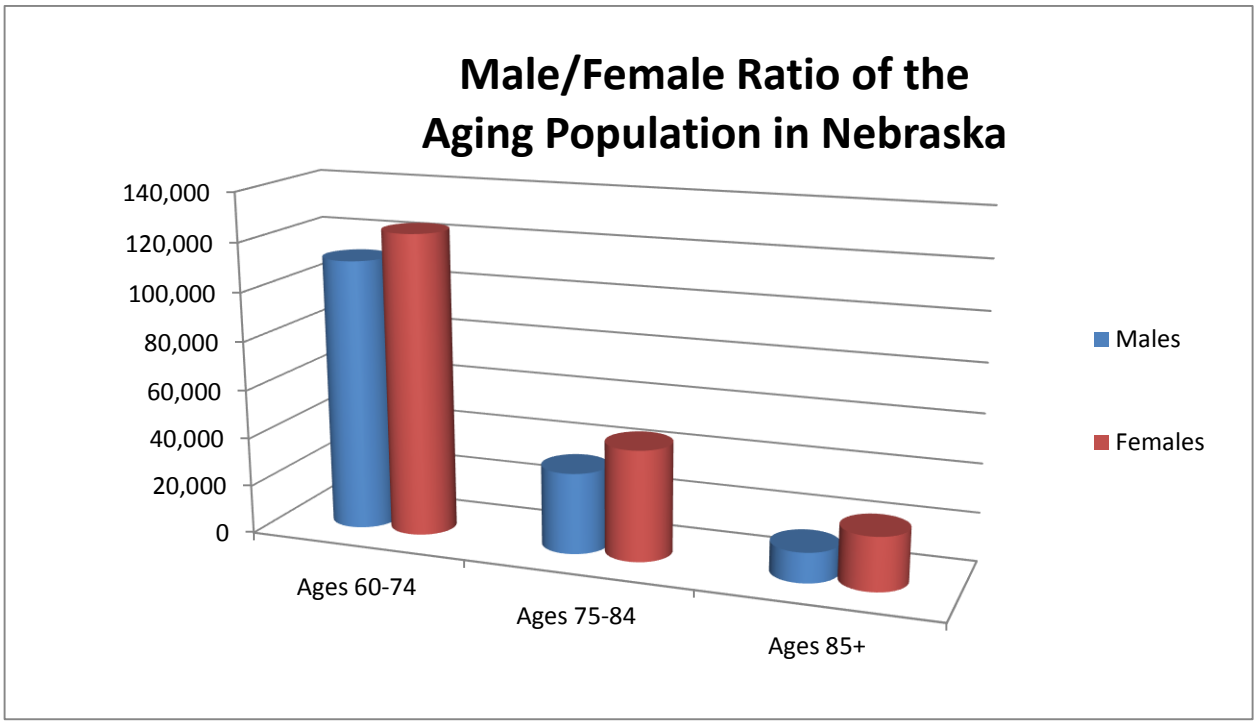
Graph 6: Net Migration



U. S. Bureau of the Census, Census of Population, 1990, 2000, & 2010

Net Migration: Nebraska lost 9,156 persons since 2000 for a decade rate of 0.6 %. Nebraska's immigrant population increases by about 3,300 per year. Domestic outmigration has increased by 2,300 in each of the last two years for which data is available (2008 & 2009). Only 8 counties had net in-migration from 2000 – 2009 (Johnson, Sarpy, Lancaster, Washington and Buffalo were above 2.0 %).

Graph 7: Male/Female Ratio



Administration for Community Living/American Community Survey 2012-2013

Ratio of Male to Female: The ratio of male to female for persons 60+ will continue to be more females to males by 2020 and 2030.

Population Growth and Density: The state population is expected to increase 4.5 to 5 % per decade until 2030 (.05 % per year). The Nebraska population age 65+ is projected to increase from 240,000 in 2010 to 400,000 by 2030.
The trend of Nebraska's population becoming concentrated in its most populous counties is expected to continue. Counties with towns of at least 10,000 persons are expected to continue their growth. Together, Douglas, Sarpy and Lancaster Counties account for slightly more than half of the state's population, and this proportion will increase. The state's racial and ethnic diversity will increase, and the growing minority population will tend to be younger.

Future Service Needs: As Nebraska's 65+ and 85+ population increases they will need services and programs such as nutrition, wellness and chronic disease management education, protections against elder abuse including financial exploitation, income support and other senior care programs.

Attachment D.2 Profile of Nebraskans 60+

	2013 Nebraska Population	2013 % of Population 60+	2013 % of Total Population	Change from 2009 to 2013
Total Residents	**1,868,516**		**100.0%**	**71,897**
Persons 60+	**371,131**	**100.0%**	**19.9%**	**41,678**
Age				
Under 60	1,497,385		80.1%	30,219
60-74	246,086	66.3%	13.2%	38,458
75-84	83,590	22.5%	4.5%	1,309
85+	41,455	11.2%	2.2%	1,911
Gender 60+				0
Male	168,815	45.5%	9.0%	22,865
Female	202,316	54.5%	10.8%	18,813
Number of Women/100 Men	120			
Ethnicity 60+ Total	**24,011**	**6.5%**	**1.3%**	**3,725**
Black/ African American	9,237	2.5%	0.5%	1,660
Hispanic	9,835	2.7%	0.5%	2,587
Asian and Pacific Islander	3,690	1.0%	0.2%	1,054
American Indian or Alaskan Native	1,580	0.4%	0.1%	262
Residence 60+				
Persons Living in Nursing Homes and Other Institutions	12,868	3.5%	0.7%	-2,228
Persons Living Alone	210,733	56.8%	11.3%	73,420
Persons Living With Own Grandchildren (Under Age 18)	25,330	6.8%	1.4%	18,082
Persons Responsible for Own Grandchildren (Under Age 18)	11,199	3.0%	0.6%	8,563
Persons Living in Rural Areas	121,034	32.6%	6.5%	9,151
Employment 60+				
Employed	116,298	31.3%	6.2%	16,803
Unemployed	3,900	1.1%	0.2%	935
Civilian Labor Force	120,198	32.4%	6.4%	111,303
Poverty 60+				
Persons Below Poverty Level	25,136	6.8%	1.3%	578
Minority Persons Below Poverty Level	2,680	0.7%	0.1%	-739
Disability 60+				
Persons (Non-Institutionalized) with Mobility Limitations	59,054	15.9%	3.2%	-1,335

Attachment D.3 Profile of Nebraskans Served Through Title III Programs FFY 2014

	SPR FFY 2014 Number of Unduplicated Clients	SPR FFY 2014 % of Unduplicated Clients Served	2013 Population 60+	2013 % of 60+ Population Served
Total Clients who received one or more services (Unduplicated)	**28,227**			
The number of clients and calculated percentages below represent only those registered clients who reported the applicable demographic data.				
Age Total			371,131	
60-74	9,538	34%	246,086	4%
75-84	10,494	37%	83,590	13%
85+	7,638	27%	41,455	18%
Total Number of Minority Persons	**28,719**		**24,011**	**5%**
White (Alone) - Non-Hispanic	26,155	93%		
White (Alone) - Hispanic	167	1%		
American Indian or Alaskan Native (Alone)	189	1%	1,580	12%
Asian (Alone)	293	1%		
Asian and Pacific Islanders (Alone)			3,690	
Hispanic	442		9,835	4%
Black/ African American (Alone)	566	2%	9,237	6%
Native Hawaiian or Other Pacific Islander (Alone)	19	0%		
Persons Reporting Some Other Race	274	1%		
Persons Reporting 2 or More Races	10	0%		
Race Missing	604	2%		
Below the Poverty Level	**5,579**	**20%**	**29,238**	**19%**
Living Alone	**13,314**	**47%**		
Living in Rural Areas	**22,419**	**79%**	**121,034**	**19%**
Mobility Limitations	**12,875**		**59,054**	**22%**

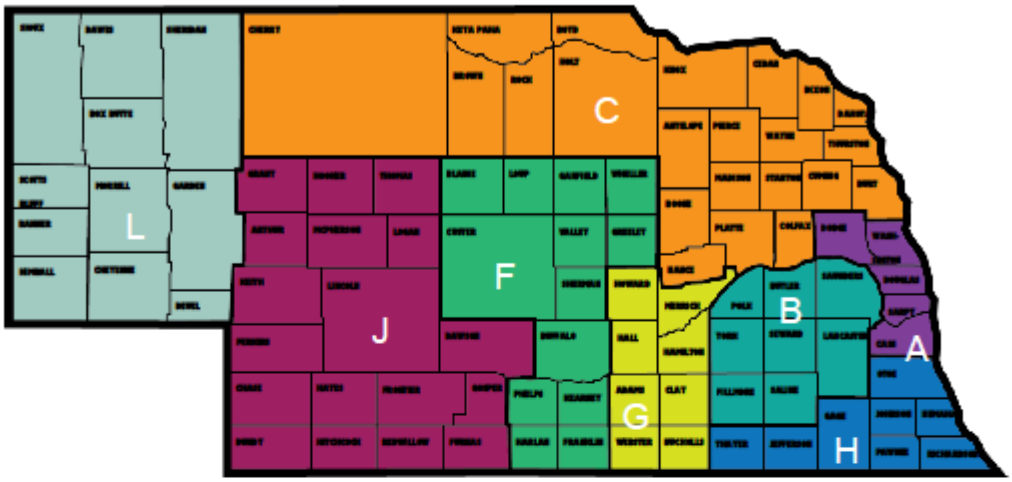
	SPR FFY 2014 Number of Unduplicated Clients	SPR FFY 2014 % of Unduplicated Clients Served	2013 Population 60+	2013 % of 60+ Population Served
Total number of clients with Impairment in Activities of Daily Living (ADL)	**12,875**			
One ADL	2,708	10%		
Two ADLs	2,210	8%		
Three ADLs	2,150	8%		
No Assistance Needed	3,547	13%		
Nutrition Risk Assessment Total	**28,942**			
Good (0-2)	13,717	47%		
Moderate (3-5)	8,903	31%		
High (6+)	6,322	22%		

Attachment D.4 Nebraska Title III Individual Service Usage FFY 2014

	Individual FFY 2014 from 2014 SPR	
Service	**Client Count**	**Total Units**
Access Assistance – IIIE	5,334	21,424.00
Adult Day Care/Health	0	0.00
Assisted Transportation	584	25,788.00
Caregivers	995	
Care Management	5,411	57,142.00
Chore	1,311	15,414.00
Cluster 1 & Cluster 2	28,277	
Cluster 1	12,875	
Congregate Meals	19,128	1,054,213.00
Counseling – IIIE	122	1,443.00
Durable Medical Equipment	197	624.00
Emergency Response System	1,100	9,915.00
Financial Counseling	4,044	5,767.00
Health Clinic	3,273	25,011.00
Health Education	3,467	51,700.00
Health Promotion/Disease Prevention	10,624	
Home Delivered Meals	7,428	812,093.00
Homemaker	1,470	62,373.00
Information & Assistance		474,398.00
Information & Assistance – IIIE	108,550	1,281.00
Legal Assistance		7,863.00
Nutrition Counseling	979	1,359.00
Nutrition Education		26,301.00
Outreach		44,953.00
Personal Care	171	8,755.00
Respite Care – IIIE	253	17,812.00
Self-Directed Care	360	
Self-Directed Care -- IIIE	285	
Supplemental Service – IIIE	462	8,379.00
Supportive Services	13,408	136,646.00
Transportation		175,107.00
Volunteer Placements	246	41,349.00

Attachment D.5 State/Area Agency Designation

Nebraska Area Agencies on Aging



A. Eastern Nebr. Office on Aging
Dennis Loose, Director
4223 Center Street
Omaha, NE 68105
(402) 444-6444, (888) 554-2711
Fax (402) 444-6503
www.enoa.org

B. Lincoln Area Agency on Aging
dba Aging Partners
June Pederson, Director
1005"O"Street
Lincoln, NE 68508
(800) 247-0938, (LIFE) 441-7070
Fax (402) 441-6524
www.aging.lincoln.ne.gov

C. Northeast Nebr. Area Agency on Aging
Connie Cooper, Director
119 W Norfolk Ave.
Norfolk, NE 68701
(402) 370-3454, (800) 672-8368
Fax (402) 370-3279
www.nenaaa.com

F. South Central Nebr. Area Agency on Aging
Rod Horsley, Director
620 E. 25th Street, Suite 12
Kearney, NE 68847
(308) 234-1851, (800) 658-4320
Fax (308) 234-1853
www.agingkearney.org

G. Midland Area Agency on Aging
Sandi Stevens, Director
2727 West 2nd Street, Suite 440
Hastings, NE 68901
(402) 463-4565, (800) 955-9714
Fax (402) 463-1069
www.midlandareaagencyonaging.org

H. Blue Rivers Area Agency on Aging
Julie Hippen, Director
1901 Court Street
Beatrice, NE 68310-2946
(402) 223-1376, (888) 317-9417
Fax (402) 228-3546
www.braaa.org

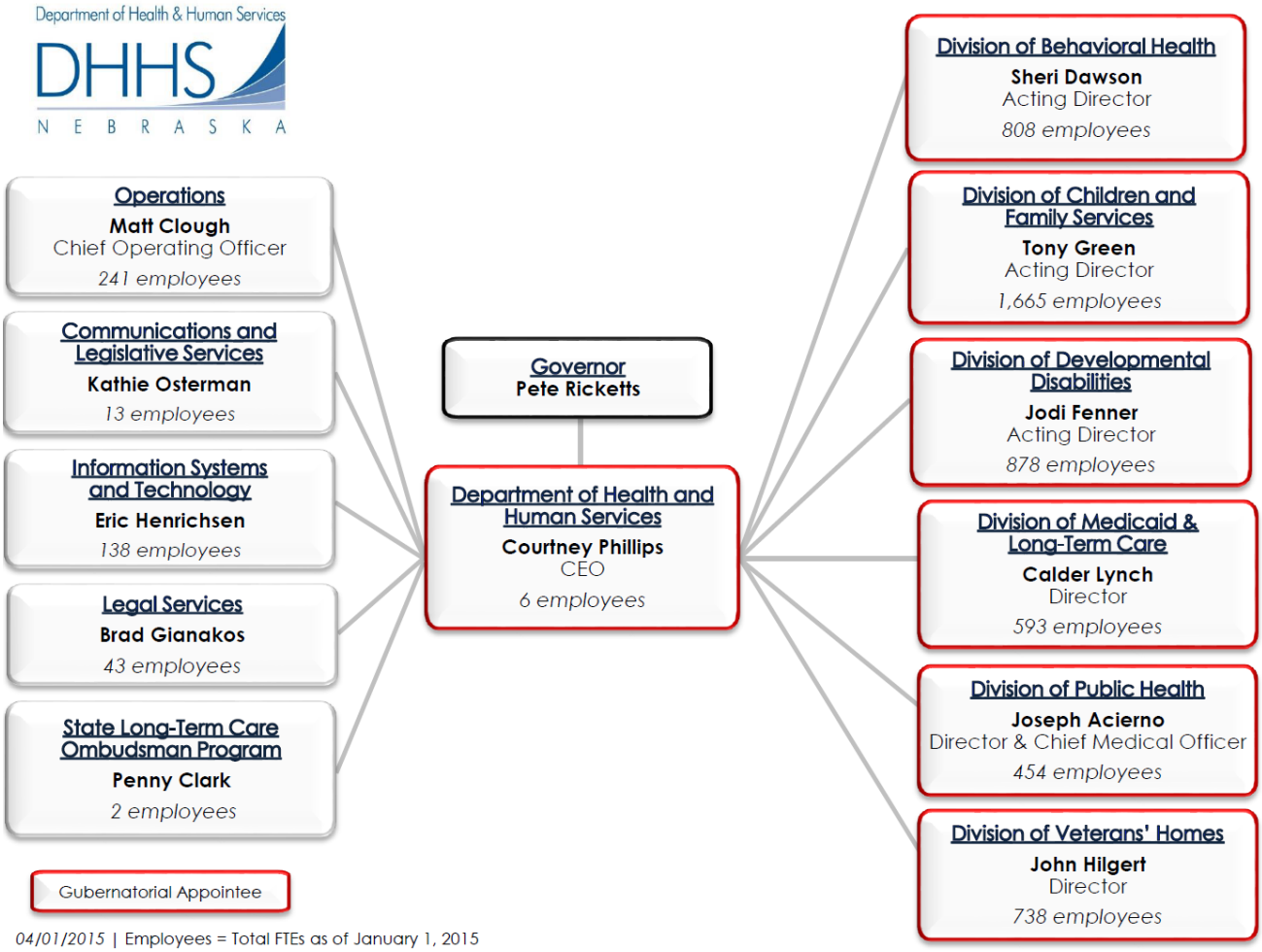
J. West Central Nebr. Area Agency on Aging
Linda Foreman, Director
115 N. Vine
North Platte, NE 69101-3902
(308) 535-8195, (800) 662-2961
Fax (308) 535-8190
www.wcnaaa.org

L. Aging Office of Western Nebr.
Cheryl Brunz, Director
Bluffs Business Center
1517 Broadway, Suite 122
Scottsbluff, NE 69361-3184
(308) 635-0851, (800) 682-5140
Fax (308) 635-2321
www.aown.org

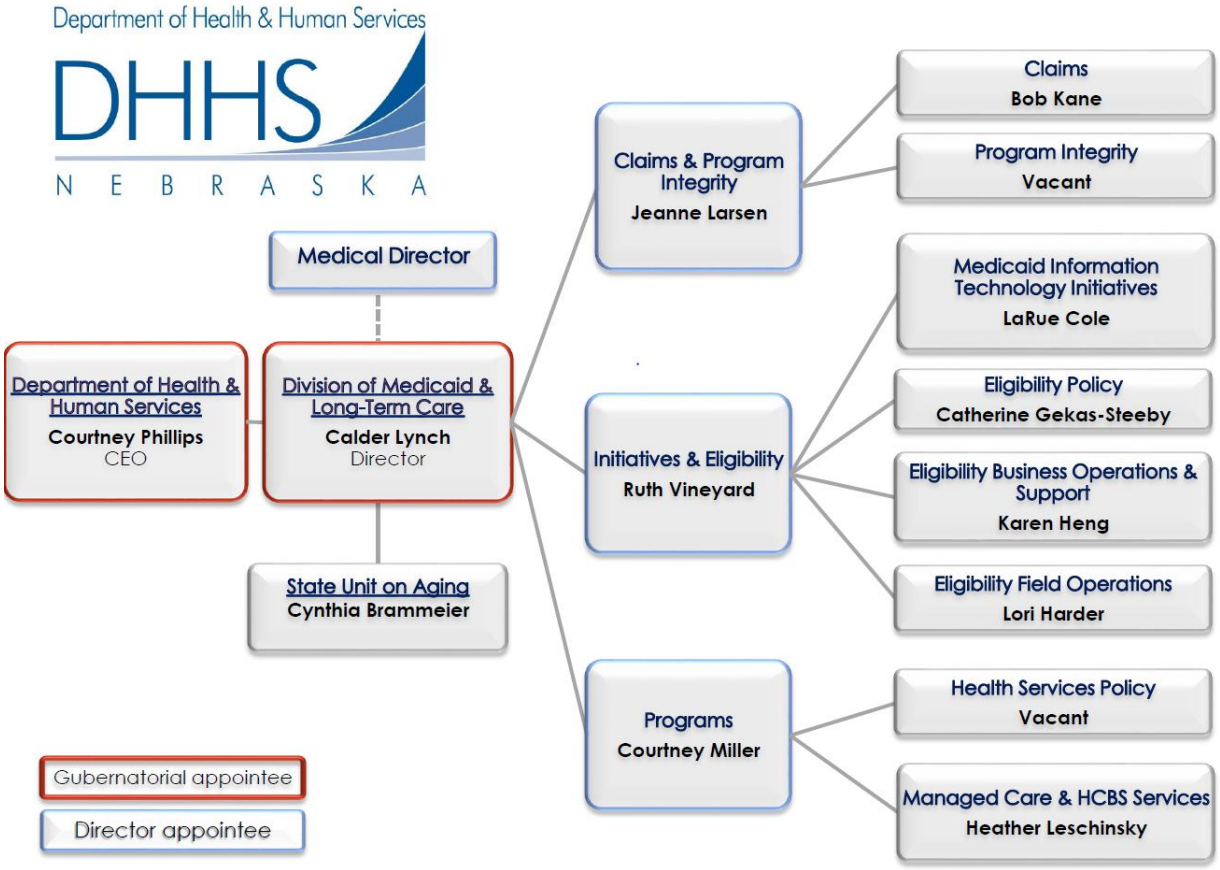
Revised 2/18/15

Attachment D.6: Department of Health & Human Services Organization Charts

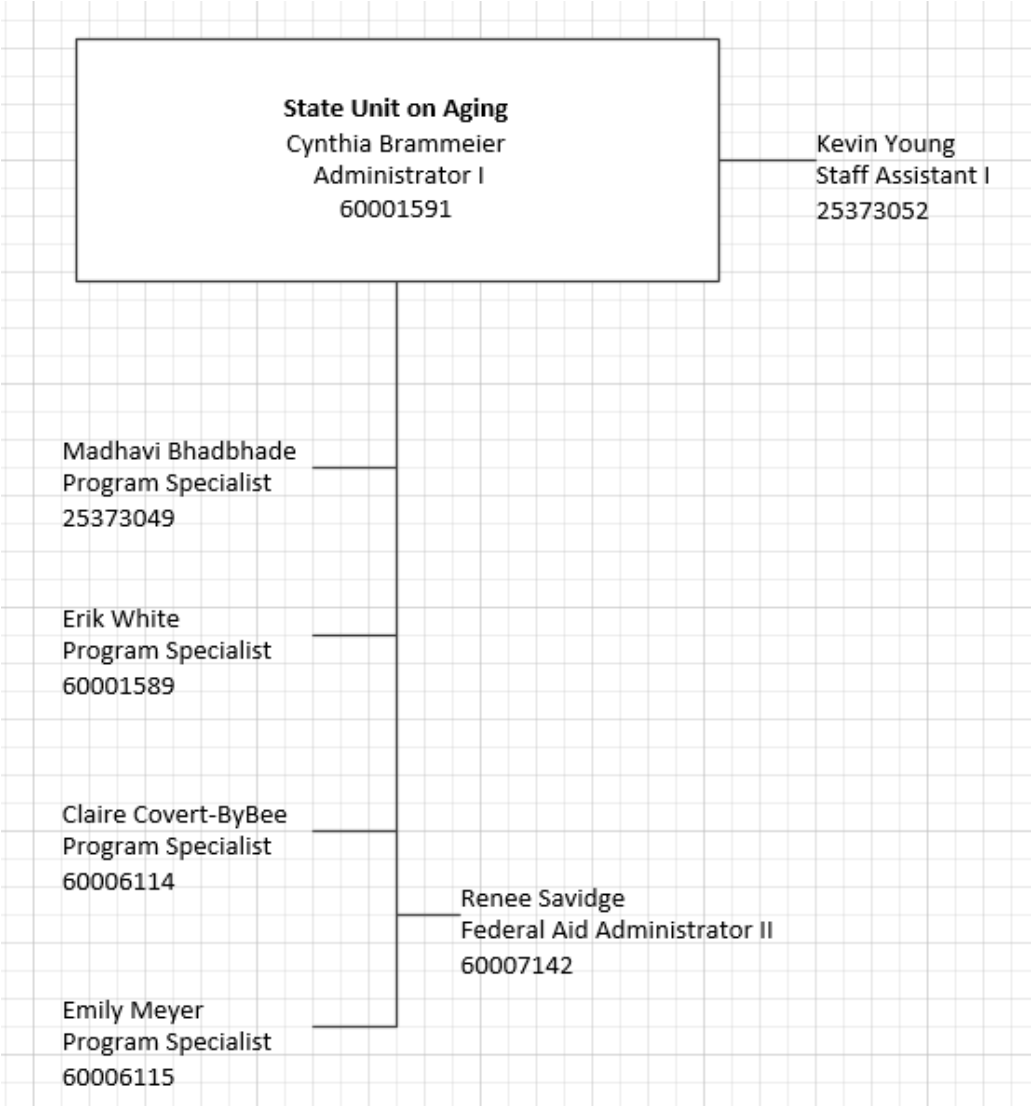
Nebraska Department of Health and Human Services Organization Chart



Division of Medicaid and Long-Term Care Organization Chart



State Unit on Aging Organization Chart



Attachment D.7 Nebraska Governor's Advisory Committee on Aging

Department of Health & Human Services
Division of Medicaid & Long-Term Care
State Unit on Aging
Advisory Committee

Member/Address	Telephone/Email	Term Expires
At Large		
Christine Sueverkruepp 2910 Drawbridge Court Lincoln, NE 68512	(402) 326-6780 christy@guardian-angels.us	March 2016
Jacqueline Kuxhausen 1105 19th, Box 475 Gothenburg, NE 69138	(308) 537-2402 jackie.k1942@hotmail.com	March 2016
Colleen Andrews 610 North 54th Street Lincoln, NE 68504	(402) 890-6533 cf_andrews@yahoo.com	March 2018
Doyle Howitt 1407 West 38th Kearney, NE 68845	(308) 236-5172 howittd@unk.edu	March 2016
Planning & Service Area A Eastern Nebraska Office on Aging		
Michael J. Millea 16630 Martha Cir Omaha, NE 68130	(402)-517-8741 (402)-334-2439 (H) michaelmillea@cox.net	March 2018
Planning & Service Area B Lincoln Area Agency on Aging		
Kathy Stokebrand 202 N. Orange Street DeWitt, NE 68341	(402) 683-5625 (H) (402) 239-6176 (C) hs51701@windstream.net	March 2018

Planning & Service Area C
Northeast Nebraska Area Agency on Aging

Rod Hughes 2514 Westside Avenue Norfolk, NE 68701	(402) 640-7912/640-7914 cathy.schneider@dhhs.ne.gov	March 2018

Planning & Service Area F
South Central Nebraska Area Agency on Aging

Rodale Emken 1916 Tilden Drive Holdrege, NE 68949	(308) 995-6332 (H) (308) 991-6536 (C) rremken@msn.com	March 2016

Planning & Service Area G
Midland Area Agency on Aging

Clare Schmidt 2605 South Stuhr Road Grand Island, NE 68801	(308) 383-0547 (H) clarlene@kdsi.net	March 2018

Planning & Service Area H
Blue Rivers Area Agency on Aging

Planning & Service Area J
West Central Nebraska Area Agency on Aging

Kenneth Niedan P.O. Box 459 Hershey, NE 69143	(308) 368-5614 (308) 368-5555 (W) kniedan@hersheystatebank.com	March 2018

Planning & Service Area L
Aging Office of Western Nebraska

Charlotte Anne Dorwart 1754 Dorwart Drive Sidney, NE 69162	(308)- 254-4002 (H) (308)-254-2114 (W) cadorwart@hotmail.com	March 2016

Attachment D.8 Role of the State Unit on Aging in Long-Term Care and Aging Services Coordination

The Money Follows the Person Re-balancing Demonstration Grant helps states rebalance their Medicaid long-term care systems. Beginning in 2007, Nebraska's Department of Health and Human Services (DHHS) received its initial Federal grant award for Nebraska's Money Follows the Person program (MFP). The MFP program is housed within the Division of Medicaid and Long-term Care, Long-term Services and Supports Unit. The program receives referrals from many different sources including but not limited to social workers, local contact agencies, community partners, friends, family members and the individual themselves. A great deal of outreach for the MFP program is provided by the Long-term Care Ombudsmen. Ombudsmen are a staple in LTC facilities and provide education and outreach to residents about the opportunity to explore independent living options outside of a nursing facility. Once identified, individuals are met with by a MFP Staff or a Transition Planning and Support provider through the MFP program which can identify barriers to transition with the individual and their family/support network. Transition Planning and Support providers build a comprehensive plan for transition and meet face to face with the individual to assist them during their transition to independent living.

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

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

interdisciplinary team (IDT). PACE provider organizations assume financial risk for the full range of preventive, primary, acute, and long-term care services.

State Unit on Aging Involvement: State Unit on Aging representative worked with the initial PACE review team within the Division of Medicaid and Long-Term Care. Currently, the Division of Medicaid and Long-Term Care is coordinating with Immanuel Health Systems in submitting a PACE application for CMS approval.

ACCESSNebraska***:*** This project was a major shift in the application and eligibility determination process for Nebraska's Department of Health and Human Services' economic assistance programs. ACCESSNebraska moved the application from a face-to-face process between client and caseworker to an on-line application, with follow-up information submitted by mail and assistance available through phone calls to 1 of 4 Regional Call Centers. Concerns within Nebraska's Aging Network at the time, focused on the potential impact upon older persons who had limited access to web-based systems. Because this initiative demonstrated a core component of a fully functional ADRC Network, ACCESSNebraska was tied to Nebraska's ADRC. In 2013, ACCESSNebraska was separated between Medicaid Eligibility and Economic Assistance programs. The Division of Medicaid and Long-Term Care took over two of the four call centers. The ADRC interacts with both.

State Unit on Aging Involvement: Representatives from the State Unit on Aging assess the impact upon older persons through discussions with local senior centers and Area Agencies on Aging. These observations are shared by State Unit on Aging Representatives with ACCESSNebraska's Community Partner Work Group.

Social Services Block Grant (Title XX): This program provides a wide variety of support services across the Lifespan. The Division of Medicaid and Long-Term Care administers the program for adults (19 and older) who are aged or disabled. Support services available include case management, congregate meals, adult day care, transportation, home-delivered meals, homemaker for adults, special services disabled and home-based services.

State Unit on Aging Involvement: The Aging Network has historically relied on this program as a significant source of support services for a physically and economically at-risk older population. Starting in July 1, 2010, program adjustments regarding meals served were made. Total Congregate and Home Delivered Meals for FY 2014 equaled 1,525,118 meals as compared to 1,862,176 meals served in 2010. The impact of these shifts has yet to be determined.

Aged and Disabled HCBS Waiver: This Waiver provides home and community-based services to support Medicaid-eligible persons of all ages – aged persons, younger adults, and children with physical disabilities --whose care needs meet nursing home level of care requirements and who have assessed service needs. Some of the services funded

by Medicaid through this program are adult day health care, assisted living, assistive technology and home modifications, chore, home-delivered meals, and respite. Approximately 61% of persons served through this program are age 65 or older. The program currently funds services for approximately 4,750 persons in any given a month with a maximum of 7,000 unduplicated persons (approved slots) for the waiver year August 1, 2014- July 31, 2015. This waiver program is administered by the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care. All Nebraska Area Agencies on Aging contract with Medicaid and Long-Term Care to provide services coordination for persons age 65 and older who meet Waiver eligibility requirements.

State Unit on Aging Involvement: A close working relationship exists between the State Unit on Aging and the Division of Medicaid and Long Term Care.

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

State Unit on Aging Involvement: A close working relationship exists between the State Unit on Aging and the Division of Medicaid and Long Term Care.

Disabled Persons and Family Support (DPSF): This program provides state funding for services for individuals with disabilities to help them continue to live independently or to assist families to support a disabled member at home. Types of supported services range from personal care, home health care, housekeeping and transportation to special equipment and home. This program was moved to the Division of Children and Family Services in 2013.

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

Senior Care Options***:*** The Division of Medicaid and Long-Term Care administers a pre-admission assessment program to assure that persons seeking Medicaid funding in a nursing facility meet level of care eligibility requirements. Pre-admission screenings for persons 65 and older, a program known as Senior Care Options, are completed by Nebraska's Area Agencies on Aging. Screening counselors also provide individuals and their families with information on possible alternatives to nursing facility services,

including referral to the Aged and Disabled Waiver if eligibility is met or to Area Agency on Aging and other community options if eligibility is not met.

State Unit on Aging Involvement: A close working relationship exists between the State Unit on Aging and the Division of Medicaid and Long Term Care.

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

State Unit on Aging Involvement: Nebraska's Aging Network has been actively involved with the Lifespan Respite Network since its inception. The Lifespan Respite Service and AoA's Caregiver Support Program are natural partners. The State Unit on Aging successfully pursued an AOA Lifespan Respite Grant. This grant will significantly improve the data systems of the Lifespan Respite Program and more closely align this program with the Nebraska ADRC.

Information and Referral of Nebraska (IRNe) is a collaborative group of organizations from across the state working to ensure that individuals have an easy means to search the entire state for health and human service organizations and programs serving their area and find the help they need. The contact information is updated on an ongoing basis with the assistance of project partners. Currently, Omaha, Lincoln and the Panhandle have active partners.

State Unit on Aging Involvement: State Unit on Aging and primarily Area Agency on Aging Representatives review local human service contact information periodically for its adequacy and correctness.

Nebraska AARP***:*** As a social welfare organization, the Nebraska AARP is a leading force in the Aging Network. The NE AARP is a nonpartisan organization that works on issues that affect the lives of Nebraska's seniors including adequate and affordable health care, fostering livable communities, and advocating for the rights of residents in long-term care facilities. The State Unit on Aging continues to have a strong partnership with the Nebraska AARP and works with them on many levels.

State Unit on Aging Involvement: The State Unit on Aging participates in the AARP's Legislative Coalition and provides information to the group as it seeks to promote legislative bills in Nebraska's Unicameral that affect Nebraska seniors. The State Long-Term Care Ombudsman and Legal Services Developer participate in these meetings on a regular basis. State Unit on Aging, AARP and University of Nebraska Omaha's Gerontology Program developed the original proposal for the National Center for Senior

Transportation. The result is the Nebraska Public Transportation Coalition whose leadership was shared by the State Unit on Aging and AARP staff. AARP requested and received a grant from National AARP to support Coalition initiatives. This funding has covered staffing support for the Coalition through Easter Seals. Another goal is to establish Mobility Managers in two rural regions (Omaha and Lincoln have this support).

Advancing Excellence Campaign***:*** The campaign is a coordinated effort to improve the care provided to nursing home residents. Each state is mandated by CMS to develop a Local Area Network for Excellence (LANE) with membership from provider organizations and associations related to Long Term Care across the state as well as state agencies. The Nebraska Local Area Network for Excellence (LANE) was formed in October 2006 and meets at least quarterly to develop initiatives to assist facilities to improve the quality of care provided in facilities across the state.

State Unit on Aging Involvement: The Nebraska State Long-Term Care Ombudsman has been an active participant in the campaign since its inception. The ombudsman works collaboratively with the other stakeholders in assisting nursing home in reaching their goals. Providing in-service trainings and creating and distributing educational DVD materials are two suspected explanations for Nebraska's higher than average nursing home participation rate.

Long-Term Care Provider Group: This group meets quarterly and is a forum for the sharing of information related to survey and licensure to providers and others interested in the provision of care in Long Term Care (LTC) Facilities. It is also a forum for providers to provide feedback to the survey agency regarding issues and standards within the LTC community. It is similar to the statutorily required Nursing Home Advisory Board, but is open to all interested parties, whereas the Nursing Home Advisory Board is limited to membership appointed by the governor.

State Unit on Aging Involvement: The State Long-Term Care Ombudsman regularly attends this informational group. Nebraska complaint statistics, Survey and Certification Memorandums and information on the top ten tags detected in Nebraska facility surveys from the previous quarter are helpful. This information is shared with local and regional ombudsmen at the quarterly Ombudsman Meetings and is instrumental in preparing the ombudsmen as they enter facilities.

Culture Change Coalition: This group is an association of providers whose mission is to provide education and resources to facility staff that will assist them in transforming their culture of care from institutional to resident-centered and promote resident choice and well-being.

State Unit on Aging Involvement: The State Long-Term Ombudsman attends these meetings on a regular basis and engages in dialog with the group, responds to questions regarding residents' rights and promotes the residents' perspective. Information

provided to the ombudsman is reported at the Ombudsman quarterly meetings to benefit all ombudsmen who were unable to attend.

Nebraska Supreme Court Commission on Guardianships & Conservatorships: The Commission was formed to engage in continuing analysis and study of statutes, court rules, and court procedures relating to guardianships and conservatorships; to examine the challenges these laws and procedures pose for court staff, the judiciary, the practicing bar, vulnerable adults and children and their legal guardians and conservators, and other professionals and service providers working with protected persons and wards; to propose solutions or improvements both within and without the judicial branch in response to such challenges; and to support the implementation of the recommendations of the Commission which the Nebraska Supreme Court approves.

State Unit on Aging Involvement: The State Long-Term Care Ombudsman is a member of this commission. The State Unit on Aging Administrator has attended workgroup meetings.

Protection of Vulnerable Adults (Subcommittee of Nebraska Supreme Court Commission on Guardianships & Conservatorships): The role of the subcommittee is to discuss issues of Elder Abuse and strategies to protect vulnerable adults and to make recommendations to the Executive Committee and present information at the full Commission meetings.

State Unit on Aging Involvement: The State Long-Term Care Ombudsman participates in this subcommittee.

Attachment D.9 Public Hearing

A public hearing on the State Unit on Aging's State Plan took place on June 25, 2015. Staff was in attendance and no public attended the hearing. A public notice of the hearing, and the plan were posted on the State Unit on Aging website.

Public Notice

Nebraska Department of Health and Human Services,

Medicaid and Long-Term Care Division,

State Unit on Aging

Four-year State Plan for Aging Services Public Hearing

NOTICE IS hereby given that the State Unit on Aging will hold a hearing on the proposed four year state plan for aging services on **June 25, 2015, commencing at 1:30 p.m. until 3:00 p.m., at 301 Centennial Mall South, Lincoln, Nebraska 68509, in Lower Level Conference Room A.** THE PURPOSE of the hearing is to take testimony and evidence concerning the proposed state plan for aging services. The plan will be effective from October 1, 2015 to September 30, 2019. COPIES OF THE PROPOSED STATE PLAN ARE AVAILABLE FOR PUBLIC EXAMINATION on the State Unit of Aging website at: http://dhhs.ne.gov/medicaid/Aging/Pages/AgingHome.aspx . All interested people are invited to attend and testify at the hearing. Interested persons may also submit written comments prior to the hearing, which will be made part of the hearing record at the time of the hearing.

Cynthia Brammeier, Administrator, State Unit on Aging.

Attachment D.10 Definitions, Acronyms and Abbreviations Used in the Nebraska Aging Network

AAA: Area Agency on Aging.
AARP: American Association of Retired Persons.
Access Services: Services associated with access to services such as information and assistance, transportation, outreach, and case management.
Activities: Actions taken in support of an outcome.
Activities of Daily Living: (ADL's): Basic activities essential to living independently, such as eating, walking, the ability to transfer oneself from one place to another, bathing, and toileting.
Administration on Aging (AoA): The principal federal agency responsible for programs authorized under the Older Americans Act of 1965.
Adult Protective Services: The Nebraska Adult Protective Services Act was enacted to help remedy abusive situations. The Adult Protective Services (APS) Program of the Nebraska Department of Health & Human Services enforces the Act.
Advocacy/Representation: Representing and actively promoting the interests of another.
Aged and Disabled Medicaid Waiver: See **Waiver, Aged and Disabled**.
Aging Network: A highly complex and differentiated system of federal, state, and local agencies, organizations, and institutions responsible for serving and representing the needs of older persons.
Area Agency on Aging (AAA): Public or private agencies responsible for developing and administering a comprehensive and coordinated system of services to meet the needs of older people in a specific geographic area. Nebraska has eight (8) Area Agencies on Aging created by interlocal agreements:

- Aging Office of Western Nebraska (AOWN), located in Scottsbluff
- Blue Rivers Area Agency on Aging (BRAAA), located in Beatrice
- Eastern Nebraska Office on Aging (ENOA), located in Omaha
- Lincoln Area Agency on Aging (LAAA), located in Lincoln
- Midland Area Agency on Aging (MAAA), located in Hastings
- Northeast Nebraska Area Agency on Aging (NENAAA), located in Norfolk
- South Central Nebraska Area Agency on Aging (SCNAAA), located in Kearney
- West Central Nebraska Area Agency on Aging (WCNAAA), located in North Platte

Assistive Technology: A program operated through the Nebraska Department of Education that provides technology and home modification information and services.
Benefits Counseling: Program which provides information and counseling to older Nebraskans regarding Medicare, Medicaid, and health insurance. Provided in Nebraska by the Department of Insurance through its Nebraska Insurance Counseling & Assistance (NICA) program.
Centers for Medicare & Medicaid Services: (CMS): Formerly known as the Health Care Financing Administration (HCFA). It is the federal agency that provides health care funding and regulates the provision of health care. Also administers the Medicare program and is the primary federal agency administering Medicaid programs.

CHOICES (Choosing Home or In Community Elder Services): A combination of three programs (Aged and Disabled Waiver, Care Management, and Senior Care Options) which work together to assure that older Nebraskans receive the right services at the right time through case management, assessment, and planning.
Community Aging Services Act (CASA): Nebraska statutes passed on July 17, 1982 which created the Nebraska Department on Aging, which is now the Nebraska State Unit on Aging.
CONNECT (Coordinating Options in Nebraska's Network Through Effective Communications and Technology): An automated client tracking system used by a number of HHSS programs, including the Aged and Disabled Waiver. Senior Care Options will also eventually use CONNECT.
DRI: Dietary Reference Intake (as established by the Food & Nutrition Board of the Institute of Medicine, National Academy of Sciences), includes daily nutrient recommendations for healthy Americans based on age and gender.
Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. Usually housed in a senior center.
FY: Fiscal Year. The state fiscal year begins July 1; the federal fiscal year begins October 1. Most other governmental units, such as cities and counties, also have their own FYs.
Greatest Economic Need: Those elderly participants whose needs are the result of income levels at or below the poverty threshold established by the U.S. Bureau of the Census.
Greatest Social Need: Those elderly participants whose needs are associated with non-economic factors, including physical and mental disabilities, language barriers, cultural or social isolation caused by racial or ethnic status, which restrict an individual's ability to perform normal tasks or threaten one's capacity to live independently.
Food Insecurity: Limited or uncertain access to nutritious, safe foods necessary to lead a healthy lifestyle.
HHS: The U.S. Department of Health and Human Services.
DHHS: Nebraska Department of Health and Human Services.
HUD: U.S. Department of Housing and Urban Development.
In Home Services: Services designed to assist older persons to be able to stay in their own homes. These services include such things as handyman, chore, personal care, and homemaker.
Instrumental Activities of Daily Living (IADL's): Tasks requiring the completing of a series of actions in sequence, such as using the telephone, shopping for groceries, preparing meals, doing housework, managing medications, and managing money.
Interlocal Agreements: Agreements authorized by state statute which permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other local governmental units on a basis of mutual advantage to provide services.
Intrastate Funding Formula: A legally required, state-determined algorithm which governs the distribution of Older Americans Act funds to Area Agencies on Aging in the State of Nebraska. The algorithm helps to insure that funds are distributed equitably and are targeted to areas and groups in greatest need.
Legal Assistance: Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Long-Term Care: The range of formal and informal services provided to individuals who have lost or are otherwise lacking some capacity for self-sufficiency and who are expected to need on-going support for an extended period of time.
Long-Term Care Ombudsman Program: A program operated by the Nebraska State Unit on Aging to represent the needs and interest of present and potential long-term care facility residents.
Medicare: A federal health insurance for people 65 or older, people with permanent kidney failure, and certain disabled people under 65. It is administered by the Centers for Medicare & Medicaid Services (CMS, formerly known as HCFA) of the U.S. Department of Health and Human Services (HHS). The Social Security Administration, also a part of HHS, provides information about the program and handles enrollment.
Medicaid: A medical assistance program for low-income persons. It was established by Title XIX of the Social Security Act of 1965 and is often referred to as "Title XIX." It is a joint Federal—State program that reimburses providers for covered services to eligible persons. HHS and CMS administer it.
N4A: National Association of Area Agencies on Aging.
NASC: The Nebraska Association of Senior Centers.
NASUA: National Association of State Units on Aging.
National Aging Program Information System (NAPIS): A reporting system containing statistical information about services funded by the Older Americans Act and used to prepare quarterly reports submitted to the Administration on Aging by the Nebraska State Unit on Aging.
Nebraska Aging Management Information System (NAMIS): An automated reporting system that collects statistical information about services funded by the Older Americans Act and used to prepare the annual State Program Report (SPR) submitted to the Administration on Aging by the Nebraska State Unit on Aging.
Nebraska Care Management Program: A program operated through the Area Agencies on Aging which assists frail, older individuals to remain in their own home for as long as possible. It provides a client assessment, care plan development, implementation and follow-up.
Senior Health Insurance Information Program (SHIIP): Agency that provides information and counseling to older Nebraskans regarding Medicare, Medicaid, and health insurance.
Needs Assessment: A systematic process of determining which services are necessary in order to maintain individuals in their homes.
Nutrition Services Incentive Program (NSIP): Formerly known as USDA. A federal program which provides funding, cash or cash and commodity allocation to a State Agency on Aging or to a Tribal organization based on the number of meals actually served in the previous year in relationship to the total meals actually served by all States or Tribes in the previous year. Formerly known as USDA.
Older Americans Act (OAA): Federal statute first passed in 1965 which provides older Americans (generally, Americans aged 60 and over) opportunities for full participation in the benefits of our society.
Outcome-Based Planning: A process in which desired results are identified and activities planned to achieve those results.

Outcomes: The results of actions taken by the aging network to improve the well-being of older persons and improve the efficiency or effectiveness of the operation of the aging network.
Outreach: Activity by an agency or organization designed to identify potential clients and encourage their use of existing services and benefits.
Performance Measures: The means to determine whether services are meeting predetermined results. The focus is upon efficiency, quality and effectiveness.
Poverty Level: Household income level defined by the U.S. Bureau of the Census as the threshold for determining poverty as established by the Bureau.
Pre-admission Screening: See **Senior Care Options**.
RDA: Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.
Respite: A program that offers a caregiver (of an older person) time off on a regularly scheduled or by-request basis. This type of care, which is often companionship, can be offered in the older person's home, in the home of the respite worker or in a community or in a community (or Senior Center). It can be paid or unpaid.
Rural: All territory not defined as urban (see **Urban**).
Senior Care Options (SCO): Nebraska's pre-admission screening program for Medicaid-eligible persons aged 65 and older which determines the need for nursing facility care and offers alternative services.
Senior Center: A community facility for the organization and provision of a broad spectrum of services for older persons, including, but not limited to: health, social, meals, educational, and recreational services.
Service Provider: An entity that is awarded a subgrant or contract from an Area Agency on Aging to provide services under the area plan.
Social Service Block Grant: part of the Social Security Act formerly known as Title XX which provides block grant funds to the Nebraska Department of Health and Human Services System (DHHS) to provide services to low-income people. Such services as chore, meals, homemaker, day care, and transportation can be provided by DHHS. Nebraska designs its own mix of services within the state. SSBG funds are utilized in the Medicaid and Long-Term Care and Children & Family Services Divisions. Funds support various programs within these Divisions of Nebraska Department of Health and Human Services.
Medicaid and Long-Term Care administers the services for the elderly and adults with disabilities which include the following: a) Case Management; b) Congregate Meals; c) Adult Day Care; d) Home Delivered Meals; e) Home-Based Services; f) Homemaker for Adults; g) Special Services Disabled; and h) Transportation Services.
SSI: Supplemental Security Income.
State Program Reports (SPR): A report containing statistical information about long-term care ombudsman program services submitted annually to the Administration on Aging by the Nebraska State Unit on Aging.
SUA: The Nebraska State Unit on Aging.
Supplemental Security Income: A federal program operated by the Social Security Administration that provides a small monetary supplement to low-income people.

Target Population: Those most frail and vulnerable individuals aged 60 and older for whom one or more of the following is true:

- reside in rural areas;
- have the greatest economic or social needs;
- are low-income minorities;
- have severe disabilities;
- have limited English-speaking ability; or
- have Alzheimer's disease or a related disorder or are the caregivers of such individuals.

Title III-B (Supportive Services and Senior Centers): A part of the Older American Act of 1965 (as amended) under which Area Agencies on Aging, senior center, or other service provider can provide a variety of services to older people. This title does not include the meal program.

Title III-C1 (Congregate Nutrition Services): A part of the Older Americans Act of 1965 (as amended) under which Area Agencies on Aging, senior centers, or other service providers can serve meals to older persons in a group setting.

Title III-C2 (Home Delivered Nutrition Services): A part of the Older Americans Act under which Area Agencies on Aging, senior centers, or other service providers can serve meals to an older person in their own home.

Title III-D (Disease Prevention and Health Promotion Services): A part of the Older Americans Act under which Area Agencies on Aging, senior centers, or other service providers can provide disease prevention and health promotion services.

Title III-E (National Family Caregiver Support Program): A part of the Older Americans Act under which Area Agencies on Aging, senior centers, or other service providers can provide supportive services to caregivers of older adults.

Title V (Community Service Employment for Older Americans): A part of the Older Americans Act under which Area Agencies on Aging can assist older workers.

Title VII: (Allotments for Vulnerable Elder Rights Protection Activities): A part of the Older Americans Act under which state units on aging and Area Agencies on Aging can provide information and advocacy services for vulnerable older persons. Includes the Long-Term Care Ombudsman, Legal Assistance, Outreach, and Benefits Counseling programs.

Urban: Areas that meet at least one of following sets of criteria:

- A central place and its adjacent densely-populated territories with a combined minimum population of 50,000; or
- A census designated place such as a city or town with 20,000 or more inhabitants.

Volunteer Ombudsman Advocate Program: Volunteer advocates who are certified by the State Unit on Aging as a part of the Long-Term Care Ombudsman Program. Volunteers advocate for the rights of residents in long-term care facilities, investigating concerns related to their quality of life and quality of care. The program is operated through Area Agencies on Aging.

Waiver, Aged and Disabled: A home and community-based Medicaid-funded program for eligible persons of all ages whose care needs match those of people in nursing facilities. The individual works with a services coordinator to develop a safe and cost-effective Plan of Services and Supports which includes one or more waiver services such as adult day health service, assisted living, home care chore, home-delivered meals, home modifications, nutrition counseling, and transportation.

Attachment D.11 Nebraska State Unit on Aging History

1971-1982	The Nebraska *Commission* on Aging was created.
1982-1997	The Nebraska *Department* on Aging existed.
1997	The State *Unit* on Aging was merged into the Department of Health and Human Services in as a division.
2007	The State Unit on Aging was moved into Medicaid & Long-Term Care (MLTC) through LB 296.
2014	The State Long-Term Care Ombudsman was moved out of MLTC and reports directly to the DHHS Chief Executive Officer.
2014	The State Unit on Aging Administrator began reporting directly to the Director of Medicaid and Long-Term Care.

The Area Agencies on Aging were originally formed under the Nebraska Intergovernmental Cooperation Act. The agencies are governed either by a board comprised of local elected county/city officials or their designees or by an instrument of local government. Six of the Area Agencies on Aging are non-profits. The Lincoln Area Agency on Aging, dba Aging Partners, is a City of Lincoln department. The Eastern Nebraska Office on Aging is a department of Eastern Nebraska Health Services Agency.

The organizational structure of the Department of Health and Human Services includes a Chief Executive Officer appointed by the Governor and confirmed by a majority vote of the members of the Legislature.

The department has six divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans' Homes. The directors of the divisions are appointed by the Governor and confirmed by a majority vote of the members of the Legislature. The division directors report to the CEO.

Attachment D.12 Senior Community Service Employment Program (SCSEP) (U.S. Department of Labor Grant)

The State Unit on Aging administers the state portion of the Senior Community Service Employment Program (SCSEP). This employment program provides work experience through community service and training opportunities to individuals age 55 and over with the ultimate goal of placing them in unsubsidized employment to advance their economic self-sufficiency. The state positions are awarded to Experience Works under a statewide contract. The administrative responsibilities include development of the State Plan, equitable distribution of training positions, data validation, monitoring the subcontractor and coordination of advocacy on behalf of older worker issues. A request for proposals was issued in 2015 at the request of the US Department of Labor for this program. Experience Works was selected as the SCSEP contractor effective July 1, 2015.

Attachment D.13 Legal Services Access Line and Elder Abuse

Legal Services Elder Access Line

Title III-B Legal Services Program served 2,627 clients in state Fiscal Year 2014 and provided 6,846 hours of service to Nebraskans 60 and over. Of the 2,627 clients served, 355 were minorities and 1,708 were between the ages of 60 – 74. Note: New cases may include multiple cases by same individuals.

Number of Applications by Area Agency on Aging (July 1, 2013 to June 30, 2014)

Aging Office of Western Nebraska	84
Northeast Nebraska Area Agency on Aging	163
Eastern Nebraska Office on Aging	1,100
West Central Nebraska Area Agency on Aging	107
South Central Nebraska Area Agency on Aging	47
Midland Area Agency on Aging	148
Aging Partners	343
Blue Rivers Area Agency on Aging	55
Out of State of Nebraska	67

Total Title III-B Legal Services Cases Including Elder Access Line and Other Title III-B Legal Providers (July 1, 2013 to June 30, 2014)

New Cases Opened	3,345

Four Primary Case Types Handled by Title III-B Legal Providers:

Miscellaneous (Wills and Estates, Advance Directives, etc.)	46%
Consumer/Finance (Bankruptcy, Collection, etc.)	20%
Housing (Landlord/Tenant, Public Housing, Homeownership, etc.)	12%
Family (Guardianship/Conservatorship, Divorce, etc.)	9%

Attachment D.14 Elder Abuse

General Adult Population

Total number of calls to Adult Protective Services (APS) Hotline in calendar year 2014	11,730
Number of Intakes accepted by APS	9,446
Total number of Intakes substantiated or confirmed for Financial Exploitation	69

Population 60 and Over

Total number of calls to APS from victims age 60 and over in 2014	6,430
Number of Intakes accepted by APS:	1,836
Number of cases substantiated or confirmed:	303
Number of substantiated cases for financial exploitation for 60 and over population:	not available

Attachment D.15 SLUMS Examination

VAMC
SLUMS Examination

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

Name_____ Age _____

Is patient alert?_____ Level of education _____

__/1 ❶ **1. What day of the week is it?**

__/1 ❶ **2. What is the year?**

__/1 ❶ **3. What state are we in?**

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.

❶ **How much did you spend?**

__/3 ❷ **How much do you have left?**

6. Please name as many animals as you can in one minute.

__/3 ⓪ 0-4 animals ❶ 5-9 animals ❷ 10-14 animals ❸ 15+ animals

__/5 **7. What were the five objects I asked you to remember?** 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

__/2 ⓪ 87 ❶ 649 ❶ 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

❷ Hour markers okay

__/4 ❷ Time correct

__/2 ❶ **10. Please place an X in the triangle.**

❶ **Which of the above figures is largest?**

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

❷ **What was the female's name?** ❷ **What work did she do?**

__/8 ❷ **When did she go back to work?** ❷ **What state did she live in?**

_____ **TOTAL SCORE**

Department of Veterans Affairs

SAINT LOUIS UNIVERSITY

AGING SUCCESSFULLY

SCORING

High School Education		Less than High School Education
27-30	Normal	25-30
21-26	MNCD*	20-24
1-20	Dementia	1-19

* Mild Neurocognitive Disorder

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for Detecting Mild Cognitive Impairment and Dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. Am J Geriatr Psychiatry 14:900-910, 2006.