

*Eastern Nebraska Office on Aging*

*Area Plan*

*July 1, 2016 through June 30, 2019*

*Annual Budget*

*July 1, 2016 through June 30, 2017*

*Grantor:*

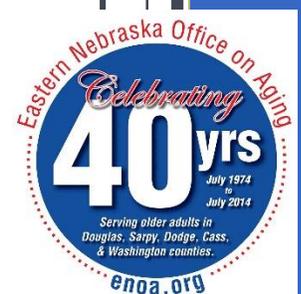
*State Unit on Aging*

*Division of Medicaid & Long-Term Care*

*Department of Health & Human Services*

*P.O. Box 95026*

*Lincoln, NE 68509*



**AREA AGENCY ON AGING:** Eastern Nebraska Office on Aging

Application to operate a service project for older Nebraskans under the Older Americans Act, as reauthorized and amended for the period beginning July 1, 2016 and ending June 30, 2017 in planning and service area.

AND

Annual application for support for the period beginning July 1, 2016 and ending June 30, 2017

The applicant agrees to comply with all federal state and local rules, regulations and policies as outlined in the Older Americans Act, as amended; the Nebraska Community Aging Services Act, the Nebraska Care Management Act, the Local Long-Term Care Ombudsman Program; policies and/or regulations established by the HHS-State Unit of Aging and all other applicable rules, regulations, assurances and ordinances. This includes assurances included in this document.

<p><b>GRANTEE:</b></p> <p>Name: <u>Eastern Nebraska Office on Aging</u></p> <p>Address: <u>4223 Center Street</u></p> <p>City: <u>Omaha</u>, NE Zip <u>68105</u></p> <p>Phone: <u>402-444-6536</u></p> <p>Executive Officer: <u>Dennis Loose</u></p>	<p>CHAIRMAN of the Area Agency on Aging (or comparable official authorized to sign this document):</p> <p>Name: <u>Mary Ann Borgeson</u></p> <p>Address: <u>12503 Anne</u></p> <p>City: <u>Omaha</u>, NE Zip <u>68137</u></p> <p>Phone: <u>402-676-2227</u></p>
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APPLICATION FOR FUNDS 7/1/2016 through 6/30/2017

III-B - Supportive Services -(Lines 17a, 17b, 18a & 18b)	\$1,398,880.00
III-C(1) - Congregate Meals (Lines 17a, 17b, 18a & 18b)	\$1,105,984.00
III-C(2) - Home-Delivered Meals(Lines 17a, 17b, 18a & 18b)	\$772,848.00
III-D - Disease Prevention & Health Promotion (Lines 17a, 17b, 18a & 18b)	\$24,675.00
III-E - Family Caregivers Support Program (Lines 17a, 17b, 18a & 18b)	\$319,864.00
VII-Ombudsman & Elder Abuse(Lines 17a, 17b, 18a & 18b)	\$14,163.00
Other Programs (Line 18a)	\$0.00
CASA Only, including Care Management and Senior Companion (Lines 17a, 17b, 18a, 18c)	\$1,290,810.00
SUBTOTAL	\$4,927,222.00
Area Agency on Aging Composite Match (Lines 14a-15b)	\$1,643,571.00
Area Agency on Aging Composite Non-Match(Lines 10-12)	\$2,524,090.00
Area Agency on Aging Composite Gross Cost (Line 9)	\$9,094,883.00

I hereby certify that I am authorized to submit this application and plan

Signed:   
 Director  
 Eastern Nebraska Office on Aging

  
 Mary Ann Borgeson  
 Eastern Nebraska Office on Aging

Application-Signature

---

## ADVISORY REVIEW STATEMENT

1. This review was made at the Advisory Committee meeting on 3/16/16.
2. The Advisory Committee for the Eastern Nebraska Office on Aging has reviewed the Area Plan Application for this Area Agency on Aging and has the following attached comments.

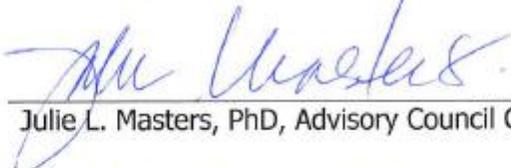
Attach other comments on separate pages(s) as needed.

3. Specify groups and/or agencies which have been involved in the development of this plan.

Attach additional page(s) as needed.

The Eastern Nebraska Office on Aging Advisory Committee recommends that the DHHS State Unit on Aging approve the FY 2017-19 Area Plan.

YES       NO

Signed:   
Julie L. Masters, PhD, Advisory Council Chairperson

Date: 28 April 16.

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**SECTION A - ADMINISTRATIVE**

## 1. Staff List

<b>Staff Member</b>	<b>Position</b>	<b>FTE</b>
<b>Nutrition Division</b>		
Davern, Susan	Nutrition Division Director	1.0
Barber, Laurie	Nutrition Admin Support	.8
Galvan, Kathy	Nutrition Admin Support	1.0
Howard, Michaela	Nutrition Registered Dietician	1.0
Martin, Yvette	Program Assistant	1.0
<b>Home Delivered Meals Division</b>		
Cole, Bob	HDM Dock Supervisor	0.5
Halverson, Celinda	HDM Admin Support	1.0
Schuoler, Jay	HDM Operations Supervisor	1.0
Smidt, Arlis	HDM Division Director	1.0
Thomas, Tara	HDM Specialist	1.0
40 drivers	HDM drivers	Part Time
<b>Congregate Meal Services</b>		
Abbott, Cheryl	Senior Center Staff	0.8
Gaudreau, Jeanette	Senior Center Staff	0.6
Giese, Mitzi	Senior Center Staff	0.3
Heywood, Gerri	Senior Center Staff	0.2
Jaixon, Dawn	Senior Center Staff	1.0

<b>Staff Member</b>	<b>Position</b>	<b>FTE</b>
McGinnis, Al	Senior Center Staff	0.6
Schoettle, Joe	Senior Center Staff	0.3
Shryock, Pat	Senior Center Staff	0.1
Staroska, Lynnette	Senior Center Staff	1.0
Van Den Top, Kathy	Senior Center Staff	1.0
<b>Community Services Division</b>		
Barela, Gale	Homemaker/ERS Program Coordinator	1.0
Betts, Yvonne	Rural Transportation Assistant & Dispatch	1.0
Connour, Bill	Rural Transportation Driver	0.5
DeMuth, Heidi	Chore/Bath Aide Program Coordinator	1.0
Durst, Michael	Rural Transportation Driver	0.5
Everswicks, Susan	Rural Transportation Driver	1.0
Gillette, Christine	Community Services Division Director	1.0
Hatfield, Brian	Rural Transportation Driver	1.0
Jackson, Brittany	Rural Transportation Driver	1.0
Kraft, Don	Rural Transportation Driver	1.0
Longstein, Richard	Rural Transportation Driver	0.5
Mix, Gordon	Rural Transportation Driver	1.0
Nolan, Tammy	Rural Transportation Driver	1.0
Olson, Mert	Rural Transportation Driver	0.5
Powers, Ron	Rural Transportation Driver	1.0

<b>Staff Member</b>	<b>Position</b>	<b>FTE</b>
<b>Volunteer Services Division</b>		
Dominiack, Kathy	Long-Term Ombudsman Advocate Program Specialist	0.6
Kelly, Karen	SeniorHelp Program Coordinator	1.0
Marquardt, Debra	RSVP Program Specialist	1.0
Open position	SeniorHelp Program Assistant	1.0
Paleogos, Beth	Senior Companion Program Coordinator	1.0
Parker, Mary	Volunteer Services Division Director	1.0
Schoenfeld, Tia	FGP Program Specialist	1.0
Simones, Morgan	SeniorHelp – Program Specialist	1.0
Tanner, Patricia	RSVP Program Coordinator	1.0
Udstuen, Charles	SCP Program Specialist	1.0
White, Carolyn	FGP/RSVP Administrative Assistant	0.7
Wilcox, Patricia	Ombudsman Program Coordinator	1.0
<b>CHOICES Division</b>		
Acerro, Diana	Waiver Services Coordinator	0.4
Allison, Calista	Transitions Coordinator	1.0
Aschenbrenner, Emma	Care Manager	1.0
Assmann, Karla	Care Manager	1.0
Bowers, Korrin	Waiver Services Coordinator II	1.0
Brooks, Terrill	Data Entry Specialist	1.0
Burg, Robert	Waiver Services Coordinator	1.0

<b>Staff Member</b>	<b>Position</b>	<b>FTE</b>
Burkhart, Pat	Waiver Services Coordinator	1.0
Busk, Colleen	Care Manager	1.0
Cantu, Janelle	Waiver Services Coordinator	1.0
Carias, Delree	Waiver Services Coordinator	1.0
Cox, Janelle	CHOICES Division Director	1.0
Eaton, Brad	CHOICES Program Coordinator	1.0
Gunderson, Esther	Care Manager	1.0
Halloran, Jana	Care Manager	1.0
Heaney, Sherrie	Waiver Services Coordinator	1.0
Herman, Debra	Care Manager	1.0
Hoyt, Stephanie	Waiver Services Coordinator	1.0
Jary, Luann	Waiver Services Coordinator	1.0
Long, DeLinda	Care Manager	1.0
Luebbert, Jared	Care Manager II	1.0
McFarland, Dixie	SCO/Waiver Services Coordinator	0.3
McManus, Ann	Waiver Services Coordinator	1.0
Nich, Fran	SCO/Waiver Services Coordinator	0.4
Nichols, Melva	Care Manager	1.0
Okamkpa, Esther	Waiver Services Coordinator	1.0
Osberg, Mike	Care Manager	1.0
Oseas, Jill	Waiver Services Coordinator	1.0
Palmer, Stephanie	Waiver Services Coordinator	1.0
Patterson, Sandy	Resource Developer Clerk	0.5

<b>Staff Member</b>	<b>Position</b>	<b>FTE</b>
Pettaway, Bridget	Care Manager	1.0
Reeker, Katherine	Resource Developer	1.0
Rooks, Jessica	Waiver Services Coordinator	1.0
Schlautman, Stephanie	Care Manager	1.0
Scoles, Rachael	Waiver /SCO Program Coordinator	1.0
Senn, Ashley	Waiver Services Coordinator	1.0
Sherrets, Michaela	Waiver Services Coordinator	1.0
Stanton, Diane	CM Program Coordinator	1.0
Struck, Katherine	Waiver Services Coordinator	1.0
Thiem, Jolene	CHOICES Staff Assistant	1.0
Westling, Montana	Care Management	1.0
Wilkins, Sarah	Waiver Services Coordinator II	1.0
<b>Public Information Division</b>		
Laudenback, Mitch	Communications Coordinator	1.0
Reinhardt, Jeff	Public Information Division Director	1.0
<b>Information &amp; Assistance Division</b>		
Andersen, Kieran	I&A Specialist	1.0
Armstrong, Taylor	I&A Specialist	1.0
Cervantes, Petrita	Communications Coordinator	1.0
Eusebio, Mary Ann	I&A Division Director	1.0
Holiday, Marie	I&A Specialist	1.0
Snelling, Kathryn	I&A Specialist	0.3
Vacant Position	ADRC Options Counselor	1.0

Staff Member	Position	FTE
<b>Administration Division</b>		
Bergman, Trish	Deputy Director	Contract
Bott, Janice	Administration Support Assistant	0.5
Foster, Doug	Accounting Assistant	0.6
Gleason, Carol	Fiscal Officer	1.0
Loose, Dennis	Executive Director	Contract
McPherson, Lezlie	Executive Assistant	1.0

## 2. Organizational Charts

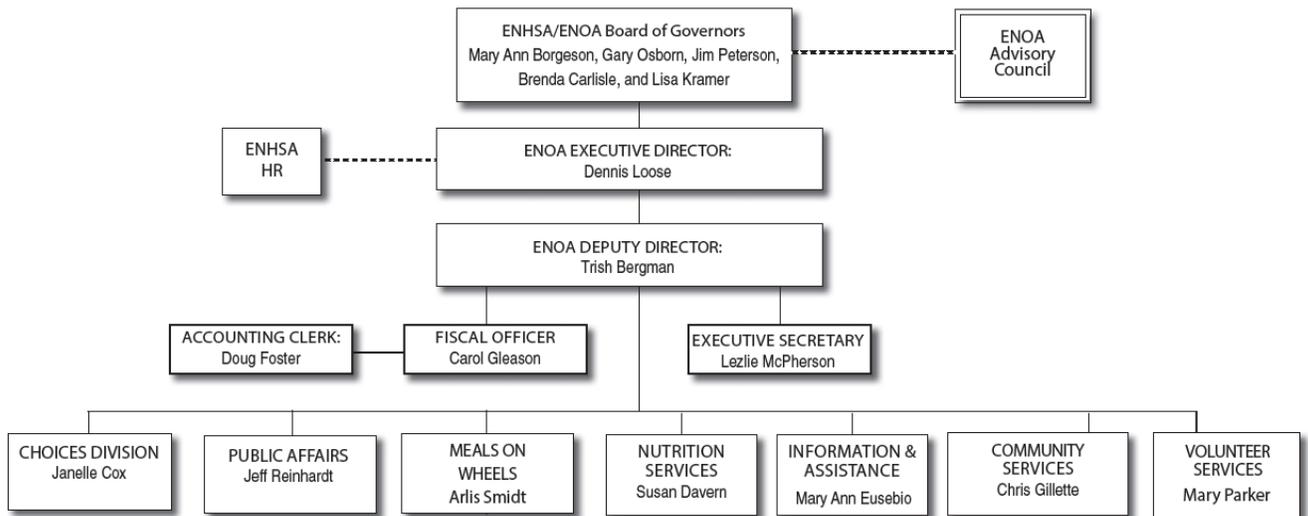


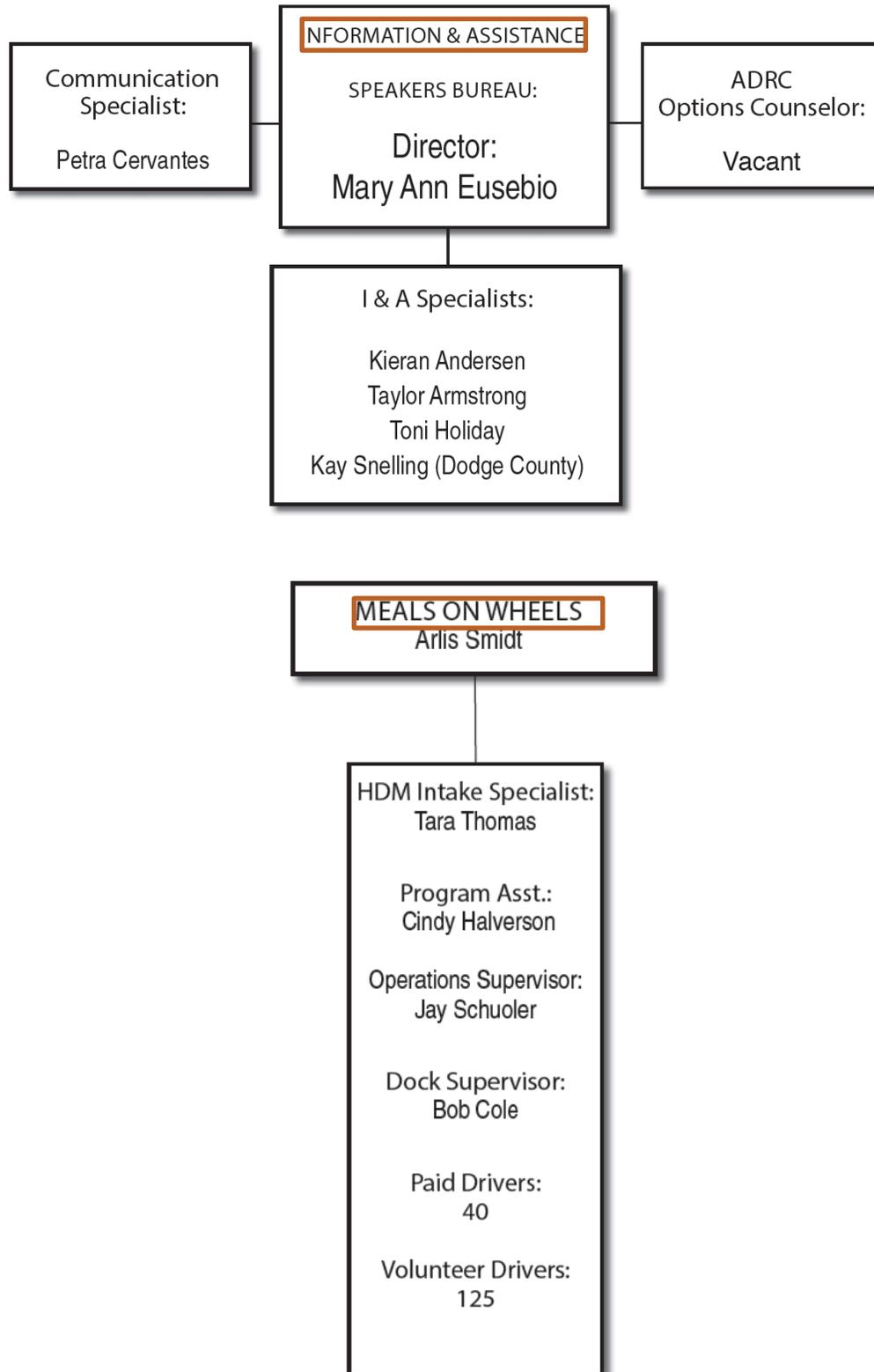
**Eastern Nebraska  
Office on Aging**

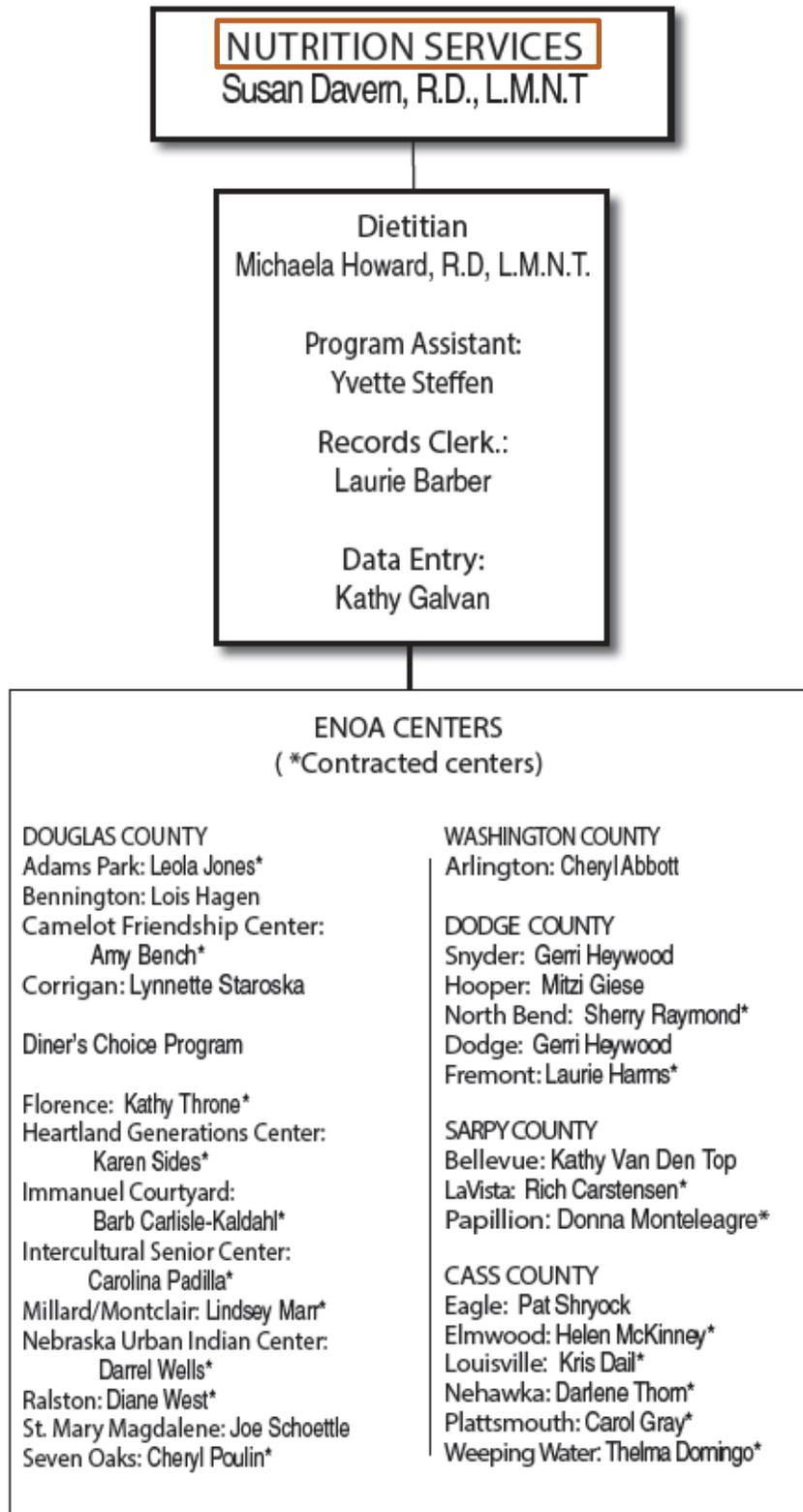
4223 Center Street • Omaha, NE 68105-2431 • (402) 444-6536

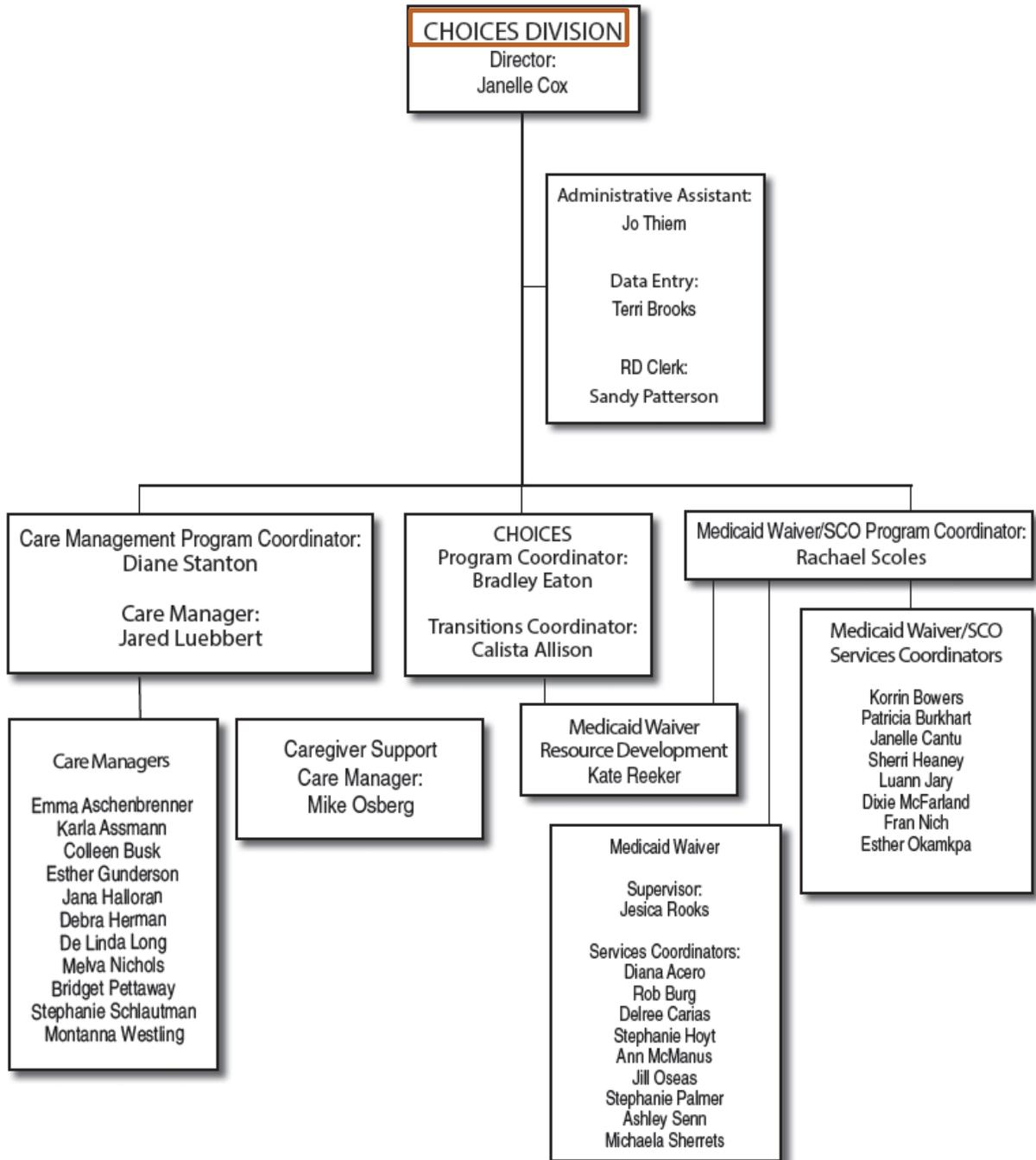
### ORGANIZATIONALCHART

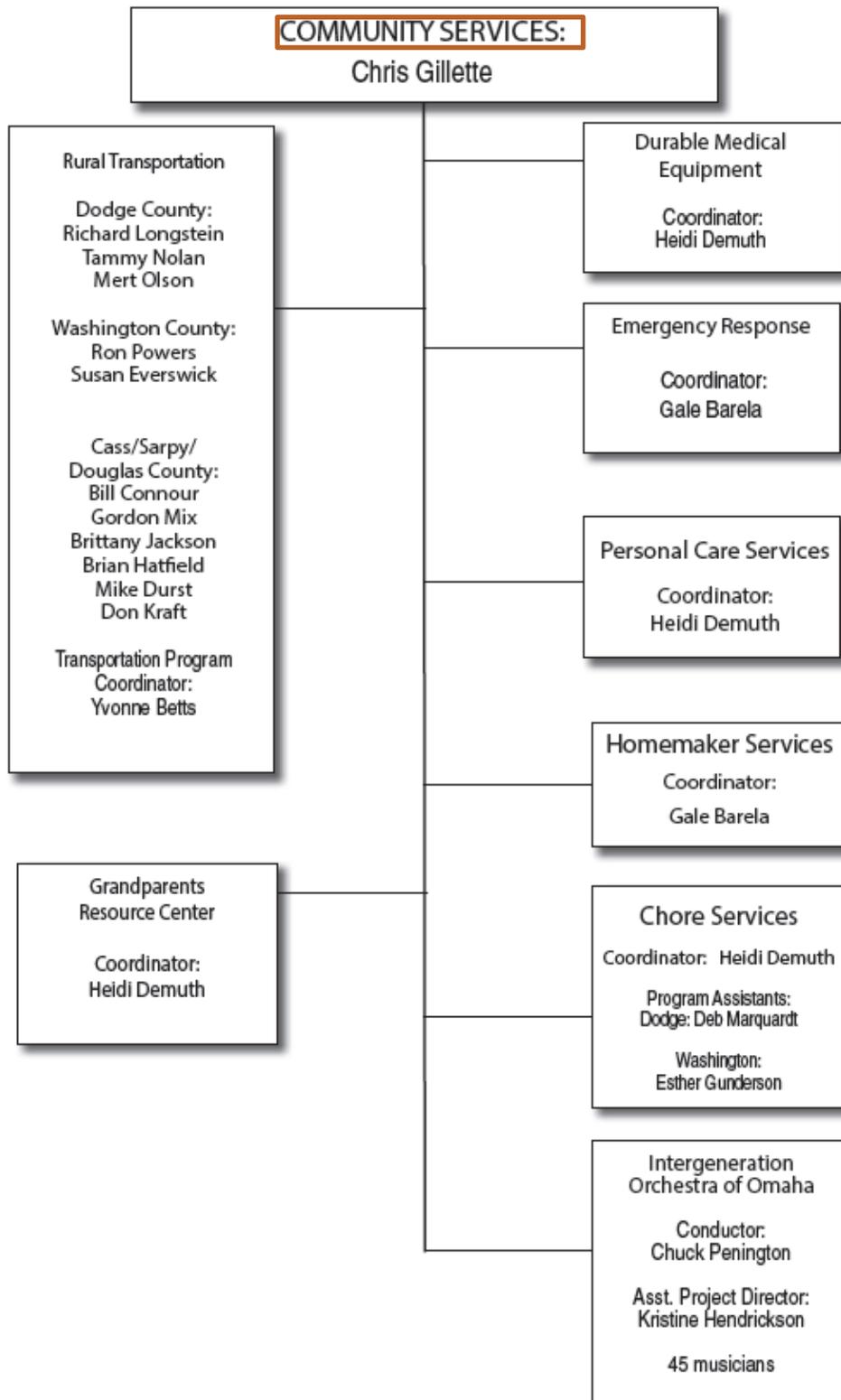
Aging programs in Douglas, Dodge, Sarpy, Cass, & Washington Counties 416

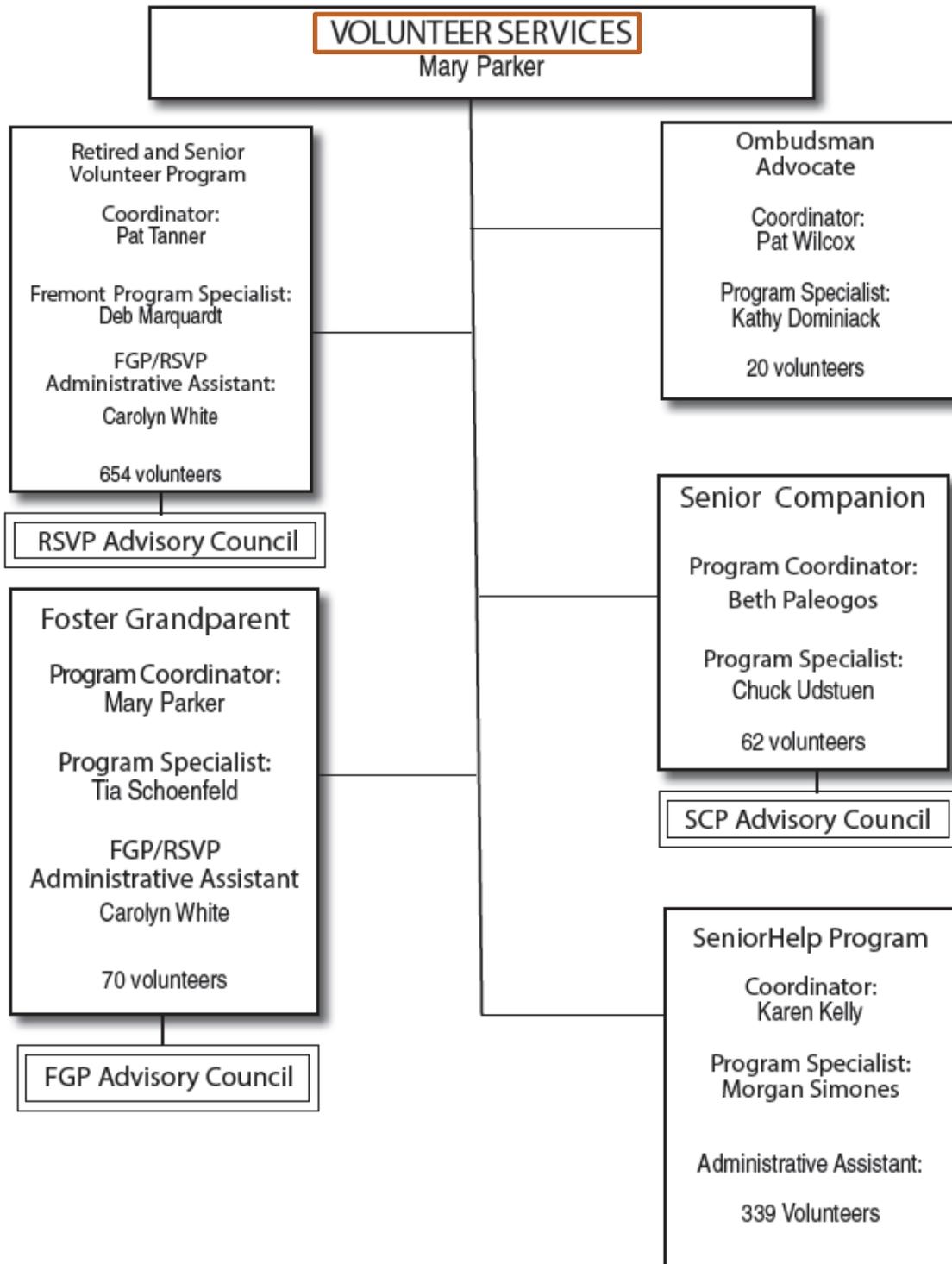


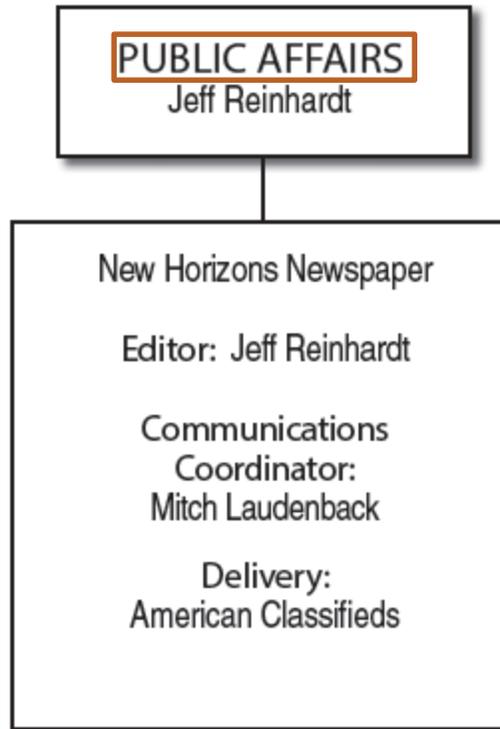












### 3. Governing Board

**ENOA Governing Board members** are appointed every January by each County Board Chairman for the counties of Douglas, Sarpy, Dodge, Washington and Cass Counties. Board and Alternate members are appointed for a two-year time period and may be re-appointed at the discretion of the newly elected County Board Chairmen. The Governing Board reviews bids, approves contracts and capital expenditures, reviews area plans and approves budgets, and sets policies for the agency.

**EASTERN NEBRASKA HUMAN SERVICES AGENCY  
AND REGION VI GOVERNING BOARD ROSTER**

March 2016

REGULAR MEMBERSALTERNATE MEMBERS:**DOUGLAS COUNTY**

Mary Ann Borgeson, Chair  
12503 Anne  
Omaha, NE 68137  
County: 402-444-7025  
Cell: 402-676-2227  
FAX: 402-444-6559  
[commissionerborgeson@cox.net](mailto:commissionerborgeson@cox.net)

P.J. Morgan  
402-397-7775

**CASS COUNTY**

Jim Peterson, Vice Chair  
541 So. 4<sup>th</sup> St.  
PO Box 369  
Eagle, NE 68347  
Cell: 402 430-2951  
[jim@midwest-ins.net](mailto:jim@midwest-ins.net)

No Appointment

**DODGE COUNTY**

Gary Osborn, Secretary  
725 E. 5<sup>th</sup> St.  
Fremont, NE 68025  
Cell: 402-936-0142  
[qqosb1@yahoo.com](mailto:qqosb1@yahoo.com)

Bob Missel  
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Fremont, NE 68025  
Business: 402-727-1531  
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**SARPY COUNTY**

Brenda Carlisle  
7332 La Vista Dr.  
La Vista, NE 68128  
Cell: 402-679-6001  
County: 402-593-4155  
[bcarlisle@sarpy.com](mailto:bcarlisle@sarpy.com)

No Appointment

**WASHINGTON COUNTY**

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## 4. Advisory Council

### EASTERN NEBRASKA OFFICE ON AGING ADVISORY COUNCIL MEMBERS

April, 2016

**Julie Masters, PhD, Chair**

Professor and Chair  
Department of Gerontology  
University of Nebraska at Omaha  
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**Duane Wilcox**

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Kennard, NE 68034  
402-427-7381 or cell 402-533-3613

5. Governing Board By-Laws  
EASTERN NEBRASKA REGIONAL AGENCY  
ON HUMAN SERVICES

GOVERNING BOARD AND AGENCY

BYLAWS

The following shall govern the Eastern Nebraska Agency on Human Services Governing Board (hereinafter called "Board"), and those personnel employed under the authority of the Board, insofar as not inconsistent with the "Eastern Nebraska Regional Agency on Human Services Agreement" (hereinafter called "Agency Agreement") as adopted, by the Nebraska Counties of Cass, Dodge, Douglas, Sarpy and Washington or as that Agency Agreement may be subsequently amended by the parties thereto.

## ARTICLE I

## AGENCY IDENTIFICATION AND LOCATION

**Sec. 1 – Agency Name and Popular Name.** The popular name of the Eastern Nebraska Regional Agency on Human Services (hereinafter called “Agency”) created by the Agency Agreement executed between \_\_\_\_\_ and \_\_\_\_\_, shall be the “Eastern Nebraska Human Services Agency.”

Pursuant to Section 12 of the Agency Agreement, the Agency may consist of the following subdivisions, which popular names shall be the:

- a.) Agency Executive Office;
- b.) Eastern Nebraska Community Office of Mental Retardation and Developmental Disabilities, which may be abbreviated ENCOR;
- c.) Alpha Center; and
- d.) Eastern Nebraska Office on Aging, which may be abbreviated ENOA.

**Sec. 2 – Use of Popular Name.** The popular Agency name, provided for in Section 1 of this Article, may be used in all publications, acts and correspondence dealing with, or pertaining to, the Board and the Agency.

**Sec. 3 – Agency Seal and Authorized Use.** The “Seal of the Agency” (hereinafter called “Seal”) shall be in the form of a circle surrounding the outline of the five counties of the State of Nebraska included within the area of Eastern Nebraska, as defined in page 1 of the Agency Agreement. The Seal shall bear the name of the Agency and the year of its organization through the Agency Agreement. The Seal shall be used at the direction, and

under the authority, of the Board Secretary for certification of any and all official actions and resolutions of the Board.

**Sec. 4 – Location of Agency Headquarters Office.** The administrative headquarters office of the Agency shall be located by the Board in the County of Douglas, State of Nebraska. The Board shall hold its meetings at places the Board may designate.

ARTICLE II

PURPOSE, OBJECTIVES AND SERVICES

**Sec. 1 – Purpose of the Board and Agency.** The purpose of the Board and the

Agency is:

“To promote the personal growth and autonomy of specialized populations of Eastern Nebraska through the provision and oversight of quality community-based services.”

**Sec. 2 – Objectives of the Board and Agency.** The objectives of the Board and

Agency are:

- 1) To provide visibility, accessibility and public understanding of the resources available through the Agency;
- 2) To ensure when appropriate that an individualized service plan is provided for each individual receiving Agency services;
- 3) To obtain services to the extent possible from public or private resources which specifically meet the defined objectives in the service plan for any individual;
- 4) To actively stimulate and support other agencies in the development of needed services;
- 5) To provide needed services currently unavailable through existing resources only until such time as those resources are developed and provided;
- 6) To protect the individual and civil rights of all citizens receiving services through the Agency;
- 7) To monitor all services provided or obtained by the Agency in order to assure high quality and adherence to the principles of community-based services;

- 8) To encourage, stimulate and provide opportunities for consumer input and decision-making;
- 9) To promote positive perceptions toward individuals and services associated with, or developed by, the Agency;
- 10) To assess and evaluate current and future needs of specialized populations of Eastern Nebraska and propose plans to address these needs;
- 11) To provide efficient services and where possible utilize the least local tax support by maximizing available State, Federal, private and other public financial resources;
- 12) To provide an effective and efficient organization which meets the Agency's goals and the needs of the specialized populations which it serves;
- 13) To employ a professional staff that demonstrates a commitment to the goals, objectives and philosophies of the Agency; and
- 14) To establish ongoing internal and external evaluations of all Agency services, programs and administrative procedures.

**Sec. 3 – Agency Services Authorized.** Pursuant to Section 12 of the Agency Agreement, the Board shall authorize by Board resolution, all Agency human services programs to be offered directly, or by contract, through the various Agency Program Offices within Eastern Nebraska. Residents within Eastern Nebraska shall be provided a reasonable volume of human services designed to meet the needs of:

- 1) Those senior citizens, when such services are designed to enhance independent living, quality of life and self-sufficiency outside of an institutional setting. Such services may include nutrition, transportation,

personal care services, volunteer opportunities, homemaker, home maintenance, senior service information, and any and all other service programs authorized by the Board pursuant to the laws of the United States and the State of Nebraska for which funds from any source can be legally appropriated and expended by the Board.

- 2) Those persons with developmental disabilities and their families with quality services that are designed to support them so that they may achieve inclusion within the community.
- 3) Those who are referred by public school districts and have been designated as students in need of specialized services. These students will receive treatment to include behavioral, academic and mental health intervention. The goal for each student is to successfully transition to a less restrictive placement.

## ARTICLE III

## BOARD OFFICERS, EXECUTIVE COMMITTEE AND POWERS

**Sec. 1 – Officers, Duties and Powers.** The officers of the Board and Agency shall be a Chairperson, Vice-Chairperson and Secretary.

- a) Chairperson. The Chairperson shall be the chief executive officer of the Board and shall preside at all meetings of the Board. Except as otherwise provided in these Bylaws or by resolution of the Board, the Chairperson shall sign all contracts, deeds, official communications, and such other instruments as may be authorized on behalf of the Board. At such times as the Board is not in session, the Chairperson shall be responsible for advising and supervising the Agency Executive Director or the Management Team, as such may be required.
- b) Vice-Chairperson. The Vice-Chairperson shall perform the duties of the Chairperson in the absence or incapacity of the Chairperson until such time as the Chairperson may be able to reassume such duties. The Vice-Chairperson shall become Acting Chairperson of the Board upon the death, resignation or disqualification of the Chairperson, and shall perform such duties and responsibilities as are imposed upon the Chairperson until such times as the Board shall elect a new Chairperson pursuant to Section 2 of this Article.
- c) Secretary. The Secretary shall have general supervision over the administration of the official business of the Board; assure the proper and

legal use of the Seal; certify the accuracy and authenticity of Board resolutions, contracts, and such other documents as may be executed from time to time by the Board in the execution of the Board's responsibilities, duties, powers and prerogatives; assure the accuracy of the record of the proceedings of all regular, special and emergency meetings of the Board; and, assure the accuracy of all other official records of the Board, including such reports and other documents as may be accepted and placed on file by the Board, thereby becoming a part of the official record of the Board.

The officers of the Board shall perform such other duties and functions, assume such other obligations and responsibilities, as may be required from time to time by the Board through Board resolution or by these Bylaws, and any subsequent amendments thereto, for the purpose of carrying out such powers, obligations, responsibilities, duties and authority, as are specified to the Board in the Agency Agreement and these Bylaws.

**Sec. 2 – Election of Officers, Terms and Procedures.** The Board Chairperson, Vice-Chairperson and Secretary shall be elected from among the regular members of the Board as such are defined in Section 4 of the Agency Agreement, at the first regular meeting of the Board each year. The Douglas County Treasurer shall be appointed ex-officio Treasurer.

Should the office of Chairperson, Vice-Chairperson or Secretary become vacant, for any reason, the Board shall, at its next regularly scheduled meeting, elect a successor officer from among the regular Board members for the balance of the unexpired term of such vacated office.

**Sec. 3 – Executive Committee.** At the discretion of the Board, an Executive Committee composed of the Chairperson and Vice-Chairperson of the Board may be activated from time to time to act on behalf of the Board; interpret the Agency’s policies; and, carry out Board authorized functions and responsibilities between regular meetings of the Board as well as during periods of declared emergency.

**Sec. 4 – Agency Executive Director, Appointment and Service.** The Board shall appoint a full-time Agency Executive Director (hereinafter called “Director”) or, at its discretion, may instead designate an Agency Management Team (hereinafter called “Management Team”), who shall serve at the pleasure of such Board. The Director/Management Team shall be the chief executive employee(s) of the Board. The services of the Director/Management Team shall be reviewed periodically by the Board, including a regular annual review of the services of the Director/Management Team.

**Sec. 5 – Agency Executive Director/Management Team – Duties, Authority and Responsibility.** The Director/Management Team, as the chief executive employee(s) of the Board, shall:

- a) Be responsible to the Board for all Agency operations, services and facilities, personnel and clientele, and all Agency assets and properties whatsoever their nature, form or amounts;
- b) Make such reports and recommendations regarding the progress and operations of the Agency, or any part thereof, to the Board as may be deemed necessary;
- c) Be responsible to the Board for the timely and periodic preparation of all reports, budgets, financial statements, contracts and all such other documents which may

be necessary for consideration or action by the Board in the fulfillment of the

Board's responsibilities under the law, the Agency Agreement and these Bylaws;

- d) Be responsible to the Board for the adequate provision of staff support services to each Agency's Advisory Committee; and,
- e) Have authority and responsibility for the recruitment, employment and supervision of all Agency personnel.

## ARTICLE IV

## GOVERNING BOARD MEETING, RULES AND PROCEDURES

**Sec. 1 – Regular Meetings.** Pursuant to Section 13 of the Agency

Agreement, regular meetings of the Board shall be held monthly. Regular meetings of the Board shall be scheduled as to time, date and location by the Board through Board resolution which shall serve as Board policy until the same may be changed by a subsequent Board resolution. Notice of each regular meeting of the Board shall be published in the official newspaper of each party to the Agency Agreement. Electronic or mailed notice shall be given to each regular and alternate member of the Board at least five (5) days in advance of the meeting. Notice of Board meetings shall be deemed to include those items which will appear on the Agenda for the regular monthly Board meeting. Agenda items may be added to or deleted from the Agenda according to the requirements of the Open Meetings Act, § 84-1407 et seq., as amended. All regular meetings and notices thereof shall comply with the Nebraska Open Meetings Act.

**Sec. 2 – Special Meetings.** Special meetings of the Board may be called by, or at the direction of, the Chairperson of the Board upon notice given either personally or by mail to each regular and alternate member of the Board at least forty-eight (48) hours prior to such meeting. Published notice for special meetings of the Board shall be provided in accordance with the publication provisions of Section 1 of this Article, insofar as the manner in which public notice of the meeting may be given. All special meetings and notices thereof shall comply with the Nebraska Open Meetings Act, § 84-1407 et seq., as amended.

**Sec. 3 – Emergency Meetings.** Emergency meetings of the Board may be called and held, notwithstanding the provisions of Sections 1 and 2 of this Article, provided that all regular members of the Board or their alternates shall meet by phone or in person at any time and at any place within the State of Nebraska and further provided that each shall consent to the holding of such an emergency meeting. Such emergency meetings and notices thereof shall be held in compliance with the Open Meetings Act, § 84-1407 et seq., as amended.

**Sec. 4 – Voting Procedures.** The Board shall act by motion or written resolution and with the majority consent of all regular members, or their alternates, who are present at such meeting, and who constitute a quorum.

**Sec. 5 – Board Resolutions.** Resolutions of the Board shall be cast in the following form:

“NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD  
OF THE EASTERN NEBRASKA HUMAN SERVICES AGENCY THAT

\_\_\_\_\_”

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EASTERN NEBRASKA HUMAN SERVICES  
AGENCY GOVERNING BOARD

Each resolution presented to the Board, whether or not approved, shall be kept as a portion of the official records of the Board in accordance with Section 1, subsection (c) of Article III of these Bylaws.

**Sec. 6 – Board Agendas and Notice.** An agenda shall be prepared by the Director/Management Team at the direction of the Chairperson of the Board prior to each meeting. Such agenda shall be prepared sufficiently in advance so as to meet the requirements of Section 1 and 2 of this Article. Items for consideration at a regular meeting of the Board may be placed on such meeting agendas by or at the direction of any Board member. Items may be deleted from the agenda in accord with Section 1 of this Article by the Chairperson or by the Board member originally requesting the item be placed on the agenda.

**Sec. 7 – Quorum for Board Actions.** Three or more Board regular members or their alternates shall constitute a quorum for the purpose of declaring an official meeting of the Board. For those actions which are to be taken by the Board and which affect all signatories to the Agency Agreement, the quorum of three or more Board members shall prevail.

**Sec. 8 – Board Member Compensation.** No Board member shall receive Board authorized or provided compensation for time spent rendering services as a Board member. However, all Board members shall be entitled to reimbursement of necessary out-of-pocket expenses, including travel expenses, incurred in the discharge of duties as a Board member or additional duties as may be assigned from time to time by the Board.

**Sec. 9 – Rules of Order and Procedure.** Resolutions may be made by any Governing Board member. Motions whenever feasible, shall be germane to actions proposed for consideration by the agenda prepared pursuant to Section 6 of this Article. The rules

contained in the latest published revisions of Robert's Rules of Order shall govern the actions of the Board in all cases to which they may be applicable and in which they are not inconsistent with the Agency Agreement and these Bylaws.

**Sec. 10 – Insurance Coverage.** In accordance with Article 10 of the Agency Agreement entitled “Insurance,” the Board shall take whatever action may be necessary from time to time to assure that the protections and insurance coverages mandated by Article 10 of the Agency Agreement shall be complied with and fulfilled. The Board shall direct the Chairperson and such other officers and the Director/Management Team to take whatever actions may be necessary by a Board resolution to assure that required insurance coverages and protections for those parties specified in the Agency Agreement, Article 10, are kept current at all times.

**Sec. 11 – Disposition of Agency Assets.** Upon termination of this agreement, any and all assets, funds, personal, real or other property owned or held by the Agency, after the payment of all obligations, liabilities, costs, expenses and other charges validly incurred under this agreement before the date of termination, shall at the option of the parties to this agreement be returned to the parties signatory to this agreement at the date of termination, in proportion to their contribution to the financial support of the Agency Fund for the preceding two fiscal years.

Upon termination of this agreement, all assets, funds, real, personal or other property owned or held by the Agency may be transferred to a successor agency, upon the execution of an appropriate resolution by the Board, as provided in Section 20 of the Agency Agreement, with ratification by Resolution adopted by each County Board of the parties to this agreement at the date of the termination thereof.

ARTICLE V  
BYLAW AMENDMENTS

**Sec. 1 – Power to Amend.** These Bylaws, adopted pursuant to the Agency Agreement, may be amended by the Board. A special committee of the Board may be appointed from time to time by the Chairperson, subject to the Bylaws and Board policies for the appointment of committees, for the purpose of recommending revisions to these Bylaws.

**Sec. 2 – Proposal of Amendments and Notice.** Amendments to these Bylaws may be proposed by any member of the Board, the Director/Management Team or a committee appointed pursuant to Section 1 of this Article. Action by the Board to amend the Bylaws to this Agreement shall be taken in any regular or special meeting of the Board wherein a specific proposal to amend the Bylaws has been made an agenda item and provided in advance to all members of the Board pursuant to the provisions of Sections 2 and 3, as either shall apply, of Article IV of these Bylaws.

**Sec. 3 – Adoption of Amendments.** Amendments to these Bylaws may be adopted by the Board by unanimous vote of the regular members present and voting on the question at a regular or special meeting of the Board where such proposed amendment has been given proper notice pursuant to Section 2 of this Article.

**Sec. 4 – Notice of Amendment Adoption.** These Bylaws and any amendment thereto which may be periodically adopted by the Board pursuant to this Article shall be filed, as such may be adopted, with the County Clerk of each party signatory to the Agency Agreement. Any amendment to these Bylaws shall take effect at the time as such duly

EASTERN NEBRASKA HUMAN SERVICES AGENCY

GOVERNING BOARD RESOLUTION

No. 2530

BE IT RESOLVED:

WHEREAS the Eastern Nebraska Human Services Governing Board and Agency By Laws and the Eastern Nebraska Regional Agency on Human Services Interlocal Agreement have been in existence since 1974, and

WHEREAS over the course of time the operations of the Eastern Nebraska Human Services Agency have changed significantly and these documents no longer reflect current operations,

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE EASTERN NEBRASKA HUMAN SERVICES AGENCY THAT THE BY-LAWS AND THE EASTERN NEBRASKA REGIONAL AGENCY ON HUMAN SERVICES INTERLOCAL AGREEMENT HAVE BEEN REVIEWED AND REVISED AND ARE NOW ADOPTED AS MODIFIED TO REFLECT THESE CHANGES.

DATED THIS 21<sup>st</sup> DAY OF March, 2007

[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]

EASTERN NEBRASKA HUMAN  
SERVICES AGENCY GOVERNING  
BOARD

## 6. Advisory Council By-Laws

### **Article I – Creation - Name**

#### Section 1

The Eastern Nebraska Office on Aging Advisory Council was established in June 1984 by action of the Eastern Nebraska Office on Aging (hereinafter called ENOA) of the Eastern Nebraska Human Services Agency (hereinafter called ENHSA) under federal regulation implementing Title III of the Older Americans Act of 1965, as amended P.L. 93-29, the Older Americans Comprehensive Service Amendment of 1973.

#### Section 2

The Advisory Council shall be known as the Eastern Nebraska Office on Aging Advisory Council. Where "Council" is used herein, the term shall mean the "Eastern Nebraska Office on Aging Advisory Council".

### **Article II – Objectives and Functions**

#### Section 1

The Council shall serve as an advocacy group. Its main responsibilities include, but are not limited to those set forth in Article II, Section 2 through 7 of these Bylaws.

#### Section 2

The Council shall advise the Governing Board of the Eastern Nebraska Human Services Agency on all matters relating to the development and administration of the Eastern Nebraska Office on Aging's Annual and Multi-Year plans.

#### Section 3

The Council shall advise the Governing Board as to problems and identified service needs of the elderly in the Planning and Service Area and recommend priorities for service development.

#### Section 4

The Council shall provide a public forum for the presentation of issues and recommendations from the general public of the service area regarding problems and service needs of the elderly and periodically report its findings to the Governing Board.

#### Section 5

The Council shall act as an advocate for area citizens by making recommendations and taking public stands on issues with respect to all existing or potential activities relating to or affecting older person, including programs and legislation.

#### Section 6

The Council shall assist the Governing Board in the review and evaluation, on a continuing basis and in cooperation with the service providers of existing programs and other activities affecting older persons and shall appraise their value and impact on the lives of the elderly in the service area and periodically report its findings to the Governing Board.

### **Article III – Membership**

#### Section 1

The Advisory Council shall consist of representatives of the five county service area as established by the Older Americans Act. A paid staff member of ENOA would not be eligible to serve as an Advisory Council member. A volunteer receiving a stipend would not be considered a paid staff member of ENOA.

#### Section 2

Members of the Council may be recommended for removal for appropriate cause. Appropriate cause is defined as unexcused absence from three regular consecutive meetings. Notice of recommendation for removal will be sent to the appointee and appointing County Commissioner on failures to attend regular meetings.

Section 3

When a vacancy occurs among the council members, the elected officials from the appropriate jurisdiction will be notified and will appoint a person to fill the vacancy.

Section 4

No officer, member or representative of the Council may speak on behalf of the Council without specific authorization of either the Council or the Executive Committee.

Section 5

The tenure of any individual on the Council shall be a two (2) year term.  
Following the two (2) year term the individual will be eligible for reappointment.

Section 6

The Executive Director shall be an ex-officio member of the Advisory Council and Executive Committee.

**Article IV – Officers and Duties**Section 1

Executive officers of the Council shall be as follows:

- a) President
- b) Vice-President

One of the officers shall be 55 years or older.

Section 2

Officers shall be elected for a term of one year, with the term of office designated as July 1 to June 30. Officers will be elected by the Council membership at an election held annually at the meeting occurring in the month of June.

### Section 3

The duties and responsibilities of the officers shall include, but not necessarily be confined to the following:

- President

The Council President shall preside at all meetings of the Council and of the Executive Committee. Make committee assignments when necessary, appoint committee chairmen and represent the Council and its Executive Committee as needed.

- Vice-President

The Council Vice-President shall provide general assistance to the President as requested, in fulfilling the President's responsibilities, preside at meetings of the Council and its Executive Committee in the absence of the President.

## **Article V – Executive Committee**

### Section 1

An Executive Committee shall be established by action of the Advisory Council and shall function at the discretion of the Council and/or the President. At each regular meeting of the Advisory Council, the President shall report on all recommendations of the Executive Committee since the last regular meeting of the Council. Any recommendation of the Executive Committee shall be approved or rescinded by a majority vote of the council.

### Section 2

In addition to the officers of the Council, the Executive Committee shall be composed of an additional council member appointed by the President, the Executive Director, and the immediate past President.

### Section 3

Members of the Executive Committee must be members of the Advisory Council.

### Section 4

No formal recommendations of the Executive Committee shall be taken without a majority vote of its members. A quorum shall consist of three (3) persons.

### Section 5

The duties and responsibilities of the Executive Committee shall include, but not be limited to the following, make recommendations, when needed, between meetings of the Council to meet when an immediate decision is necessary to discharge other duties as requested by the Council and to discharge other duties as requested by the Council and to review all budgets for programs, services and projects.

## **Article V – Ad-hoc Committees**

### Section 1

Ad-hoc committees may be established at the discretion of the President and/or Council.

### Section 2

The rules governing committee membership, including outside resource persons, shall be determined by the individual committees.

## **Article VII – Advisory Council Meetings**

### Section 1

The Council shall hold four (4) meetings annually. Special meetings in addition to the regularly scheduled meetings may be called by the Council President or the Executive Committee.

### Section 2

An agenda will be established and provided to Council members at least five (5) days prior to each meeting. Other items may be added to the agenda at each meeting by a majority vote of the members present.

### Section 3

All meetings shall be open to the public. In addition, a public forum shall be provided, consistent with Article II, Section 5 of these Bylaws prior to or following the Council meeting. Those persons who wish to address the Council during the regular meeting must be placed on the agenda.

### Section 4

Fifty-one percent (51%) or more of the members of the Council shall constitute a quorum for the transaction of business, in no case will less than fifty-one percent (51%) of the members constitute a quorum at any regular or special Council meeting.

### Section 5

No member of the Council or of the Executive Committee shall vote on any matter in which he/she shall have a resulting financial or organizational interest which would constitute a "conflict of interest".

### Section 6

The latest available edition of "Roberts Rules of Order" shall be the parliamentary standard on all points not covered by these Bylaws.

## **Article VIII – Amendments**

### Section 1

Amendments to the Bylaws shall be adopted by a majority vote of the Council. The total proposed amendment shall be provided to each Council member at least seven (7) calendar days prior to

the vote on the amendment. The Bylaws shall be acted upon at a regular Advisory Council Meeting.

**Article IX – Enactment Clause**

These Bylaws of the Eastern Nebraska Office on Aging Advisory Council shall become effective upon their adoption by majority vote of the Council membership, a quorum being present, and by resolution of the Governing Board.

7. Conflict of Interest Statement & Policy

EASTERN NEBRASKA HUMAN SERVICES AGENCY  
GOVERNING BOARD RESOLUTION

NO. 1882

BE IT RESOLVED:

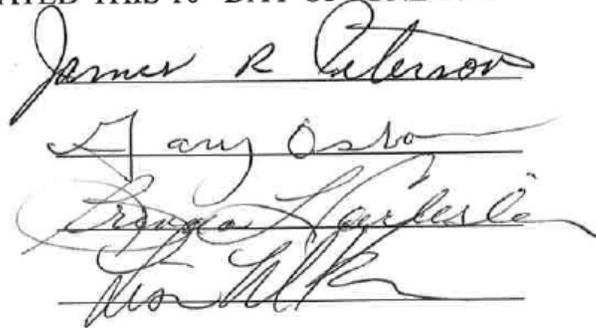
WHEREAS the Governing Board of the Eastern Nebraska Human Services Agency desires to prevent the personal interest of staff members, board members, and volunteers from interfering with the performance of their duties for the Agency and

WHEREAS the Governing Board desires to adopt a conflict of interest policy to this end and

WHEREAS the attached policy has been drawn up by counsel and has been reviewed by the Governing Board.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE EASTERN NEBRASKA HUMAN SERVICES AGENCY that it approves of the attached conflict of interest policy to be effective this date.

DATED THIS 10<sup>th</sup> DAY OF JUNE 2015



EASTERN NEBRASKA HUMAN  
SERVICES AGENCY GOVERNING  
BOARD

EASTERN NEBRASKA HUMAN SERVICES AGENCY  
GOVERNING BOARD RESOLUTION

NO. 1882

BE IT RESOLVED:

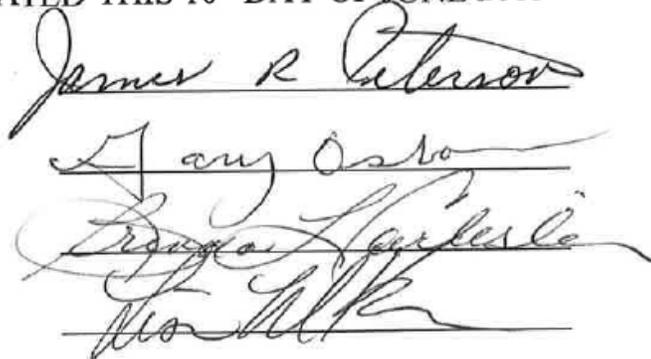
WHEREAS the Governing Board of the Eastern Nebraska Human Services Agency desires to prevent the personal interest of staff members, board members, and volunteers from interfering with the performance of their duties for the Agency and

WHEREAS the Governing Board desires to adopt a conflict of interest policy to this end and

WHEREAS the attached policy has been drawn up by counsel and has been reviewed by the Governing Board.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE EASTERN NEBRASKA HUMAN SERVICES AGENCY that it approves of the attached conflict of interest policy to be effective this date.

DATED THIS 10<sup>th</sup> DAY OF JUNE 2015



The image shows four handwritten signatures in black ink, each written over a horizontal line. The signatures are: 1. James R. Peterson, 2. Gary Osbo, 3. Douglas L. ... (partially illegible), and 4. ... (partially illegible).

EASTERN NEBRASKA HUMAN  
SERVICES AGENCY GOVERNING  
BOARD

## **Eastern Nebraska Human Services Agency Conflict of Interest Policy**

The purpose of the following policy is to prevent the personal interest of staff members, board members, and volunteers from interfering with the performance of their duties for Eastern Nebraska Human Services Agency (Hereafter “ENHSA” or “The Agency”), or resulting in personal financial, professional, or political gain on the part of such persons at the expense of The Agency, any of the Advisory Boards of the Agency, as well as the Agency’s supporters, and other stakeholders.

Definitions: Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members, officers, board members of The Agency, and volunteers. Board means the Board of Directors. Officer means an officer of the Board of Directors. Volunteer means a person –other than a board member – who does not receive compensation for services and expertise provided to and retains a significant independent decision-making authority to commit resources of The Agency or, in the case of Advisory Board volunteer member, to make recommendations to the Board, The Agency, or a Staff Member of The Agency. Staff Member means a person who receives all or part of her/his income from the payroll of the Agency. Supporter means corporations, foundations, individuals, 501(c)(3) nonprofits, and other nonprofit organizations who contribute to The Agency.

### **POLICY AND PRACTICES**

1. Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Directors in all conflicts of interest, including but not limited to the following:
  - a. A board member is related to another board member or staff member by blood, marriage or domestic partnership.
  - b. A staff member in a supervisory capacity is related to another staff member whom she/he supervises.
  - c. A board member, advisory board member or their organization stands to benefit from a transaction or staff member of such organization receives payment for any subcontract, goods, or services other than as part of her/his regular job responsibilities or as reimbursement for reasonable expenses incurred as provided in the bylaws and board policy.
  - d. A board member’s organization receives grant funding from The Agency.
  - e. A board member or staff member is a member of the governing body of a contributor to The Agency.
  - f. A volunteer working on behalf of The Agency who meets any of the situations or criteria listed above.
2. Following full disclosure of a possible conflict of interest or any condition listed above, the Board of Directors shall determine whether a conflict of interest exists and, if so, the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect The Agency’s best interests.

Votes shall be by a majority vote without counting the vote of any interested director, even if the disinterested directors represent less than a quorum provided that at least one consenting director is disinterested.

3. A board member, advisory board member or committee member who is formally considering employment with the Agency must take a temporary leave of absence until the position is filled. Such a leave will be taken within the board member's elected term or advisory board member's appointed term, which will not be extended because of the leave. A board member, advisory board member or committee member who is formally considering employment with The Agency must submit a written request for a temporary leave of absence to the Secretary of the Board, c/o the office, indicating the time period of the leave. The Secretary will inform the Chair of the Board of such a request. The Chair will bring the request to the Board for action. The request and any action taken shall be reflected in the official minutes of the Board meeting.
4. An interested board member, officer, advisory board member or staff member shall not participate in any discussion or debate of the Board of Directors, or of any committee or subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, they may be present to provide clarifying information in such a discussion or debate unless objected to by any present board or committee member.
5. Anyone in a position to make decisions about spending The Agency's resources (i.e. transactions such as purchases contracts) – who also stands to benefit from that decision – has a duty to disclose that conflict as soon as it arises (or becomes apparent); s/he should not participate in any final decisions.
6. A copy of this policy shall be given to all board members, officers, advisory board members, committee members, staff members, volunteers or other key stakeholders upon commencement of such person's relationship with The Agency or at the official adoption of stated policy. Each board member, officer, staff member, advisory board member, and volunteer shall sign and date the policy at the beginning of her/his term of service or employment and each year thereafter. Failure to sign does not nullify the policy.

## 8. Sample Contract

**THIS CONTRACT** is made and entered into this **first day of July 2016** by and between the EASTERN NEBRASKA OFFICE ON AGING, a division of the Eastern Nebraska Human Services Agency, an agency formed under the Nebraska Inter-local Cooperation Act (herein referred to as “**ENOA**”) and **XXXXXX** (herein referred to as “**Contractor**”) for the purpose of providing Homemaker services in **XXXX Counties**.

**WHEREAS**, ENOA has received a grant from the Nebraska Health & Human Services System-Division on Aging, an agency of the State of Nebraska (herein referred to as the “**State**”) to provide personal care services to persons 60 years of age and older within **XXXX Counties** as noted above (herein referred to as the “**Area**”); and

**WHEREAS**, ENOA has been created according to Sections 13-801 through 13-807 Revised Statutes of Nebraska, 1943, Reissue 1987, and further has been recognized by the State as the official area agency on aging for the Area; and

**WHEREAS**, ENOA has determined in its Area Plan for Fiscal Year July 1, 2016 to June 30, 2017 that there exists a significant and clear need for personal care services for older adults living in the Area; and

**WHEREAS**, the Contractor is desirous of providing such services as referred to above and hereinafter enumerated for and on behalf of ENOA.

**NOW, THEREFORE, IT IS AGREED** as follows:

### ARTICLE I

#### APPOINTMENT

Contractor is hereby retained and appointed to represent ENOA in connection with providing personal care services to older adults. Contractor acknowledges it is an independent contractor and shall be solely responsible for and indemnify ENOA for all matters relating to any employees of contractor including, but not limited to, all federal, state, and local taxes, including FICA, and any and all claims arising under the Fair Labor Standards Act for Contractor's employees retained to effectuate the purpose of this Contract.

## ARTICLE II

SERVICES

In carrying out the terms of this Contract, Contractor agrees to provide services as designated in program specifications and proposal attached hereto and identified as Exhibit "A" and by this reference made a part of this Contract. Contractor acknowledges that nothing contained in this Contract shall require ENOA to utilize Contractor's services. Contractor agrees to provide such quantity of services as requested by ENOA.

## ARTICLE III

COMPENSATION

In consideration of the services herein provided, ENOA shall reimburse Contractor for each unit (**hour**) of service at a rate of \$20.50 for the fiscal year of July 1, 2016 to June 30, 2017. Contractor shall prepare a monthly billing to be submitted by the seventh working day of the following month.

## ARTICLE IV

## TERM

This Contract shall be in effect for **typically one year** from July 1, 2016 through and including June 30, 2017. Either party may terminate Contract by thirty (30) days advance written notice for failure to comply with any terms and conditions of Contract. It is specifically understood and agreed by and between the parties hereto that this Contract shall remain in force only so long as funds are made available through the State.

## ARTICLE V

## AUTHORIZED REPRESENTATIVE

The Director of ENOA or designated representative shall be the authorized representative to monitor performance under this Contract. ENOA shall prescribe accounting systems for records and accounts and shall require progress reports. ENOA shall not be authorized to change any of the terms or conditions of this Contract. Such changes, if any, shall be accomplished only by a properly executed modification of this Contract in accordance with the terms and conditions of Paragraph VIII hereof.

ARTICLE VI

**CONDITIONS**

**A. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION**

Accept

The contractor shall comply with all applicable local, State and Federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits contractors of the Eastern Nebraska Office on Aging (ENOA) from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions or privileges of employment because of race, color, religion, sex, disability, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract.

**B. PERMITS, REGULATIONS, LAWS**

Accept

The contractor shall procure and pay for all permits, licenses and approvals necessary for the execution of the contract. The contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders and regulations.

**C. INSURANCE REQUIREMENTS**

Accept

The contractor shall not commence work under this contract until he or she has obtained all the insurance as required and requested by the contract. The contractor shall furnish ENOA a certificate of insurance coverage which indemnifies and holds harmless the Eastern Nebraska Office on Aging. In addition, notice of cancellation of any required insurance policy must be submitted when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage. (See attached Bath Aide Program Bid Specifications Exhibit A for specific insurance requirements.)

**D. INDEPENDENT CONTRACTOR**

Accept

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with ENOA; they shall not be considered employees of ENOA.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the contractor, its officers or its agents) shall in no way be the responsibility of ENOA. The contractor will hold ENOA harmless from any and all such claims.

**E. CONTRACTOR PERSONNEL**

---

Accept

The contractor warrants that all persons assigned to the project shall be employees of the contractor and shall be fully qualified to perform the work required. Contractor covenants that it has not retained or employed any company or person, other than bona fide employees working for the contractor, to solicit or secure the contract and that it has not paid or agreed to pay any company or person other than bona fide employees working solely for the contractor, any fee, commission, percentage, brokerage fee, gift or any other consideration, contingent upon or resulting from the award or making of the contract. For breach of this statement, ENOA shall have the right to annul contract without liability. Contractor agrees to have services performed by US Citizens or individuals lawfully authorized to derive income from employment in the US.

**F. COMMUNICATION**

---

Accept

For the duration of the contract, all communication between contractor and ENOA regarding the contract shall take place between the contractor and individuals specified by ENOA. Communication about the contract between contractor and individuals not designated as points of contact by ENOA is strictly forbidden.

**G. CONFLICT OF INTEREST**

---

Accept

The contractor certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services or which creates an actual or appearance of conflict of interest.

**H. BEGINNING OF WORK**

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Accept

The contractor shall not commence any billable work until a valid contract has been fully executed by ENOA and the contractor.

**I. ADVERTISING**

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Accept

The contractor agrees not to release any written material or media releases regarding the program sponsored by ENOA.

**J. POLITICAL ACTIVITIES**

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Accept

Contractors are prohibited from using any of the funding provided for this contract for lobbying or political purposes of any kind.

**K. ENOA PROPERTY**

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Accept

The contractor shall be responsible for the proper care and custody of any ENOA-owned property which is furnished for the contractor's use during the performance

of the contract. The contractor shall reimburse ENOA for any loss or damage of such property, normal wear and tear is expected.

**L. EARLY TERMINATION**

Accept

The contract may be terminated as follows:

1. ENOA and the contractor, by mutual written agreement, may terminate the contract at any time.
2. ENOA, in its sole discretion, may terminate the contract for any reason upon 30 days written notice to the contractor. In the event of cancellation, the contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

**M. BREACH BY CONTRACTOR**

Accept

ENOA may terminate the contract, in whole or in part, if the contractor fails to perform its obligations under the contract in a timely and proper manner. ENOA may, by providing a written notice of default to the contractor, allow the contractor to cure a failure or breach of contract within a period of thirty (30) days.

**N. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS**

Accept

ENOA may terminate the contract, in whole or in part, in the event funding is no longer available. ENOA will give the contractor written notice thirty (30) days prior to the effective date of any termination. The contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the contractor be paid for a loss of anticipated profit.

**O. PAYMENT**

Accept

ENOA will render payment to contractor when the terms and conditions of the contract and specifications are being satisfactorily completed on the part of the contractor as solely determined by ENOA.

**P. INVOICES**

Accept

Invoices for payments must be submitted by the contractor to ENOA with sufficient detail to support payment.

**Q. RECORDS, ACCESS AND AUDIT REQUIREMENTS**

Accept

Contractor shall maintain such records and accounts, including property, personnel and financial records as are deemed necessary to assure a proper accounting for all contract expenses. All contractor books, records, and documents regardless of physical form, including data maintained in computer files, relating to work performed or monies received under this contract shall be

subject to review or audit. Contractor shall maintain all records for five (5) years from the date of final payment. All records shall be maintained in accordance with generally accepted business practices.

**R. PROGRAMMATIC REPORTS**

Accept

Contractor shall submit such fiscal and programmatic progress reports as deemed necessary and requested by ENOA on all activities and functions of the contract for which funds are received. These may include but are not limited to a monthly fiscal report and if required, a contract completion report to be submitted within fifteen (15) days upon termination or completion of the contract.

**S. INSPECTION AND APPROVAL**

Accept

A representative from ENOA shall have the right to enter any premises where the contractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**T. CONFIDENTIALITY**

Accept

All materials and information provided by ENOA or acquired by the contractor on behalf of ENOA shall be regarded as confidential information and shall be handled in accordance with Federal and State Law, and ethical standards. The contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a contractor; contractor shall notify ENOA immediately of said breach and take immediate corrective action.

**U. DRUG POLICY**

Accept

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by ENOA.

**V. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY**

Accept

The contractor, by signature to the contract, certifies that the contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The contractor shall immediately notify ENOA if, during the term of this contract, contractor becomes debarred. ENOA may immediately terminate this contract by providing contractor written notice if contractor becomes debarred during the term of this contract.

**ARTICLE VII**  
**ASSIGNMENT**

Contractor may not assign its rights or obligations under this Contract without the express prior written consent of ENOA.

**ARTICLE VIII**  
**MODIFICATIONS**

This Contract may be amended at any time by written agreement of the parties hereto and shall be amended as prescribed by changes in state or federal rules and regulations and cost policies referred to in the program specifications.

**IN WITNESS WHEREOF**, the parties hereto have executed this Contract this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

ATTEST:

XXXXPROVIDER

\_\_\_\_\_

By \_\_\_\_\_

*AUTHORIZED REPRESENTATIVE*

DATE \_\_\_\_\_

ATTEST:

EASTERN NEBRASKA HUMAN SERVICES  
AGENCY-OFFICE ON AGING

\_\_\_\_\_

By \_\_\_\_\_

CHAIR, ENHSA/ENOA GOVERNING BOARD

DATE \_\_\_\_\_

## **SECTION B – GOALS, OBJECTIVES, STRATEGIES**

### 1. Description of the Eastern Nebraska Office on Aging

#### **Mission Statement:**

*"To help older Nebraskans live independently, live with dignity, and remain for as long as possible in their own homes."*

#### **History and Description of the Agency**

The Eastern Nebraska Office on Aging (ENOA) was created in 1974 under an inter-local agreement between the counties of Douglas, Sarpy, Dodge, Washington, and Cass for the purpose of planning and providing services for elderly residents. Since 1974, ENOA has grown from providing congregate meal sites to the multi-million dollar agency it is today, contracting and providing a multitude of services and programs for older persons in the five counties.

ENOA's role is to ensure that the older adults within its region have access to a continuum of services that enable them to remain active, independent, and in their own homes for as long as possible. ENOA serves as a gateway to aging services that already exist in the community and also operates its own programs that fill previously unmet needs in the five-county area.

ENOA is divided into a number of divisions. See organizational charts for staffing descriptions.

#### ***Information and Assistance (I&A) Division***

I&A staff provides information, assistance, advice and referral regarding services for individuals 60 years of age and over.

The trained staff:

- Serve as entry point to access and assistance services of the agency;
- Receive calls to I&A line and route as necessary to other agency staff;

- Provide information on ENOA services to callers and visitors as requested;
- Offer community resource information to callers and visitors; send material by mail, fax, and electronically as requested;
- Complete all initial intakes for ENOA in-home service requests.
- Receive and maintain service reports from local legal service agencies who have a signed letter of agreement with ENOA;
- Report legal service activities of ENOA to the State Unit on Aging Legal Services Division.
- Maintain ENOA Resource Library on first floor for staff and visitors;
- Maintain community resource lists for agency staff;
- Coordinates update and printing of ENOA brochures for the library, agency staff, I&A, and main lobby.
- Maintains updated ENOA Resource Directory for staff use; and current lists of community resources to share with callers and visitors.
- Coordinates and participates in speaking engagements, health fairs, etc.;
- Educates the public about ENOA and its role in our communities.
- Completes MDS Section Q Referrals when requests are made by nursing home social workers for residents who request information on community agencies that could assist them after discharge home. Contact is made by I&A staff in a face to face visit, through a phone call or by mail to provide current community resource information.
- Coordinates the Partnerships in Aging Network (PIA Network) monthly meetings. The PIA Network's mission is to bring together a wide variety of organizations specialized in elder care to share resources and information that assist in successful aging. Professionals, community members, seniors and caregivers are welcome to participate in the network.
- Coordinates the ADRC activities for the NENAA/ENOA pilot project.

***C.H.O.I.C.E.S Division******(Choosing Home Or In-Community Elder Services)***

CHOICES is a Nebraska service that helps older adults and adults with disabilities decide where and how they want to live including:

- Living in their own home with assistance;
- Living in an assisted living facility; or
- Living in a nursing facility.

The goal of the CHOICES programs is to build a continuum of aging services and supports to empower older adults to remain safe and independent in the living environment of their choice as integral members of the communities in which they reside.

Care Management Program offers the following services:

- Care Management
- Bath Aide
- Homemaker
- Emergency Response System
- Chore
- Home-Delivered Meals
- Durable Medical Equipment
- Senior Volunteer Services
- Rural Transportation

Caregiver Support Program includes the following services:

- Information to caregivers about available services.
- Assistance to caregiver in gaining access to the available services.
- Caregiver Training
- Respite Services
- Supplemental Services, on a limited basis

The Aged and Disabled Waiver Program includes the following services:

- Services Coordination
- Adult Day Health Care
- Assisted Living Services
- Assistive Technology and Supports
- Home Care/Chore
- Home-Delivered Meals
- Home Modifications
- Nutrition Services
- Personal Emergency Response System
- Respite Care
- Non-medical Transportation

Senior Care Options

At ENOA, designated Services Coordinators also known as Senior Care Options counselors complete screenings to ensure an individual meets the nursing facility level of care. The individual will also receive CHOICES counseling to provide information on alternative home and community based services.

Integrated Service

ENOA is developing partnerships with local healthcare networks to offer premier integrated services. These services join ENOA's expertise as a community based organization serving older adults with Accountable Care Organizations; Hospital Engagement Networks; Clinically Integrated Networks, etc. to provide patients optimal healthcare outcomes. It is also setting the stage for ENOA to continue to develop additional private pay services directly to the public.

### ***Community Services Division***

This division coordinates and monitors for quality service delivery by ENOA contracted providers.

The following areas fall under the Community Services Division:

#### Homemaker

- Light housekeeping – typically 2 hours e/o week - (ENOA Care Management clients only)

#### Durable Medical Equipment

- Individuals receive selected medical equipment and supplies that are not approved for payment by Medicare. (ENOA Care Management clients only)

#### Bath Aide

- Provides intermittent bathing service - (ENOA Care Management clients only)

#### Chore (Lawn/Snow) - (ENOA Care Management clients only)

- Lawn care from May-October
- Snow Removal from November – March
- Extermination Services

#### Personal Emergency Response Systems - (ENOA Care Management clients only)

- Client wears a button to be pushed during fall or other type of emergency to summon assistance from family members or 911
- Income limits apply

#### Grandparent Resource Center

- Information and referral to grandparents raising their grandchildren
- Monthly support group meetings

### Rural Transportation

- All ages
- All purposes (doctor/therapy/groceries/appointments/airport)
- Charged by miles traveled

### Intergeneration Orchestra

- Volunteer musicians 50 years of age and over and under age 25
- Perform 7 concerts per season in area nursing/retirement homes

## ***Nutrition Services Divisions***

ENOA meets the nutritional needs of the elderly through a wide variety of services.

Nutrition Counseling provides individualized teaching and diet counseling to clients in the 5-county area.

Liquid Nutrition Supplements are provided for nutrition service's clients who, after nutritional assessment, have been identified at nutritional risk and need this additional nutritional support.

Emergency Pantry is available for any ENOA clients, 60 years of age or older, who have an urgent need for non-perishable food items when access to local pantries is not available.

Education Programs - ENOA has contracted with Friendship Program Inc. to provide the evidence based program - Tai Chi – Moving for Better Balance at some of ENOA senior centers. In addition, ENOA also provides a variety of general nutrition programs at the ENOA senior centers.

## ***Home Delivered Meals***

ENOA provides meals Monday through Friday to individuals 60 years or older, who have difficulty with meal preparation, live alone, or have no one available to assist them during meal time, and unable to attend a senior center;

- In the Greater Omaha metro area, ENOA provides the service directly contracting with a caterer to prepare the meals and ENOA staff and volunteers deliver them.
- ENOA contracts with several area long term care facilities to provide the service in their locale.
- Rural areas senior centers provide meals
- Clients who reside in remote areas receive weekly frozen meal deliveries rather than a daily hot meal.

### ***Congregate Meals***

#### ENOA Senior Centers

- Congregate meals are provided at 1 meal site and 27 Multipurpose Senior Centers through the 5 county area.
- ENOA directly operates 9 of the centers and contracts with other organizations to operate 19 of the senior centers.

#### Diner's Choice

- Diner's Choice is a congregate meal voucher program that is outside the "typical" senior center model.
- The participant receives a plastic meal card that has been electronically loaded with a set number of meal credits.
- The approved meals will be available at the grocery store and the seniors can pick a time that fits in with their individual schedules.

### ***Volunteer Services Division***

#### Ombudsman Advocate Program

- Volunteers that serve as advocates for residents of long term care facilities

### RSVP

- Volunteers 55 years of age and over
- Volunteer at non-profit agencies in our 5 counties

### Senior Companion

- Income eligible volunteers 55 years of age and over
- Receive a tax free stipend of \$2.65/hour
- Provide companionship to an older adult

### Foster Grandparent

- Income eligible volunteers 55 years of age and over
- Receive a tax free stipend of \$2.65/hour
- Matched with special needs children

### Seniorhelp Volunteer Program

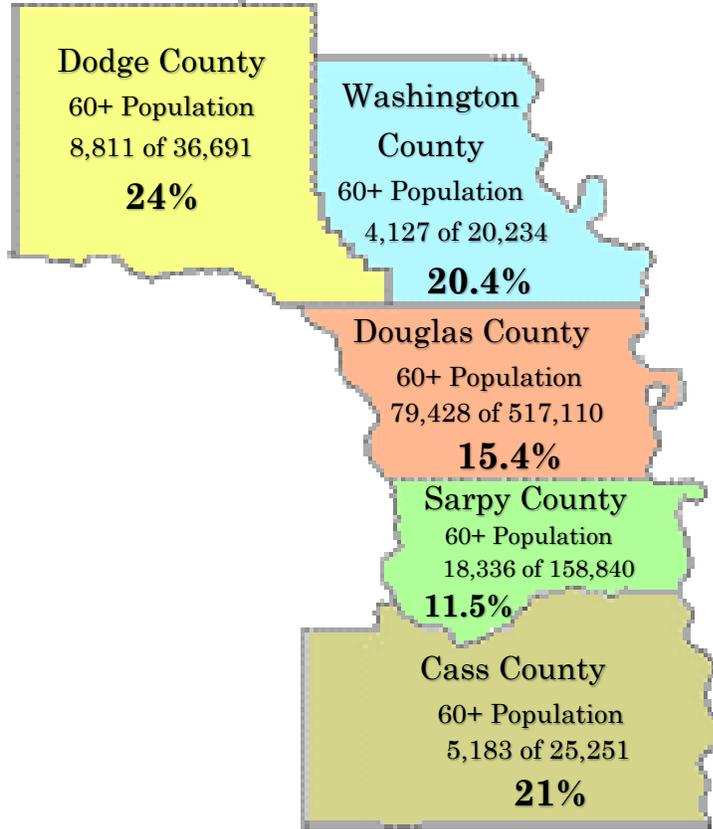
- Volunteers of all ages providing services to individuals 60 years of age and over.

## ***Public Affairs Division***

This division is responsible for the planning, writing, and developing of all public informational activities and materials relating to ENOA including:

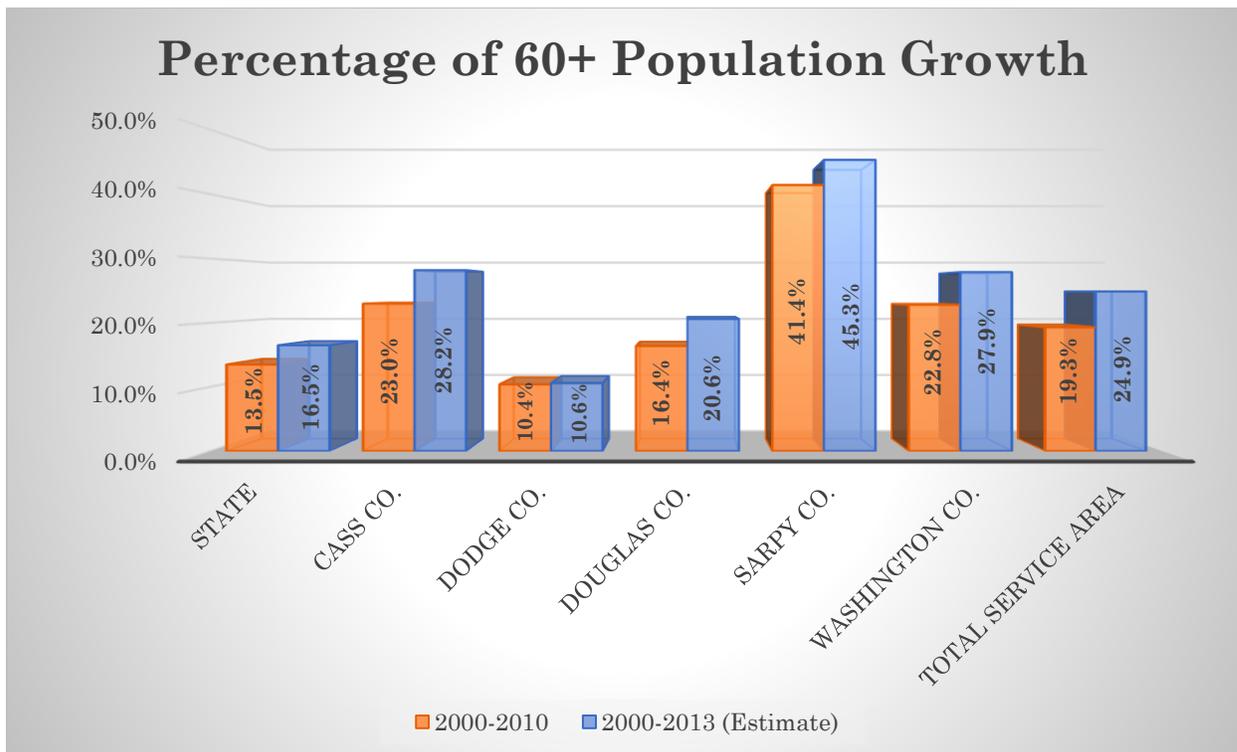
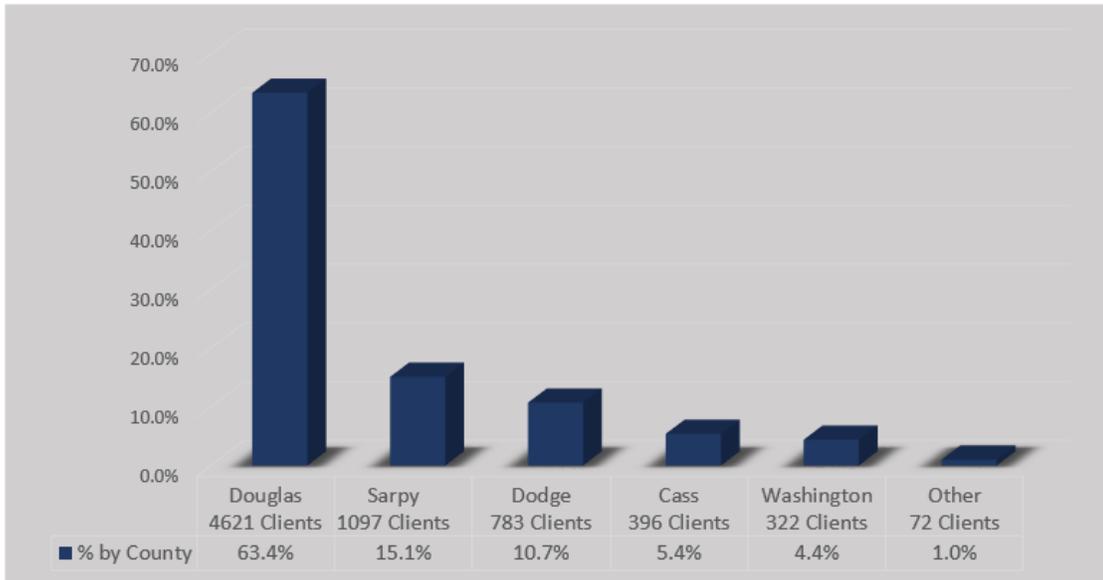
- Writing and publication of the monthly New Horizons newspaper
- Supervision of the writing, designing and publication of agency brochures
- Liaison with the media outlets and members
- Coordination of special projects
- ENOA's website
- Social Media

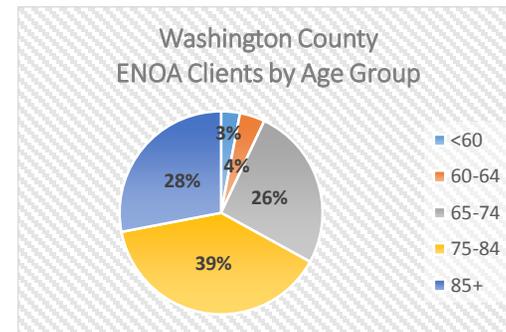
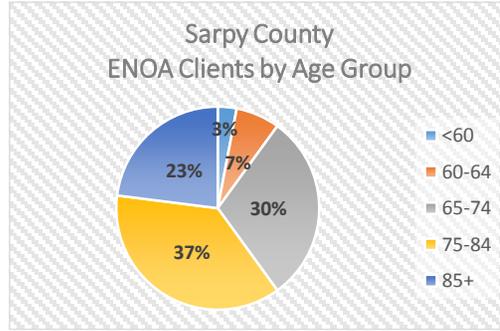
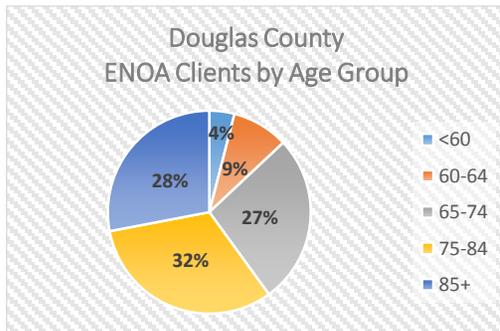
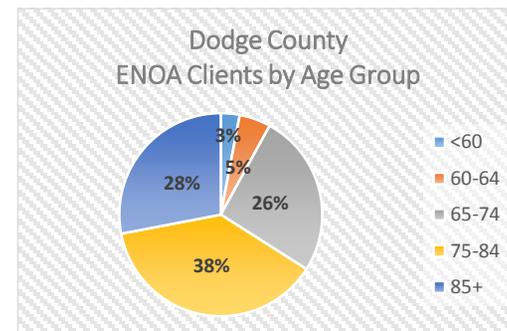
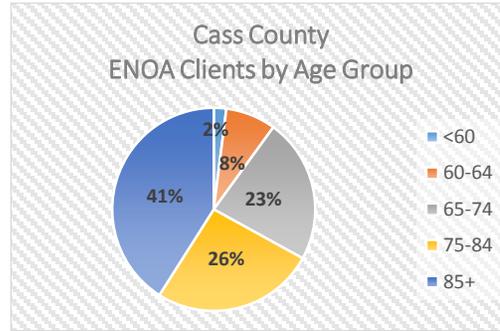
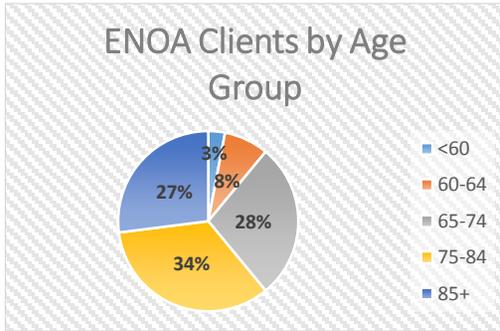
**ENOA SERVICE AREA DEMOGRAPHICS**



Population of Planning and Service Area Over the Age of 60								
	Entire State	Cass CO	Dodge CO	Douglas CO	Sarpy CO	Washington CO	Total Service Area	% of Population
<b>60 – 64</b>	95,490	1580	2071	24,553	6922	1286	36,412	<b>38%</b>
<b>65 – 74</b>	123,126	1985	3116	28,483	8148	1509	41,111	<b>33%</b>
<b>75 – 84</b>	84,243	1087	2406	18,314	4018	913	26,738	<b>32%</b>
<b>85+</b>	39,308	531	1218	8078	1378	419	11,624	<b>30%</b>
<b>Totals</b>	<b>342,167</b>	<b>5,183</b>	<b>8,811</b>	<b>79,428</b>	<b>20,466</b>	<b>4,127</b>	<b>115,885</b>	<b>34%</b>

## ENOA CLIENTS SERVED BY COUNTY JULY 1, 2014 THRU JUNE 30, 2015





County	Total # of clients of any age served	Total # of clients that were 60+	Total # of clients that were 65+	2013 Population Est. 65+	% of Total 65+ in County	Total # of clients 65+impoverished served	2008-2012 ACS 65+ & Impoverished Population Base	% of Total 65+ Impoverished in County
CASS	334	326	298	3940	7.5%	64	154	42%
DODGE	716	697	664	6885	9.6%	281	487	58%
DOUGLAS	3360	3238	2931	60,365	4.8%	875	4074	22%
SARPY	946	916	849	16,609	5.1%	203	571	36%
WASHINGTON	286	277	265	3145	8.4%	107	124	86%
County	# of 65+ Clients served who live alone	2008-2012 ACS 65+ Lives Alone Population Base	% of all 65+ lives alone clients served by ENOA			Total # of Clients 85+ Served	2013 Population Estimate 86+ Population Base	% of 85+ in County
CASS	147	935	15.7%			85	536	15.8%
DODGE	254	2011	12.6%			202	1289	15.7%
DOUGLAS	1600	17,372	9.2%			931	8644	10.7%
SARPY	423	3353	12.6%			217	1711	12.7%
WASHINGTON	98	767	12.7%			80	443	18.1%

County	# of Clients 85+ in Poverty Served	# of OAA Eligible Clients over 60+	% of OAA Eligible Clients			# of Clients 85+ who Live Alone Served	# of OAA Eligible Clients Served	% of Clients 85+ who Live Alone Served
CASS	13	326	4%			59	326	18.1%
DODGE	74	697	11%			112	697	16.1%
DOUGLAS	176	3238	5%			577	3238	17.8%
SARPY	33	916	4%			141	916	15.2%
WASHINGTON	34	277	12%			38	277	13.7%

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## 2. Federal Goals

### **GOAL 1 – Advocacy**

Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.

#### **Objective 1:**

To provide information and assistance to older adults, caregivers and disabled individuals in a variety of settings.

#### Strategies:

1. I & A staff host an ENOA Info table at select Senior Centers throughout the year.
2. Utilize the Partnerships in Aging Network to enhance community awareness of ENOA & our services.

#### Performance Measurements:

1. Track number of number of events, service hours and participants at all information events and enter monthly in NAMIS database under Public Information/Information Services IIIB. BASELINE #'s for 1/1/15 – 12-31-15:
  - Number of Events = 73 – We do not anticipate a significant increase in events.
  - Service Hours = 136 - We do not anticipate a significant increase in service hours.
  - # of Participants at events = 2,392
2. I & A monthly contacts in NAMIS database should increase. BASELINE #'s for 1/1/15 – 12-31-15:
  - Contacts – 10,272 – Increase of 1-2% per fiscal year

#### **Objective 2:**

Increase awareness of available community resources that assist the aging and disability populations.

#### Strategies:

1. Participate in additional Senior Fairs and Health Fairs

2. Utilize and promote the ENOA and ADRC website
3. Network in the community to learn about new and existing services by joining networking groups and serving on committees

Performance Measurements:

1. Record the number of service hours and participants at senior fairs & events in NAMIS. BASELINE #'s for 1/1/15 – 12-31-15:
  - Number of Events = 73 – increase of 1% each fiscal year
  - Service Hours = 136 - increase of 1% each fiscal year
  - # of Participants at events = 2,392
2. Increased number of hits on the website BASELINE # for 4/23/15 – 4-22-16 (4/23/15 was the launch of the new website):
  - Hits – 36,602 - increase of 1% each fiscal year
3. Increased participation in networking groups and on committees

BASELINE:

- Energy Assistance Community Group Committee (meets monthly)
- BBB Consumer Programming Committee (meets quarterly)
- Dementia Care Conference Planning Committee (plans one conference per year)
- Partnerships In Aging Networking Group (meets monthly)
- Increase by participating in one additional networking group/committee each fiscal year

**Objective 3:**

Continue to partner with Legal Aid of Nebraska and promote the Elder AccessLine to provide legal information and assistance to the 60+ population in the counties we serve.

Strategies:

1. Continue to support the State Unit on Aging's law school clinics in targeted urban and rural areas. (The law clinics determine when a clinic is held based on funding.)
2. Provide Legal Aid of Nebraska's Elder AccessLine brochures in Rural Transportation vans.
3. Send out Elder AccessLine brochures in Rural Transportation, Home Delivered Meals and Personal Emergency Response contribution statements once a year.

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Performance Measurements:

1. Record number of service hours and participants at all legal events and enter in NAMIS database. BASELINE #'s for 1/1/15 – 12-31-15:
  - Service Hours = 3,139.70
  - # of Participants at events = 1,323
  - Increase will be determined by law clinics ability to provide clinics
2. Record number of brochures mailed/distributed. BASELINE #: 55 packets of information per month sent out that includes resource information on many different topics – elder abuse information not separately tracked. Increase by 1% each fiscal year

**Objective 4:**

Build capacity within existing volunteer programs

Strategies:

1. Initiate conversation with the State Unit on Aging VISTA program's Nebraska Strengthening Aging Populations (NSAP) to identify programming techniques in an effort to maximize the outcome of ENOA volunteer services.
2. Work toward becoming a resource for baby boomers and other older adults looking to contribute to the community in specialized areas through enrollment in an ENOA volunteer program.
3. SeniorHelp utilizes on-line recruitment sites such as Volunteer Match, Creighton, Metropolitan Community College, Millard and metro parochial school web-sites, and information fairs and Creighton and UNO. FGP, RSVP, SCP and Long-term Care Ombudsman Program recruit through various means including presentations, community fairs and publications.
4. Partner with community organizations such as AARP, Alzheimer's Assoc. etc. as well as using social media to recruit new volunteers
5. Utilize the VPA-UNO Program to receive information that will enhance the volunteer programs

Performance Measurements:

1. Anticipated Outcome: ENOA will increase volunteer awareness through new and existing programs.

BASELINE #'s = Number of volunteers enrolled (1/1/15 – 12-31-15)

- RSVP – 102
- Ombudsman – 4
- SeniorHelp – 73
- Senior Companion Program – 10
- Foster Grandparent Program – 3

TOTAL = 192

2. Data Collection Tools include information from volunteer time reports and training attendance sheets entered into:
  - RSVP, FGP, SCP = Volunteer Reporter and NAMIS
  - SeniorHelp = Excel and Access Databases, NAMIS
  - Ombudsman = Ombudsmanager, NAMIS

Desired increase of number of volunteers would be 1-2% each fiscal year.

**Objective 5:**

Assist older adults with specialized services

Strategies:

1. SeniorHelp staff work closely with I and A staff to determine services appropriate for new and existing clients. Services include, but not limited to assisting with sorting and organizing.
2. RSVP will provide specialized services through station development.
3. Through Ombudsman, provide trained and experienced assistance through paid or volunteer resources to assist with services such as:
  - a. Disperse details on how to choose a long-term care facility
  - b. Provide information to the public on how to report concerns at long-term care facilities
  - c. Conduct ongoing training for volunteers on resources for the older population in our community
  - d. Determine possible community opportunities to speak about the Ombudsman Program
4. Foster Grandparents, Senior Companions will receive training pertaining to resources for older adults.

Performance Measurements:

1. Anticipated outcome: Increased recipients will receive ENOA services to enhance and extend their ability to remain in their home for as long as possible.

BASELINE #'s = Number of service units (1/1/15 – 12-31-15)

- RSVP – 86,481.95- Volunteer units
- RSVP Care GO – 1,638 (one and two way rides provided)
- Ombudsman – 1552
- SeniorHelp – 4619.75
- Senior Companion Program – 63,346.75
- Foster Grandparent Program – 71,219

TOTAL = 192

2. Data Collection Tools include information from volunteer time reports and training attendance sheets entered into:
  - RSVP, FGP, SCP = Volunteer Reporter and NAMIS
  - SeniorHelp = Excel and Access Databases, NAMIS
  - Ombudsman = Ombudsmanager, NAMIS

Because we are funded for a set number of volunteer hours in FGP and SCP we are unable to increase service units in those two programs. For the remaining programs we would like to see a 1% increase in number of recipients served in each of the fiscal years.

**Objective 6:**

Draft a plan for volunteers to assist older adults in the event of a disaster.

Strategies:

1. Volunteer Services staff will participate in other disaster training in an effort to assist older adults as possible.
2. Foster Grandparents and Senior Companions will receive training focusing on disaster preparation.
3. Foster Grandparents and Senior Companions will maintain a File of Life to assist emergency personnel in the event of an emergency.

4. The Foster Grandparent and Senior Companion Programs will provide an emergency checklist to volunteers, so that they may stock up on basic survival items in the event of a disaster.
5. The RSVP Program will participate in a FEMA certified course and associated sessions with RSVP and AmeriCorps colleagues. The training will build upon CNCS's strategic goal of strengthening the vital roles Senior Corps RSVP volunteers and AmeriCorps members can fill during times of disaster.

Performance Measurements:

1. Track the number of ENOA clients, volunteers and community members that receive information on disaster preparation.

BASELINE #'s = 0 (not previously tracked) Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.

2. Data Collection Tools will include information from staff/volunteer time training attendance sheets entered into:
  - RSVP, FGP, SCP = Volunteer Reporter and NAMIS
  - SeniorHelp = Excel and Access Databases, NAMIS

**Objective 7:**

To meet all requirements of the Title VI Non-Discrimination Plan through the Nebraska Department of Roads as it pertains to the Rural Transportation Program.

Strategies:

1. To post the English/Spanish Title VI information in all required locations.

Performance Measurements:

1. Track the number of inquiries received regarding Title VI rights from Rural Transportation Passengers via agency website and through personal inquiries received by Program Coordinator.

BASELINE # for 1/1/15 – 12-31-15: 0 Inquires received

**Objective 8:**

To create a quarterly Rural Transportation newsletter for passengers

Strategies:

1. Create a quarterly newsletter that will update passengers on the program and allow for comments/suggestions.
2. Distribute newsletters to rural transportation passengers.

Performance Measurements:

1. Track number of newsletters distributed. BASELINE #'s for 1/1/15 – 12-31-15: 100 newsletters – Anticipated increase of 1-2% for each of the fiscal years.
2. Track number of inquiries/suggestions program receives as a result of the newsletter. BASELINE #'s for 1/1/15 – 12/31/15: 0 Inquires and/or suggestions received – Unable to anticipate level of increase possible.

**Objective 9**

Enhance public affairs division.

Strategies:

1. Research marketing plan for ENOA to increase public awareness of the agency and its role in the community.
2. Redesign of the agency paper - New Horizons
3. Begin emailing New Horizons to readers who prefer to receive the publication electronically.

Performance Measurements:

1. Media satisfaction surveys will be conducted. BASELINE #'s for 1/1/15 – 12/31/15: 0 surveys were completed – new survey being developed. Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.
2. Number of new redesigned agency papers distributed BASELINE #'s for 1/1/15 – 12/31/15: 0 – This process will not begin until approximately FY 2017-2018 when the agency moves to the new location.
3. Track number of email subscribers. BASELINE #'s for 1/1/15 – 12/31/15: 0 – this is a new process that was just initiated in April of 2016. Baseline to be established in first fiscal year. Increase by 2-3% the remaining fiscal years.

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## **GOAL 2 – Protect Rights and Prevent Abuse**

Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

### **Objective 1:**

Enable older adults with family support to access services both in the home and transitioning to assisted and long-term care facilities with minimal conflict among family members, while maintaining the wishes of the older adult in need.

#### Strategies:

1. Provide advocacy to families through the Ombudsman volunteer program that recruits and trains advocate volunteers.
2. Speak to Family Councils at Long-Term Care Facilities about resolving family conflict and Resident Rights.
3. Offer ongoing training about Resident Rights to facilities, volunteers and the community.

#### Performance Measurements:

1. Track number of visits and consultations for trained Ombudsman to provide resources for the wellbeing of the residents.
2. Data Collection Instrument: Volunteer Time Sheets and staff spreadsheets – recorded in Ombudsmanager BASELINE#’s for 1/1/15 – 12/31/15: 700 visits, 2125 consults - Anticipated increase of 1% for each of the fiscal years.

### **Objective 2:**

Assist in providing a safe environment and specialized services for older adults to remain in their home.

#### Strategies:

1. Volunteer Services staff will attend training through APS (when available) to provide support to volunteers/clients that are served through the program.
2. The Foster Grandparent and Senior Companion Programs will have training at one of the monthly in-services on prevention of elder abuse for volunteer/program staff.

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Performance Measurements:

1. Track number of training attended by Volunteer Services staff.  
BASELINE#’s for 1/1/15 – 12/31/15: 1 training – We do not anticipate an increase or decrease.
2. Track number of in-service programs on the prevention of elder abuse that is presented to volunteers and program staff.  
BASELINE#’s for 1/1/15 – 12/31/15: 2 in-service programs– We do not anticipate an increase or decrease.

**Objective 3:**

Utilize the Home Delivered Meals Program to assist in providing a safe environment for older adults to remain in their home.

Strategies:

1. Offer Abuse Prevention and Detection training session(s) to the HDM drivers.
2. Send Adult Abuse Prevention and Detection educational materials to the HDM volunteers.
3. Deliver Abuse Prevention and Detection educational materials to HDM clients.

Performance Measurements:

1. Track number of trainings provided for HDM drivers. BASELINE #’s = 0 (Not previously tracked) Baseline to be established in first fiscal year. Increase by 1training for each fiscal year.
2. Track number of mailings sent to participants, caregivers and families  
BASELINE #’s = 0 (not previously tracked) Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.

**Objective 4:**

Utilize the senior centers to provide information to educate participants and staff on how to identify and report elder abuse.

Strategies:

1. Provide written information in the form of pamphlets and handouts to seniors.
2. Provide presentations regarding elder abuse by working with DHHS and other organizations in the communities.

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Performance Measurements:

1. Record the number of presentations on Elder Abuse held at the Senior Centers. BASELINE #'s for 1/1/15 – 12/31/15: 0 (Not currently tracked – specific to Elder Abuse) Baseline to be established in first fiscal year. Increase by 1 annual presentation the remaining fiscal years.
2. Record the number of pamphlets and handouts provided. BASELINE #'s for 1/1/15 – 12/31/15: 0 (Not currently tracked- specific to Elder Abuse) Baseline to be established in first fiscal year. Increase by 1-2% the remaining fiscal years.

**Objective 5:**

Enhance training of senior center staff to better understand elder abuse.

Strategies:

1. Provide education programs at biannual senior center manager meetings.

Performance Measurements:

1. Record attendance at meetings. BASELINE #'s for 1/1/15 – 12/31/15: 21 participants at both the March 2015 and September 2015 senior center manager meetings - We do not anticipate an increase or a decrease.

**Objective 6:**

Increase ENOA Legal Services and Information and Assistance involvement in state activities promoting elder rights and preventing elder abuse.

Strategies:

1. Participation in quarterly State Elder Rights Coalition meetings to gather information on current projects to share with ENOA Director and appropriate staff.
2. Participation in State Unit on Aging events promoting World Elder Abuse Awareness Day (WEAAD), and sharing public service announcements on ENOA social media and website.

Performance Measurements:

1. Maintain records of activities and involvement BASELINE #'s for 1/1/15 – 12/31/15: 4 quarterly meeting participation. We do not anticipate an increase or a decrease.

**Objective 7:**

Protect and enhance elder rights and prevent abuse of older adults and disabled individuals by increasing community knowledge and awareness.

Strategies:

1. Information & Assistance will maintain updated information on elder rights and abuse prevention and will keep information available in the ENOA main office lobby, Resource Library, and staff resource files.
2. Information & Assistance will provide information at community health fairs and speaking engagements
3. Information & Assistance will provide elder rights and abuse prevention handout that will be delivered once a year with ENOA Meals on Wheels client meals.
4. Explore opportunities for Information and Assistance Staff to attend community education events on elder rights and abuse prevention;
5. Extend invitations to local agencies involved in promoting elder rights and preventing abuse to bring information to Information and Assistance staff meetings.

Performance Measurements:

1. Maintain monthly record of information events and classes attended by staff which are focused on enhancing elder rights and abuse prevention. BASELINE #'s for 1/1/15 – 12/31/15: 0 (Not currently tracked) Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.

**GOAL 3 – Individual Self-Determination & Control**

Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions and exercise self-determination and control about their independence, well-being and health.

**Objective 1:**

CHOICES programs will continue to utilize a participant-driven service delivery model. (1200 CHOICES clients)

**Strategies:**

1. Provide our participants the rights to:
  - a. Decide where and with whom they live.
  - b. Have control over the services they receive and who provides the services.
  - c. Include family, friends and supports to help them participate in community life.
  - d. Ask questions to help make informed decision; and promotes self-directed care and accountability.

**Performance Measurements:**

1. Utilization of customer satisfaction surveys BASELINE #'s for 1/1/15 – 12-31-15: approximately 100 surveys – We do not anticipate an increase or decrease.
2. Quality Assurance file reviews BASELINE #'s for 1/1/15 – 12-31-15: approximately 100 QA file reviews. We do not anticipate an increase or decrease.

**Objective 2:**

Provide menu choices in the congregate meal program. (1580 Congregate Meal clients)

**Strategies:**

1. Work with ENOA caterer to continue to provide variety with a select menu.

**Performance Measurements:**

1. Record the number of meals served at centers with select menus. BASELINE #'s for 1/1/15 – 12-31-15: 8,568 Deli Choice Meals ordered. We cannot anticipate an increase or decrease.

**Objective 3:**

Provide a voucher program – “Diner’s Choice” (28 Current Clients)

**Strategies:**

1. Expand the Diner's Choice Program to areas without a senior center available.

**Performance Measurements:**

1. Record the number of meals served in the Diner's Choice Program BASELINE #'s for 5/1/15 – 12-31-15: 352 Diner's Choice meals served (28 clients) – Anticipated level of increase cannot be determined at this time.
2. Utilize participant satisfaction surveys. BASELINE #'s for 5/1/15 – 12-31-15: 9 Surveys – Increase of 1-2% for each fiscal year.

**GOAL 4 – Long-Term Services and Supports**

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 1:**

Provide administration and oversight of programs funded through the Older Americans Act, Care Management Services Act, Community Aging Services Act and other local and county funds in addition to private contributions and contracts to ensure consistent, coordinated and accountable service delivery for quality Long Term Services and Supports.

**Strategies:**

1. Monitor Care Management and Caregiver Support budgets to ensure administration, management, and staff are judicious stewards when authorizing and utilizing funds, services and resources.
2. Review and update Care Management and Caregiver Support programs policies and procedures as needed to ensure all-inclusive participant participation.
3. Provide ongoing training curriculum and/or opportunities to ensure professional staff have exposure to current interventions, resources, and research.

4. Work with the SUA to secure a more care management friendly software that will allow staff to access a web-based system to complete assessments, documentation and referrals.
5. Develop plan to gather current input of rural areas and determine unmet service needs.
6. Expand Caregiver Support Services into Dodge and western Cass Counties.
7. Expand Home and Community Based Services (HCBS) by creating an electronic information exchanges with healthcare provider networks to integrate healthcare services with HCBS.

Performance Measures:

1. Track budgets through monthly fiscal reports and complete budget revisions accordingly BASELINE #'s: 12 monthly fiscal reports and 2 budget revisions per fiscal year – No increase or decrease expected
2. Updated policy and procedures for CHOICES programs BASELINE #'s: 1 yearly update of CM and CSP policies - No increase or decrease expected
3. Obtain copies of Certification of Completion for CADER courses (15 total) and track monthly in-service topics BASELINE #'s: 0 certificates and 10 monthly in-services – Anticipate 15 completed certificates.
4. Decrease in need for paper records in participant files
5. Complete attendance sheet at community meeting and groups presentations
6. NAMIS Management Service Usage Reporting annually for each of the five counties
7. Track number of referrals coming directly from healthcare BASELINE #'s: 0 (Not currently tracked) Baseline to be established in first fiscal year. Expected increase cannot be anticipated at this time.

**Objective 2:**

Provide information and assistance to older adults and individuals with disabilities, including families and caregivers, regarding community based services and programs that will support their decisions to remain in independent living settings.

Strategies:

1. ENOA Information & Assistance will provide information regarding access to long-term care services and community support programs for those who call and contact our office, as well as, those we encounter at community information events.
2. ENOA Information & Assistance will provide current resource information and make appropriate referrals to those in need of resource assistance.

Performance Measurements:

1. Maintain contact logs and records of community activities.

BASELINE #'s for 1/1/15 – 12/31/15:

- Number of Events = 73
- Service Hours = 136
- # of Participants at events = 2,392
- Anticipated increase of events and service hours – 1-2% per fiscal year

BASELINE #'s for 1/1/15 – 12/31/15:

- Contacts = 10,272 – Estimated increase of 1-2% per fiscal year.
2. Investigate options for collecting feedback from callers and contacts on the resource information provided by Information and Assistance and referrals to contracted legal service provider.
  3. Quality Assurance calls from I & A contact logs will be made throughout the year. BASELINE #'s for 1/1/15 – 12/31/15: 0 (Not currently tracked) Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.

**Objective 3:**

Utilize the Home Delivered Meals program to assist older adults to remain in their own homes and delay institutionalization of high risk individuals. The Home Delivered Meals Program is one of the fundamental core in-home services.

Strategies:

1. Provide a well-balanced meal.
2. Increase outreach to the 5 counties for both new participants and for volunteers to assist the program through I&A community presentations.

3. Provide the "safety" net to check on clients.

Performance Measurements:

1. Track the number of individuals utilizing the program in all 5 counties. BASELINE #'s for 1/1/15 – 12/31/15:
  - Washington County – 73
  - Dodge County – 28
  - Douglas County – 1319
  - Cass County – 78
  - Sarpy County - 304
  - We would like to see a .5% increase in each of the counties in each of the fiscal years.
4. Track number of outreach presentations that include information regarding the Home Delivered Meals program. BASELINE #'s for 1/1/15 – 12/31/15: 0 (Provided when I&A does a presentation on ENOA programs – not currently tracked) Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.

**Objective 4:**

The ENOA Congregate meal program provides community locations for seniors to access a wide variety of services to help maintain their independence in their own homes.

Strategies:

1. Provide a well balance meal that meets 1/3 of the DRI's and follows the current Dietary Guidelines for Americans.
2. Provide volunteer opportunities to foster the senior's sense of usefulness and self-esteem.
3. Provide a variety of activities and programs to enhance and maintain a healthy lifestyle such as nutrition education, health education and evidence based programs.
4. Provide a variety programs to enhance the potential to maintain an independent lifestyle with education programs on financial concerns, housing alternative, in-home services and support groups.

Performance Measures:

1. Track the number of meals served at the senior centers. BASELINE #'s for 1/1/15 – 12/31/15: 110,471 meals, 1580 participants – No increase anticipated.

2. Track the number of health education programs provided at the senior centers BASELINE #'s for 1/1/15 – 12/31/15: 3,908 units, 595 participants. An increase of 1-2 educational programs per fiscal year anticipated.
3. Track the number of nutrition education programs provided at the senior centers BASELINE #'s for 1/1/15 – 12/31/15: 3092 units - An increase of 1-2 educational programs per fiscal year anticipated.
4. Track the number of participants in evidence based programs. BASELINE #'s for 1/1/15 – 12/31/15: 20,300 units, 522 participants. An increase of 1-2 educational programs per fiscal year anticipated.

**Objective 5:**

Utilize the ENOA's Licensed Medical Nutrition Therapist to provide Individual Nutrition Counseling and other supports to improve nutritional health.

**Strategies:**

1. Accept referrals for Nutrition Counseling from Care Managers, Senior Center Managers, and other ENOA staff.
2. Provide ongoing follow-up for at risk seniors.
3. Provide liquid supplements as part of Nutrition Care Plan.
4. Provide food pantry items as needed to ENOA clients.

**Performance Measurements:**

1. Review the Nutrition Risk Assessment data.
2. Data regarding monitoring of weight changes.
3. Record number of pantries provided to at risk seniors. BASELINE #'s for 1/1/15 – 12/31/15: 110 pantries – No increase or decrease anticipated.
4. Record number of cases of liquid supplement provided. BASELINE #'s for 1/1/15 – 12/31/15: 148 cases – An increase of .5-1% for next fiscal years.

**Objective 6:**

Provide a wide range of services for grandparent caregivers who are 55 years and older through the ENOA Grandparent Resource Center.

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Strategies:

1. To offer monthly support group meetings and information for grandparents raising their grandchildren through the Grandparent Resource Center.
2. To distribute monthly newsletter to grandparents raising their grandchildren through the Grandparent Resource Center.
3. To offer pantry assistance (3 times per year) to grandparents raising their grandchildren through the Grandparent Resource Center.

Performance Measurements:

1. Track monthly attendance at support group meetings and number of referrals made on grandparents' behalf to community resources/organizations. BASELINE #'s for 1/1/15 – 12/31/15: 179 participants at support group meetings. An increase of 1% participants anticipated for each fiscal year. 0 (not currently tracked) referrals made on grandparents' behalf to community. Baseline to be established in first fiscal year. Increase by 1% the remaining fiscal years.
2. Track number of newsletters mailed on a monthly basis and track feedback received from the grandparents receiving these newsletters. BASELINE #'s for 1/1/15 – 12/31/15: 12 newsletters (1 per month); 0 feedback tracked – No increase or decrease anticipated.
3. Track pantry requests made by grandparents through the Grandparent Resource Center and to distribute information on local pantry assistance programs in our community. BASELINE #'s for 1/1/15 – 12/31/15: 19 pantry orders – No increase or decrease anticipated.

**GOAL 5 – Effective and Responsive Management**

Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

**Objectives 1:**

Implement Quality Assurance practices for the Home Delivered Meals Program to ensure integrity and efficiency.

Strategies:

1. HDM administrative staff will be conducting monthly quality control checks for Health & Human Services Title XX clients to promote and ensure accountability.
2. Develop a quality assurance for HDM participants.
3. Complete implementation of the new HDM software program for day-to-day operations.

Performance Measurements:

1. Track number of Title XX QA forms returned. BASELINE #'s for 7-1-15 – 4-30-16: 153 completed forms returned – No ability to anticipate an increase or decrease.
2. Utilize customer satisfaction surveys to improve processes. NEW PROCESS
3. Monitor process efficiencies created by new HDM software. SOFTWARE TO BE IMPLEMENTED 7/1/16

**Objective 2:**

Provide quality assurance measures at senior centers.

Strategies:

1. Conduct an annual senior center evaluation to ensure compliance with IIIC1 regulations.
2. Follow up within 90 days to evaluate any corrections needed.
3. Contact local health departments on needed annual health inspections.
4. Provide staff training at biannual manager meeting.

Performance Measure:

1. Record attendance at each meeting. BASELINE #'s for 1/1/15 – 12/31/15: 21 senior center managers at both the March 2015 and September 2015 meetings – No increase or decrease anticipated
2. Monitor non-compliance issues. BASELINE #'s for 1/1/15 – 12/31/15: 0 Health Inspection deficiencies – Goal is to maintain 0 deficiencies.

**Objective 3:**

To develop quality assurance measures for all in-home services.

Strategies:

1. To create a consistent quality assurance survey that can be mailed to clients semi-annually in each of the following in-home services: Homemaker, Emergency Response System, Personal Care and Durable Medical Equipment that will be sent to clients receiving the service.
2. On an annual basis, an in person meeting will be conducted with community services providers to address information gathered from the client surveys to ensure quality service is being provided.

Performance Measurements:

1. Track number of surveys received back from clients. BASELINE #'s for 1/1/15 – 12/31/15:
  - Homemaker – 569 QA surveys mailed – 231 received back
  - Personal Care – 144 QA surveys mailed – 46 received back
  - PERS – NEW PROCESS
  - DME – NEW PROCESS
  - Increase of 1% in number of surveys mailed out each fiscal year.
2. Looking for consistency and improvement based on results of QA surveys.

**Objective 4:**

To develop policies and procedures for all in home services

Strategies:

1. To create policies and procedures for the Personal Care Service
2. To create policies and procedures for the Chore Service
3. To create policies and procedures for the Homemaker Service
4. To create policies and procedures for the Emergency Response System Service
5. To create policies and procedures for the Durable Medical Equipment Service

Performance Measure:

1. All policies and procedures for in home services are completed and approved by the ENHSA Governing Board. BASELINE #'s for 1/1/15 – 12/31/15: Some policies have been developed and Board approved

for each of the programs, some are pending approval and some are in development stage.

### **Objective 5:**

Develop a policy and procedure handbook for all in home service providers.

#### Strategies:

1. Upon completion of the policies and procedures development from Objective 3 a handbook for each separate service will be developed.
2. Distribution of the handbook to all individual providers will be provided with annual contracts/agreements.

#### Performance Measure:

1. Track number of handbooks distributed to providers. BASELINE #'s for 1/1/15 – 12/31/15: 0 handbooks distributed – to be developed.

## 3. Planning Process

- a. As the Baby Boomer generation races toward traditional retirement age, the number of older adults in Nebraska is one of the fastest growing segment of the population. ENOA recognizes the growing demand on services and supports that this demographic shift will produce. Transformational changes must be planned, driven by both desire and necessity. Older adults and individuals with disabilities overwhelmingly report wanting to stay in their homes and communities and policy makers must recognize that traditional institutional care will not be affordable as the boomers approach later years.

In order for individuals once dependent to successfully increase their capacity to be independent in their communities, necessary measures must be implemented to ensure that all Nebraskans have access to the same opportunities of engagement, participation, decision-making, and independence in their lives and in the community.

Prioritization of services is a continual process, some of which occurs through awareness of service effectiveness, some in response to changing political and budget environments, and some through a deliberate planning process. With a

constantly increasing demand for service and stagnancy in funds, ENOA faces the challenge of assuring the best possible, most carefully targeted, most appropriate to the identified populations, best managed, most accountable services which can be made available for the funds entrusted to us.

Historically, the Eastern Nebraska Office on Aging has employed a variety of different methods to identify priorities within the service area:

- Care Plans - they indicate service needs that cannot be met – either nonexistent or services that have been placed on hold.
  - Needs assessments - compiled directly for ENOA or other community assessments that have data relevant to the older population.
  - Service usage – ENOA staff monitors client participation in various ENOA services. Information is gathered on utilization rate, cost per unit of service, and effectiveness of program. Changes may be made based on this data.
  - Governing Board and Advisory Council input.
- b. The process for developing a plan to address the support needs of older persons within ENOA's service area included a Needs Assessment, prepared in 2012 by the University of Nebraska Omaha Department of Gerontology and Center for Public Affairs Research and a review of the U.S. Census and population estimates to identify the presence of targeted populations. Those populations include older individuals who have the greatest economic and social needs as well as older individuals with self-care limitation and Alzheimer's disease or related disorders.
- c. Particular attention is given to older individuals and older individuals with the greatest social need:
- Low income individuals
    - The majority of ENOA's services have been designed to meet the needs of the older low-income population.
  - Low income minority individuals
    - ENOA meets with community leaders organized to plan and focus on the area's minority population and their needs.
    - ENOA contracts with the Jewish Federation to provide home-delivered kosher meals.
    - ENOA provides many services to the various refugee populations.
    - Of all the individuals served by ENOA approximately 20% of the population is of a race other than white.

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- Of all individuals served by ENOA that are listed in NAMIS as “poverty’ approximately 40% of the population is of a race other than white.
  - Individuals with limited English proficiency
    - The area’s non-English speaking population is growing rapidly.
    - ENOA has a senior center in South Omaha that serves the Latino and Refugee communities. The non-English speaking older population is under-served by ENOA.
    - Agency brochures are available in Spanish.
    - A new agency website has being developed. The site has the built in capability to translate the website content into many different languages.
    - ENOA subscribes to Language Line Services. This service provides interpretation for phone calls that come into the agency from a non-English speaking person. The company has the capability of translating "all" languages.
    - Russian speaking older persons are assisted through the Jewish Community Center. The Center provides translators for ENOA.
    - ENOA has business associate agreements with interpreters/translators to assist with clients with limited English proficiency.
  - Individuals residing in rural areas
    - ENOA's services are available in all five counties.
    - Planning for the rural areas was accomplished through focus groups, community agencies and the older population.
    - ENOA's commitment to the rural communities can be judged by the services and programs implemented or reorganized based on community input, satellite offices, and rural transportation system reorganization.
    - Documentation is maintained by the satellite offices on service gaps and needs, meetings with community organizations and leaders, speaking engagements, questionnaires, surveys and assessments provide information to ENOA for the planning process.
  - Individuals who are at risk for institutional placement
    - ENOA prioritizes home and community based services for older individuals at risk for institutional placement through the Care Management Program, Caregiver Support Program and the Aged and Disabled Medicaid Waiver program.

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- These at-risk older individuals are prioritized through the referral and assignment process in both programs so comprehensive assessments can be completed in the most time efficient manner possible.
  - If the older individual's needs are urgent, ENOA may attempt to secure respite services until the comprehensive assessment can be completed to determine if the individual's needs can be safely met through home and community based services.
  - Individuals who are Native American.
    - The older Native American population that resides in Eastern Nebraska is extremely difficult to serve. This population moves back and forth to their home reservation making it difficult to determine service needs and plan for outreach efforts.
    - The Grandparent Resource Center has a number of Native Americans enrolled with our program.
    - ENOA contracts with the Nebraska Urban Indian Health Coalition to provide meals three days a week through the Nutrition Program. The Nebraska Urban Indian Health Coalition is a non-profit agency dedicated to improving health care for all urban Indians. Urban Native Americans do not live on the reservations and, therefore, are generally not entitled to the health benefits offered by their tribes. Combining the health services and the nutrition program in one location provides enhanced opportunities for improvement in the health and wellbeing of these individuals.
  - Individuals with social needs
    - Senior Centers are strategically placed in communities both urban and rural, where the older population has the most difficulty participating in social activities due to crime activity or the lack of transportation.
    - Volunteer efforts are organized for visits, phone calls and transportation. Senior Companions are assigned to older persons for weekly visits.
  - Individuals with self-care limitations
    - ENOA's priority is to provide services to meet the needs of the PSA's frail older population. Self-care limitations determine in-home service necessary to assist this population.
    - Planning for these services are identified through care plans, service waiting lists, and needs identified through formal needs assessments, home care and hospice organizations and family members.

- Services are expanded and implemented as funding becomes available. An example of priority services for individuals with self-care limitations is the expansion of the Emergency Response System and the re-establishment of the chore service (lawn mowing and snow removal).
- Individuals with Alzheimer's Disease or Related Disorders
  - ENOA and the Alzheimer's Chapter have a long-standing relationship. ENOA staff are members of the Chapter's various committees.

ENOA has been successful in initiating efforts for the majority of the populations. The agency has contracted with minority organizations to provide services. Staff continually searches for organizations, community leaders, older persons to assist us in "learning," and leading the way.

The needs assessment served as a vehicle for gathering information about aging adults. Key elements of the OAA regarding the needs assessment process included:

- Provide benefits and services to older individuals;
- Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- Include information detailing how ENOA will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- Projected change in the number of older individuals in the planning and service area;
- Analysis of how such change may affect such individuals;
- Analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area;
- Analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

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A strategic planning session was held prior to the needs assessment which produced three overall goals for ENOA:

1. Consumer directed services;
2. Alternate funding streams;
3. Expand marketing branding.

These goals served to inform the questions developed for the needs assessment. ENOA elected to utilize the phone survey.

### **Survey Identified Priorities**

1. Home health care provided by a nurse or nurse aide is of great interest to the majority of people who responded to the survey. Finding ways to offer and/or contract with a provider to deliver this service to persons in the ENOA service area must be a priority for the agency and a source of funding now and in the future.
2. Respondents expressed an interest in having information available about health issues and new medications. This would provide an ideal opportunity to offer programming to a population that will be potential users of our services in the future and quite possibly users of our services now if they are also serving as caregivers for a spouse, parent or in-laws.
3. The survey identified that the Care Management and Caregiver Support Programs need further marketing in the ENOA community. Both programs can facilitate referrals to needed services. It is possible people do not understand what benefits case management can bring to their overall functioning and ability to maintain their independence. Education is a priority to dispel any myths consumers may have regarding these programs. It is also an opportunity to highlight the benefits of the service and to acquaint people to our other offerings.

\*\* ENOA needs to begin introducing future users to the concept of paying for the coordination of services. We acknowledge not everyone can pay for this service, but for those who are able to pay for services, this is one way to begin communicating this message. It is possible people do not understand what benefits case management can bring to their overall functioning and ability to maintain their independence. Again, marketing

this offering to ENOA's service area may be of benefit as a gateway to other services that could generate revenue in the future.

4. Respondents also indicated the importance of having access to transportation to medical appointments and shopping and other services such as legal, handyman and home renovations.
5. Homemaker/Chore Services and "Fall" prevention programs were also mentioned. For ENOA, these might be areas worth exploring as a way to attract a younger audience and to develop a potential revenue stream to support other programming for older adults unable to pay for services.
6. Low participation at senior centers by older individuals was an overwhelming finding of the survey and must be addressed.

In summary, the needs assessment survey identified future challenges for ENOA, but also illuminates possible directions in addressing the objectives identified in the Older Americans Act. Senior center attendance in the ENOA region is low; but there are clear areas of strength in services, such as exercise and fitness programs. Popular programs such as these can establish a positive relationship between the individual and ENOA, a relationship that may become vital if more intensive interventions (such as nutrition, and case management) are needed. Navigating this complex network of services is difficult for an individual of any age. For this reason, among all services, it is *case management* that may be one of the most vital in the future for individuals and families. Promoting awareness in the community of case management, through education, is a necessary step for ENOA in meeting its objectives, both today and in the future.

ENOA is always faced with the challenges of shrinking budgets which will require a different approach to managing and maximizing our resources in the future. The results of the 2012 needs assessment suggest there are potential revenue sources for ENOA to develop which could produce additional funds for the agency now and in the future. Services such as home health nurses, medication management and homemaker service are examples of services which could be offered to the "younger elderly" who have the funds to pay for these services now. Using such avenues as educational programming and case management are but a few examples of how ENOA can inform and encourage the "younger elderly" and those in the oldest old category to use our services now and in the future. ENOA will need to become comfortable in

requiring people to pay for services that may have been financed through federal, state and county dollars in the past. Offering services, for a fee, to the “younger elderly” is a good starting point in preparing for the future.

- d. Service Priority Process: The focus of ENOA continues to be the frail population, as dollars become available, services are implemented to support the safety and well-being of this population.

The Older Americans Act Title III-E Caregiver funding provided ENOA the opportunity to address the needs of individuals caring for the older frail population and grandparents raising their grandchildren. Support, if provided as the "caregiver" requests will prolong the older person's ability to remain in a life style of their choice.

- e. Integration of Current Service Utilization into the Planning Process: ENOA applies current service utilization in its yearly planning/budget process. Waiting lists identify a high need for the service and would receive increased funding before any other program/service.

If budget reductions need to take place the following strategy is implemented:

1. Analysis of funding source and limitations
  2. Prioritization of services related to the funding reduction
  3. Analysis of service utilization
  4. Analysis on impact on high-risk consumers
  5. Analysis of cost reduction allocation options prior to services being impacted
  6. Analysis of options to generate additional income in programs being affected
  7. An equitable strategy within the funding source
- f. Coordination of Title III Programs with Title VI Native Americans Programs: None of Nebraska’s land based Tribes are located in the ENOA’s Planning and Service Area. ENOA serves Native Americans through coordination with the Nebraska Urban Indian Health Coalition to provide meals three days a week through the Title III Nutrition Program. Combining health services and the nutrition program in one location for Native Americans provides enhanced

opportunities for improvement in the health and wellbeing of older Native Americans.

In 2012 the Nebraska Association of Area Agencies on Aging coordinated and contracted with the University of Nebraska at Omaha, UNO, for the Needs Survey. This survey results have been used in preparation for current and future programs development. The PONCA Tribe of Nebraska is not a land based Tribe in Nebraska but has a significant Tribal presence in Nebraska. ENOA and UNO worked with representatives of the PONCA Tribe of Nebraska on designing specific processes for the Tribe to conduct a similar needs survey of their elder Tribal members with the survey tool designed for the state wide survey. The ENHSA Governing board awarded the PONCA Tribe of Nebraska sufficient funds to carry out the needs survey with their Tribal Members.

ENOA will continue to work with the Native American organizations to identify opportunities to serve elder Native Americans in our Planning and Service Area.

g. Strengthening and Expansion of Title III and Title VII Services:

Title III:

In FY-14 ENOA's CHOICES Division began a three-year implementation plan that redesigned the existing Caregiver Support Care Management program.

ENOA's CHOICES Division has successfully developed and implemented a comprehensive caregiver assessment that truly focuses on the caregiver and the caregiver's current caregiving situation. This assessment assists caregivers in identifying strengths, needs, and risks. The assessment also opened the door for Care Managers to provide education about the importance of using respite services to enhance the quality of life for the caregiver and the quality of care the caregiver provides. ENOA began expansion of its respite services to include in-home respite, as well as, self-directed care respite.

Along with the expansion of respite services during the FY-14 and FY-15, ENOA also partnered with Partnerships in Caregiving to offer the "Powerful Tools for Caregivers" program to caregivers. In 2012, the Administration for Community Living (ACL) designated this training program to have met the highest level criteria for evidence-based disease prevention and health promotion programs. ENOA expanded the CSP training programs in FY-16 and two Caregiver Support staff successfully completed Respite Education and

Support Tools (REST) train the trainer program to provide training to volunteer respite care providers as well as certification in the Powerful Tools for Caregivers.

FY-16 marked the completion of a three-year re-design and implementation for ENOA's comprehensive Caregiver Support Care Management Program (CSP) to strengthen and expand the programs offered in the CHOICES Division. The following remaining steps were implemented:

- Dedicated Caregiver Support Care Managers
- Completion of streamlining fiscal oversight and budgeting for CSP
- Agency providers designated to provide in-home respite services
- Expansion of respite assistance at Adult Daycare Facilities
- Refining Supplemental Title IIIIE services offered through CSP
- Final revisions to Self-Directed Care respite services
- Increase participation
- Completed train the trainer program for designated CSP staff in Powerful Tools for Caregivers.

The CHOICES Division plans to explore dementia specific training opportunities beyond the individual caregivers into facilities settings that creates barriers, apprehension, and prevents caregivers from seeking out-of-home placement when needed.

ENOA has transitioned its speaker's bureau from Public Affairs to Information and Assistance in January 2015. With this change, ENOA will continue to seek out additional opportunities to increase public knowledge and awareness of ENOA services and legal assistance available in our five county area. This information will continue to be provided at community health fairs, ENOA senior centers, other ENOA activities, area colleges and health care facilities.

In FY15 ENOA implemented a voucher program working with a local grocery store. The program contracts with Hy-Vee to provide a meal to registered seniors who are 60 years of age or older. The store uses its dining area and utilizes the current menu. The meal follows a certain pattern and meets nutritional guidelines. Information regarding the Diner's Choice Program is given to each senior who expresses interest in the program. Upon registration for the program the seniors are given a swipe card to be used at the dining location. At that time, information regarding voluntary confidential contributions is provided and explained that they are not a "charge". A locked

box is present at the registration to provide an opportunity for the individual to provide a voluntary confidential contribution, if they so choose. Since the meals are served at a private business (not a Senior Center) the customary process for collecting voluntary contributions prior to each meal is not feasible. ENOA provides an iPad with a card reader to be used at the dining location. The senior presents the card at the participating vendor and selects the meal from the designated menu. The meals served are entered into a web-based program each time the card is used. In the future ENOA will look to expand the Diner's Choice program in order to provide congregate meals in areas not currently served by a senior center.

In FY 15 the Nutrition Division held its first annual fundraiser "Step Out for Seniors". It was a walkathon in conjunction with the City of Omaha Parks and Recreation Department. The event consisted of a one mile walk around a lagoon at the Benson Park in Omaha. There was a Life Expo held at the conclusion of the walk which included; Chair Massages, Tai Chi demonstration, a visit from the Humane Society with three dogs who are available for adoption and fishing in the lagoon assisted by the Nebraska Game and Parks Commission. Registration included the walk, a t-shirt and lunch. The Nutrition Division plans to continue to sponsor the fund raiser with a few changes based on the first years' experience. The money raised will be used for the senior centers to help finance any changes needed to better attract the Baby Boomer generation and to enhance marketing strategies to encourage growth in participation.

Our Community Services Division has streamlined Title III B services to include the management and oversight of our Bath Aide, PERS, and DME services.

#### Title VII:

The Volunteer Services Ombudsman Program actively participates in the Nebraska statewide Elder Rights Coalition meetings, training and events. Ombudsman staff provide training to ENOA volunteer programs and facility staff which includes increasing awareness of Elder Abuse. To focus more closely on the needs regarding Elder Abuse/Elder Rights in the ENOA service area, ENOA will consider forming an Elder Rights task force. The task force, a diverse group of individuals with expertise and/or interest in elder rights and assessment, would meet as needed, to advise a cost effective community needs assessment to identify challenges faced within the five-county area.

The ENOA Legal Services liaison will continue to support and participate in State Unit on Aging Legal Services programs focused on providing legal information and assistance; and protecting the rights of vulnerable older adults. This would include World Elder Abuse Awareness Day (WEAAD) activities, sharing public service announcements and legal assistance information on ENOA social media and website. In addition, consideration would be given to partnering with Adult Protective Services (APS) in providing public information events.

ENOA Information and Assistance Director regularly participates in quarterly State Elder Rights Coalition meetings to gather updated information on state activities related to maintaining elder rights and preventing elder abuse. This information is shared with ENOA Directors and Information and Assistance staff.

#### h. Integration of Title III and VII with Discretionary Grant Initiatives

##### ADRC:

The Northeast Nebraska Area Agency on Aging (NENAAA) and the Eastern Nebraska Office on Aging (ENOA) are combining efforts as one of the three demonstration projects outlined in LB 320. Our project goal will be to enhance the existing infrastructure by creating single points of entry at the local level to increase consumer access to information and services for long-term care and supports in a comprehensive, flexible and cost effective manner.

Aged and Disability Resource Centers (ADRC) are known to be “No Wrong Door” or “Single Entry Point” and are designed to serve as highly visible and trusted places available in communities across the state where people of all ages, incomes and disabilities can go to get information and one-on-one counseling on the full range of Long Term Service and Support (LTSS) options.

The mission of the ADRC pilot project will be to support seniors, persons with disabilities, their families and caregivers by providing useful information, assistance and education on community services and long-term care options while at all times respecting the rights, dignity and preferences of the individual.

The target population of the ADRC will be:

- Person’s age 60+, interested in information and supportive referrals regarding aging, long-term care, social service programs, independent living, disability

issues as well as opportunities to volunteer, wellness education and activities and social involvement;

- Persons with disabilities of any age who are chronically, mentally or physically impaired who need long-term care supports; and
- Family members, caregivers, advocates and providers for these groups.

The goals will be to:

- Reach and serve elderly people and people with disabilities, regardless of their income, health condition and long-term care needs.
- Provide reliable and objective information about a broad range of community resources of interest to elderly people and people with disabilities.
- Enable people to make informed, cost-effective decisions about long-term care.
- Delay or prevent the need for long-term care services and public funding for them.
- Provide information and assistance to promote health and independence.
- Serve as the single entry point for publicly funded long-term care.
- Identify people at-risk and with needs and connect them to needed services.
- Help adults access needed services through advocacy and assistance.

The services:

1. Provide comprehensive information on the full range of available public and private long-term care programs, options, financing, service providers, and resources within our communities, including information on the availability of integrated long-term care;
2. Options counseling; and
3. Identification of unmet service needs in communities.

#### Evidence Based Disease Prevention Programs:

ENOA's Caregiver Support Care Management program continuously monitors progress in evidence-based interventions for caregivers and determines based on CSP participants' needs and current trends in selecting expansion areas to offer additional trainings, services, and intervention. The CHOICES Division monitors national resources through such entities as the Family Caregiver Alliance and the Rosalynn Carter Institute for Caregiving to stay up to date on applicable programs.

In the last two years Tai Chi-Moving for Better Balance has been offered at thirteen senior centers in ENOA's service area. ENOA also worked with the

Home Instead Center for Successful Aging to provide scholarships to adults 60 years of age or older for the National Diabetes Prevention Program which is an evidence-based lifestyle change program for preventing Type-2 Diabetes.

ENOA will continue to support with Title IIID funding the Tai Chi Moving for Better Balance program at a minimum of two 12 week sessions throughout the year to ten senior centers in the five county area. Additional weeks will be provided if funding becomes available. Scholarships for the National Diabetes Prevention Program will be dependent upon funding.

i. Strategies in Planning for Population Increase of Older Adults

The CHOICES Division has identified merging markets in participant driven long term care services and supports and has targeted key business partnerships to develop in planning for the ongoing increase in the aging population. These key business partners will primarily target healthcare network providers in the SUA. Engaging these networks through business associate agreements to collaborate by exchanging information regarding consumers ENOA has in common with these networks ENOA is anticipating the development of more efficient methods of ensuring the health and welfare of ENOA's consumers. Growing numbers in the aging population in addition to the increased numbers of those diagnosed with chronic illness will require strategic collaboration to develop effective interventions to reduce costs and limit risks. Effective and efficient interventions can be achieved by blending integrated healthcare systems with home and community based services.

j. Planned Efforts to Support Consumer Control and Choice in Title III Programs

ENOA's CHOICES Division utilizes a participant-driven service delivery model which provides consumers the rights to:

1. Decide where and with whom they live;
2. Have control over the services they receive and who provides the services;
3. Include family, friends and supports to help them participate in community life;
4. Ask questions to help make informed decision; and
5. Promotes self-directed care and accountability.

ENOA's CHOICES Division primarily the Aged and Disabled Waiver Program partners when appropriate with the Nebraska's Money Follow the Person Project and works in collaboration with Transition Planning Support providers

to ensure consumers' health and welfare needs can be safely met through home and community based services.

For the last 15 years ENOA has provided a select menu at the majority of the senior centers in order to provide the senior choice in what they were served. There are two menus offered, Regular and Deli Choice menus. This has been very successful and it has encouraged a positive attitude for the meal program at the senior centers. It has also helped to counteract the decrease of participation of congregate meals.

In FY 15 ENOA launched a voucher program, Diner's Choice at a local Hy-Vee grocery store. Those that are participating have a choice of what they can eat as well as what day and time they participate. The seniors have enjoyed the variety and flexibility this program offers. ENOA will work to expand the voucher program into areas currently not served by a senior center.

- k. Fair Labor Standards Act overtime changes: In order to react to proposed changes in the Fair Labor Standards Act in regards to overtime we will begin looking at our current exemptions and confirm that those employees and in home service providers are properly classified. We will then determine if these same employees would be exempt given the proposed changes and then plan staffing and finances accordingly.

**SECTION C – SERVICES**

**1. Units of Taxonomy Service Composite**

**UNITS OF SERVICE COMPOSITE**

Taxonomy #	Service Name	Units of Service				Change (%) (yellow indicates a new narrative is required for that service)
		07/01/15 - 12/31/15 (Actual)	01/01/16 - 06/30/16 (Projected)	07/01/15 - 06/30/16 (Combined)	07/01/16 - 06/30/17 (Projected)	
1.	Personal Care (Hour)	4,892	3,923	8,815	9,855	11.80%
2.	Homemaker (Hour)	14,504	12,604	27,108	27,108	0.00%
3.	Chore (Hour)	2,983	3,173	6,156	6,183	0.44%
4.	Home Delivered Meals (Meal)	107,553	107,553	215,106	216,170	0.49%
	<i>Eligible Home Delivered Meals</i>	<i>77,754</i>	<i>77,754</i>	<i>155,508</i>	<i>158,945</i>	2.21%
5.	Case Management - IIB (Hour)			-		0.00%
6.	Care Management - CASA (Hour)	6,994	6,505	13,499	19,407	43.77%
7.	Congregate Meals (Meal)	55,045	53,000	108,045	109,903	1.72%
	<i>Eligible Congregate Meals</i>	<i>50,812</i>	<i>48,900</i>	<i>99,712</i>	<i>101,440</i>	1.73%
8.	Nutrition Counseling (Session per Participant)	197	190	387	395	2.07%
9.	Assisted Transportation (1-way Trip)	1,268	1,063	2,329	2,190	-5.97%
10.	Transportation (1-way Trip)	6,582	6,871	13,453	13,500	0.36%
11.	Legal Assistance (Hour)	1,719	1,411	3,130	3,225	3.04%
12.	Nutrition Education (Session per Participant)	833	810	1,643	1,650	0.43%
13.	Information & Assistance (Contact)	5,265	5,237	10,502	10,502	0.00%
14.	Outreach (Contact)			-		0.00%
15.	Health Education (Contact)	1,888	1,825	3,713	3,720	0.19%
16.	Emergency Response System (Client-Month)	4,602	4,422	9,024	8,994	-0.33%
17.	Information Services - IIB (Activity)	68	65	133	96	-27.55%
18.	Financial Counseling (Contact)			-		0.00%
19.	Health Clinic (Contact)			-		0.00%
20.	Reserved					0.00%
21.	Health Promotion/Disease Prevention (Contact)	10,938	10,525	21,461	21,500	0.18%
22.	Durable Medical Equipment (Contact)	192	164	356	365	2.53%
24.	Self-Directed Care (1 Placement)			-		0.00%
26.	Respite-Home (Hour)			-		0.00%
27.	Ombudsman	864	860	1,724	1,725	0.06%
28.	Reserved					0.00%
29.	Volunteerism (Hour)	45,652	45,039	90,691	91,660	1.07%
30.	Volunteerism/Stipend (Hour)	64,845	68,255	133,100	133,101	0.00%
31.	Reserved					0.00%
32.	Reserved					0.00%
33.	Reserved					0.00%
34.	Reserved					0.00%
35.	Supportive Services (Hour)	11,898	11,450	23,348	23,292	-0.24%
36.	Reserved					0.00%
37.	III-E Information Services (Activity)	6	6	12	12	0.00%
38.	III-E Access Assistance (Contact)	652	700	1,352	1,500	10.95%
39.	III-E Counseling (Session per Participant)	97	70	167	170	1.80%
40.	III-E Respite Care (Hour)	8,295	12,800	21,095	28,200	33.68%
41.	III-E Supplemental Services (Activity)	1,947	2,084	4,031	5,195	28.88%
42.	III-E Self-Directed Care (Placement)	13	4	17	20	17.65%

See next page

**NOTE: Units split between programs/budgets:**

Taxonomy #2 - SeniorHelp HMK Units (1195 - IIIB Volunteer) + In Home HMK Units (25,913 - IIIB HMK) = 27,108 Total HMK Units

Taxonomy #3 - SeniorHelp Chore Units (1726 - IIIB Volunteer) + In Home Chore Units (4,447 - IIIB CHORE) = 6,183 Total Chore Units

Taxonomy #9 - SeniorHelp Assist. Transp. Units (908 - IIIB Volunteer) + RSVP Assist. Transp. Units (1282 - Donations) = 2190 Total Assist. Transp.

Taxonomy #17 - New Horizons Info. Service Units (12 - CASA) + I&A Info Service Units (84 - IIIB) = 96 Total Information Service Units

Taxonomy #29 - RSVP Volunteerism Units (90,618 - Other Programs) + SeniorHelp Volunteerism Units (1042 - IIB Volunteer) = 91,660 Total Volunteerism Units

Taxonomy #30 - Sr. Companion Vol./Stipend Units (62,099 - Other Programs-SCP) + FGP Vol./Stipend Units (71,002 - Other Programs FGP) = 133,101 Total Volunteerism/Stipend Units

ENOA  
Goal 5/Objective 3/Strategy 1, 2  
Goal 5/Objective 4/Strategy 1  
Goal 5/Objective 5/Strategy 1, 2

**Service Narrative**

**FY17-19**

**PERSONAL CARE**

**Taxonomy 1**

**1. PERSONAL CARE (1 HOUR)** – Personal assistance, stand-by assistance, supervision or cues for a person. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA contracts with local home health care agencies to provide personal care service to clients in our five county area. The Bath Aide Coordinator receives all client referral forms and assigns to a contracted agency of the client's choice or to a contracted agency with available staffing. Monthly contribution requests are sent to all clients based upon a sliding fee scale and the number of hours of service received by the client.**

**\*\*Clients must be current Care Management clients in order to receive this service.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**We plan to add 10 new clients to the Personal Care service during FY 2016-17. These 10 new clients will average 2 baths per week for a total of 1,040 units of additional service over last year.**

ENOA  
Goal 1/Objective 4/Strategy 2, 3  
Goal 5/Objective 3/Strategy 1, 2  
Goal 5/Objective 4/Strategy 3  
Goal 5/Objective 5/Strategy 1, 2

**Service Narrative**

**FY17-19**

**HOMEMAKER**

**Taxonomy 2**

**2. HOMEMAKER (1 HOUR)** – Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework for a person. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**In-Home - The Eastern Nebraska Office on Aging Homemaker Service provides light housekeeping to individuals that qualify through a Care Management assessment and evaluation. ENOA contracts with providers in our five counties to provide this service. Clients receive a monthly contribution request based upon a sliding fee scale and the number of hours received.**

**\*\* Clients must be current Care Management client in order to receive this service.**

**SeniorHelp - SeniorHelp Volunteers provide assistance to persons experiencing difficulty with one or more of the following activities of daily living: shopping for groceries or personal items from a list or assistance with shopping (helping client to select items in stores, put items away, etc.), personal assistance in the form of money management (paying bills, setting up bill-pay, reconciling checkbook, etc.) and light housework.**

**NOTE: Units split between programs/budgets  
Total Homemaker Units: 27,108  
SeniorHelp HMK Units: 1,195 (IIIB – Volunteer)  
In-Home HMK Units: 25,913 (IIIB – HMK)**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA

**Service Narrative  
CHORE**

**FY17-19  
Taxonomy 3**

Goal 1/Object 3/Strategy 2, 3, 4  
Goal 5/Objective 3/Strategy 1, 2  
Goal 5/Objective 4/Strategy 2  
Goal 5/Objective 5/Strategy 1, 2

**3. CHORE (1 HOUR)** – Assistance such as heavy housework, yard work or sidewalk maintenance for a person. Heavy housework would be activities such as cleaning when the furniture is moved, “spring cleaning” needed because client has not been able to maintain routine cleaning, and washing windows. Yard work would be activities such as mowing, raking, trimming and carrying out garbage. Sidewalk maintenance would be activities such as snow removal, spreading ice melt, repairing cracks, etc. Chore also includes minor repairs and maintenance such as painting, minor plumbing, banister placement, changing furnace filters, etc. These services do not require a trained service specialist. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**In-Home - The Eastern Nebraska Office on Aging Chore service provides lawn mowing and snow removal to individuals who qualify through an assessment by their Care Manager. The Chore service is available in all 5 counties of the ENOA Service Area through independent contractors that have signed an agreement with ENOA. We also offer extermination services to clients in all 5 counties of ENOA's Service Area through an extermination company in Douglas County. Contribution requests for this service are sent to all clients based upon a sliding fee scale and amount of service received each month.**

**\*\*Clients must be current Care Management client in order to receive this service.**

**SeniorHelp - Physical, cognitive and financial barriers often prevent aging adults from being able to maintain their homes as they grow older. SeniorHelp volunteers assist those age 60 and over with the following: yard work, lawn mowing, snow removal, home repairs, home maintenance, hauling, inside/outside clean-ups, interior/exterior painting.**

**NOTE: Units split between programs/budgets  
Total CHORE Units: 6183  
SeniorHelp CHORE Units: 1726 (IIIB – Volunteer)  
In-Home CHORE Units: 4457 (IIIB – CHORE)**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 2/Objective 3/Strategies 1-4  
Goal 4/Objective 3/Strategies 1-3

Service Narrative  
Home Delivered Meals

FY17-19  
Taxonomy 4

**4. HOME DELIVERED MEALS (1 MEAL)** – A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through programs such as Medicaid waiver, Title XX, or state-funded programs are **excluded** from the NSIP meals. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS. For caregivers that receive Home Delivered Meals, see the Caregiver – Supplemental Services listing on how to document.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

ENOA provides home delivered meals in our service area by providing the meals directly through our centralized program using a contracted caterer, or by contracting with nursing homes to provide meals in their community or by the rural senior centers providing meals in their community. Individuals who receive this service are determined eligible by either ENOA Case Management Division or by the Nebraska Department of Health and Human Services, or by ENOA's HDM Program Specialist who works directly with clients who receive this service only. Most deliveries are Monday through Friday, depending on their delivery system. The frailest clients receive box lunches for the weekend, delivered on Thursday and Friday. Volunteers for the program deliver about 1/4 of meals served every day. Volunteers are screened by ENOA's Senior Help Program to insure the safety of our vulnerable clients. The remainder of the meals are delivered by part-time employees, and the majority are older workers. The HDM Program provides a safety net to our clients by checking on them when they don't answer the door to receive their meal. Clients who reside in areas not normally reached by the regular delivery systems are offered the pre-packed microwaveable meals that are delivered on a bi-weekly basis. Every year, in the late fall, an emergency shelf meal is delivered to clients, with an explanation to save that meal for the first time delivery is cancelled because of bad weather. This meal is replaced as soon as possible.

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 3/Objective 1/Strategy 1  
Goal 4/Objective 1/Strategies 1-5, 7

Service Narrative  
Care Management

FY17-19  
Taxonomy #6

**6. CARE MANAGEMENT - CASA (1 HOUR)** – State program that requires a more comprehensive assessment of an older person. It is similar to Case Management, but requires a uniform assessment form, covering areas like support information, health, housing information, assistive devices, cognitive and mental health assessments, legal/financial assistance, nutrition, ADL, and IADL assessments. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA Care Managers are professionals trained to complete ongoing comprehensive long term care assessments on older adults age 60 and over in need of long term services and supports to maintain his/her independence. Care Managers use a participant centered approach to develop a care plan based on the needs identified in the comprehensive assessment and the Care Mangers are reliant on the participants' involvement throughout the care management process. Services and resources are selected according to the participants' choices/preferences and the Care Managers provide ongoing monitoring for quality service provision and participant satisfaction. The overall goal of the Care Management Program is to assist older adults in maintaining his/her independence in the least restrictive living environment of his/her choice for as long as his/her needs can be safely met. During intake the program coordinator explains the cost sharing/contribution process to inform participants that monthly requests are mailed out according to your self-declared income. Each participant is educated regarding cost sharing/contributions and that in fact that care management services will not be withheld based on the receipt of funds from the participant. This is again reviewed when the Care Manager completes the comprehensive assessment in the participant's home. Participants are educated that they can made a contribution at any time even if he/she does not receive a monthly request. The Care Management Referral form documents the initial education.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**The noted 43.71% increase in Care Management units is part driven by the fiscal needs of ongoing operational costs including supervisory and administrative components of the program which are included in the final budget amount but do not directly generate units of services. ENOA is planning for a modest increase in service units related to internal referrals received through a private integrated services contract.**

ENOA Goal 3/Objective 2/Strategy 1 Goal 3 Objective 3/Strategy 1 Goal 4/Objective 4/Strategy 1-4 Goal 5/Objective 2/Strategy 1-4	<b>Service Narrative</b>  <b>Congregate Meals</b>	FY17-19  Taxonomy 7
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**CONGREGATE MEALS (1 MEAL)** – A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Waiver and Title XX meals, or other state-funded programs are **excluded** from the NSIP meals. It is done in a group setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Projected units of services are based on current monthly averages at all locations. Congregate meals are provided in the following counties:

<b>Douglas County</b>	<b>Contracted – 10; Directly Operated – 3</b>
<b>Sarpy County</b>	<b>Contracted – 2; Directly Operated – 1</b>
<b>Dodge County</b>	<b>Contracted - 2; Directly Operated – 3</b>
<b>Cass County</b>	<b>Contracted - 5; Directly Operated - 1</b>
<b>Washington County</b>	<b>Directly Operated - 1</b>

ENOA has 27 multipurpose senior centers and 1 meal site in its service area. There is 1 voucher program in Douglas County. Four (4) centers prepare their own meals and the menus are written to meet the NSIP requirements. These menus are reviewed by the ENOA dietitian monthly. The menus for all the catered locations are also reviewed monthly by the ENOA dietitian. ENOA continues to provide meals at 2 subsidized housing units in Douglas County. Evening meal programs are provided in Dodge, Washington and Sarpy Counties. ENOA plans to expand the evening meal program at 1 center in Cass County in the upcoming year. The Intercultural Senior Center continues to provide meals not only for Latino seniors but also the refugee population in the Omaha area. Information regarding suggested contributions is provided at all Senior Centers and participants are afforded an opportunity, via a locked box, to provide a confidential contribution.

A voucher program, Diner’s Choice continues to grow slowly in mid-town Omaha. The program contracts with Hy-Vee to provide a meal to registered seniors who are 60 years of age or older. The store uses its dining area and utilizes the current menu. The meal follows a certain pattern and meets nutritional guidelines. Information regarding the Diner’s Choice Program is given to each senior who expresses interest in the program. Upon registration for the program the seniors are given a swipe card to be used at the dining location. At that time information regarding voluntary confidential contributions is provided and explained that they are not a “charge”. A locked box is present at the registration to provide an opportunity for the individual to provide a voluntary confidential contribution, if they so choose. Since the meals are served at a private business (not a Senior Center) the customary process for collecting voluntary contributions prior to each meal is not feasible. ENOA provides an iPad with a card reader to be used at the dining location. The senior presents the card at the participating vendor and selects the meal from the designated menu. The meals served are entered into a web-based program each time the card is used.

**ENOA**  
Goal 4/Objective 5/Strategy 1-4

**Service Narrative**  
Nutrition Counseling

**FY17-19**  
Taxonomy 8

**NUTRITION COUNSELING (1 SESSION PER PARTICIPANT)** – Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a Registered Dietitian, and addresses the options and methods for improving nutritional status. This should be entered as a Registered Service in NAMIS.

Health Professional by Nebraska law and policy is a Registered Dietitian and licensed by the State of Nebraska as a (LMNT) Licensed Medical Nutrition Therapist.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Nutrition counseling provides individualized teaching and diet counseling to clients in ENOA's 5 counties. ENOA's Licensed Medical Nutrition Therapist interviews and assesses clients to identify any nutritional risks or dietary problems. A plan will be established between clients and dietitian with any support measures identified. ENOA is able to provide a liquid supplement at a suggested contribution on a sliding scale based on household income, if this is identified as a support measure in the nutrition care plan. Clients are referred by ENOA case managers, Senior Center Managers or Meals on Wheels staff. Any participant from the Senior Centers or Meals on Wheels program who are identified at high nutritional risk from the annual Nutrition Risk Assessment will be contacted by the dietitian for follow-up if needed. An emergency food pantry is available for our "at risk" and low income clients when other sources of food are not available.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 1/Objective 4/Strategy 2, 3, 4Service Narrative  
**Assisted Transportation**FY17-19  
Taxonomy 9

**9. ASSISTED TRANSPORTATION (1 TRIP)** – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. It can be done in a one-on-one setting or in a group setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**SeniorHelp volunteers provide transportation with assistance to adults ages 60+ who experience difficulty (physically or cognitively) with regular vehicular transportation or are unable to access public transportation such as city buses or city-sponsored transport for individuals with disabilities. Volunteers also provide assisted transportation as a means of supporting individuals age 60 and over whose circumstances are considered difficult due to geographical or financial constraints. Assistance takes the form of guidance from residence to vehicle, from vehicle to destination and from destination back to residence. Assistance can also take the form of escorting individuals safely into destination and back out when done and/or guidance for individual in wheelchair to vehicle and destination, etc. Volunteers also load and unload assistive equipment when needed.**

**Through the Retired and Senior Volunteer Program the Car Go Projects provide transportation to older adults in Fremont and Blair for medical appointments, personal errands/appointments, and grocery shopping. Volunteers provide rides by using their own cars and are covered by RSVP insurance and reimbursement is provided through community fundraising. The RSVP Program Specialist coordinates the projects, including all cost of driver's mileage. Cost for obtaining volunteers driving records are covered by the Client Related Mileage (CRM) funds. Funding for this program is provided through donations from area physicians and other medical professionals in Fremont and Blair community.**

**NOTE: Units split between programs/budgets**  
**Total Assisted Transportation Units: 2190**  
**SeniorHelp Assisted Transportation Units: 908 (IIIB – Volunteer)**  
**RSVP Assisted Transportation Units: 1282 (Donations)**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA

Service Narrative  
**TRANSPORTATION**

FY17-19

Goal 1/Objective 7/Strategy 1  
Goal 1/Objective 8/Strategy 1-2

Taxonomy 10

**10. TRANSPORTATION (1 ONE-WAY TRIP)** – Transportation from one location to another. Does not include any other activity or assistance in getting to or out of the vehicle. It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**The Rural Transportation Program through ENOA offers demand response service in ENOA's five county service area; all drivers are ENOA employees. Transportation is provided for medical appointments, shopping, airport departures and arrivals and visitations to hospitals and nursing homes. Both handicapped accessible as well as non-handicapped mini vans are available. Clients are charged based upon the miles traveled. The service is offered to individuals of all ages.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**ENOA**  
Goal 1/Objective 3/Strategies 1- 3  
Goal 2/Objective 6/Strategies 1, 2  
Goal 4/Objective 2/Strategy 2

**Service Narrative**  
**Legal Assistance**

**FY17-19**  
**Taxonomy 11**

**11. Legal Assistance (1 Hour)** - Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Community education presentations made by an attorney are to be counted as Legal Assistance (for example, a presentation on legal issues made to a group of people should be counted as one unit of service). It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA Information & Assistance, CHOICES Division and Ombudsman Program provide legal resources to callers, visitors, and clients who are 60 years or older living in Douglas, Dodge, Sarpy, Cass, and Washington counties. ENOA contracts with Legal Aid of Nebraska’s Elder AccessLine for service referrals. The individuals referred are frail, isolated, and vulnerable adults who lack the financial resources to meet their legal service needs. Information & Assistance maintains current legal resource material, an Elder Law attorney list, legal booklets and brochures that are available to the public. The ENOA website, [www.enoa.org](http://www.enoa.org) (click Resources tab), also provides information on Legal Aid of Nebraska, the ElderAccessLine, a link to the Surrogate Decision Making in Nebraska booklet, in addition to any State Unit on Aging’s Legal Services sponsored events and information.**

**ENOA also provides legal resource brochures to home delivered meal clients yearly in the spring.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 4/Objective 4/Strategy 3

Service Narrative  
Nutrition Education

FY17-19  
Taxonomy 12

**12. NUTRITION EDUCATION (1 SESSION PER PARTICIPANT)** – A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual with comparable expertise. It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

Example: If you hold 2 nutrition education seminars, and you have 21 people participate between both seminars, then you would document the Quantity as 2 in NAMIS, the Number Served would be 21. It is important to gather both numbers so that the effectiveness can be gauged.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Registered Dietitians, Dietetic Technicians, Local Extension Agencies or comparable health professional and students from related health professions continue to provide Nutrition Education in all 5 of ENOA's counties. The ENOA dietitian will also provide Nutrition Education when requested. The centers will schedule a minimum of 2 nutrition education program per year. This is monitored during the annual Senior Center evaluation process. Nutrition Education is presented to meet the education component of the Summer Farmer's Market Program. Nutrition Education materials will be developed by the ENOA dietitian to be distributed to the Diner's Choice participants on a quarterly basis.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 1/Objective 1/Strategies 1-2  
Goal 1/Objective 2/Strategies 1- 3  
Goal 2: Objective 3/Strategy 3  
Goal 2/Objective 4/Strategy 1  
Goal 2/Objective 7/Strategies 1-5  
Goal 4: Objective 2/Strategies 1-2  
Goal 4/Objective 3/Strategy 2

**Service Narrative**

FY17-19

Taxonomy 13

**Information & Assistance**

**13. Information & Assistance - (1 CONTACT)** – A service that:

- Provides individuals with information on services available within the communities.
- Links individuals to the services and opportunities that are available within the communities.
- To the maximum extent practicable, establishes adequate follow-up procedures.

Internet web site “hits” are to be counted only if information is requested and supplied.

This would include any SHIP and Medicare Part D activities. It is done in a one-on-one setting.

This should be entered as group utilization in NAMIS.

Note: that this service specifies adequate follow-up procedures. These could include that following instructions from a client for “no follow-up” is deemed adequate follow-up by the agency.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Direct Centers:** ENOA’s main office Information & Assistance staff receive the majority of contacts from callers, visitors, and electronic mail. Other staff in the main office and in two rural satellite offices also receive contacts for information and assistance. Materials are provided by mail, fax, electronic mail and face-to face when requested. The ENOA website [www.enoa.org](http://www.enoa.org) & Facebook page [www.facebook.com/enoaaging](https://www.facebook.com/enoaaging) also provides information & resources. Current resource information is updated by the Information & Assistance staff. I & A staff also maintains resource files, lobby information displays, and the ENOA Staff Resource Directory.

The monthly contact logs of all staff members are collected, totaled and stored in the Information & Assistance Division.

The monthly contact totals are entered into NAMIS under group utilization.

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 4/Objective 4/Strategy 3

Service Narrative  
Health Education

FY17-19  
Taxonomy 15

**15. HEALTH EDUCATION (1 CONTACT)** – Any other health related education that does not fall under “Nutrition Education”. This can include Alzheimer’s, depression, dementia, and holiday stress. It is done in a group setting. This service will be recorded as a registered service.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Health education programs continue to be a regular part of center programming in all 5 counties. Information will provide up-to-date health information to assist seniors in improving their lifestyle and maintain their health and independence. ENOA will continue to work with local nursing and pharmacy programs for educational opportunities. ENOA has contacted other local health professionals such as dentist, audiologists, ophthalmologists and other organizations to expand the number of qualified health education programs at the centers.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

[Empty box for explanation of increase/decrease of service units]

ENOA

Service Narrative  
**EMERGENCY RESPONSE**

FY17-19

Goal 5/Objective 3/Strategy 1-2  
Goal 5/Objective 4/Strategy 4  
Goal 5/Objective 5/Strategy 1-2

Taxonomy 16

**16. EMERGENCY RESPONSE SYSTEM (1 CLIENTMONTH)** – Direct action to make available emergency response system for persons who are frail or at risk of loss of independence and who can benefit from the security provided by such a system. System must be a formal emergency response system.  
*Formal Emergency Response System. Must be an “electronic notification system.” This should be entered as group utilization in NAMIS.*

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA provides an electronic notification system, emergency response program, to eligible clients in the ENOA five county area. To receive this service, clients must meet the Care Management and Emergency response Program criteria; clients are reviewed every six months. ENOA's contractors provide each client with a unit attached to a telephone landline, and a bracelet or pendant. Periodic tests are performed by the contractors to verify each unit's function and performance. Each contractor provides a notification to the Care Management department when an incident has occurred with a client. Clients are asked to contribute to the cost of this service based upon a sliding fee scale.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

[Empty box for explanation of increase/decrease of service units]

<p><b>ENOA</b>                  Goal 1/Objective 1/Strategy 1                  Goal 1/Objective 2/Strategy 1                  Goal 1/Objective 9/Strategies 2-5                  Goal 2/Objective 4/Strategy 2                  Goal 2/Objective 6 Strategy 2                  Goal 2/Objective 7 Strategies 2, 4                  Goal 4/Objective 2/Strategy 1                  Goal 4/Objective 3/Strategy 2</p>	<p><b>Service Narrative</b></p> <p><b>Information Services – III B</b></p>	<p><b>FY17-19</b></p> <p><b>Taxonomy 17</b></p>
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**17. INFORMATION SERVICES – III B (1 ACTIVITY)** – This was previously called Public Information. The dissemination of information to the public at large, not specific individuals. Items counted as Information services would include publications, television and radio commercials, brochures, and billboard signs. This should be entered as a group utilization in NAMIS.

Example: If you are doing an aging PSA in the newspaper, each time it runs is 1 Activity. If it runs 4 times, and the newspaper circulates 1,000 papers a day. You would enter Quantity of 4, and 1000 for Numbers Served.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Direct Service:** ENOA’s Information & Assistance division responds to requests from the public for speakers to offer information about the agency and our services. Presentations are provided to medical & nursing school students, gerontology & human service classes, service clubs, civic groups, support groups, senior housing complexes, and other community organizations. We participate in senior health & wellness fairs, and make presentations at Senior Centers. Presentations are also made to classes of new agency volunteers when requested by ENOA volunteer program coordinators.

Approximately 12,000 New Horizon Newspapers are circulated to the general public monthly throughout our 5-county service area.

The monthly activity totals are entered into NAMIS under group utilization.

**NOTE:** Units split between programs/budgets  
 Total Units: 96  
 New Horizon Units: 12 (CASA)  
 I&A Units: 84 (IIIB)

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**The decrease of service units is related to the change in how we are now reporting each activity. Previously, Taxonomy #17 Public Information activities were entered in NAMIS monthly in group utilization by the total number of hours of all the events attended that month (entered in quantity); and the total number of people who attended the events (number entered as total served). New Horizon Newspapers circulated to the general public have never been entered into NAMIS.**

**ENOA**  
**Goal 4/Objective 4/Strategy 3**

**Service Narrative**  
**Health Promotion/Disease Prevention**

**FY17-19**  
**Taxonomy 21**

**21. HEALTH PROMOTION/DISEASE PREVENTION (1 CONTACT)** – As of July 1, 2016,

all programs using the Title IIID funds will have to meet these criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability, and/or injury among older adults; and
- Proven effective with older adult population, using experimental or quasi-experimental design\*; and
- Research results published in a peer review journal; and
- Fully translated\*\* in one or more community site(s); and Includes developed dissemination products that are available to the public.

\* Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.

\*\* For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting. This service will be recorded as a registered service.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Tia Chi-Moving for Better Balance is provided at 13 multipurpose senior centers in ENOA's 5 counties. III-D funding is used to contract with Friendship Center to coordinate and manage the program for 10 of those centers.

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 5/Objective 3/Strategy 1-2  
Goal 5/Objective 4/Strategy 5  
Goal 5/Objective 5/Strategy 1-2

Service Narrative

FY17-19

DURABLE MEDICAL EQUIPMENT

Taxonomy 22

**22. DURABLE MEDICAL EQUIPMENT (1 CONTACT)** – The provision of goods to an individual at no cost or at a reduced cost which will directly support the health and independence of the individual with an assessed need.

Goods are adaptive devices or assistive technology to be used by an individual. This should be entered as group utilization in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA has a Letter of Agreement with vendors in our 5 county service area to supply durable medical equipment and health care supplies to our clients. This program assists frail older adults age 60 and over who cannot afford the full price of needed equipment/supplies, and who do not qualify for federal or state benefit programs. Referrals for assistance are taken by ENOA Care Managers or the DME Program Coordinator. Referrals are called in or faxed to the selected vendor; vendor is required to deliver the item to the client's home with 24-48 hours. Contribution requests based upon a sliding fee scale are sent to all clients.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

[Empty box for detailed explanation of service unit changes]

ENOA  
Goal 1/Objective 4/Strategy 2-4  
Goal 1/Objective 5/Strategy 3  
Goal 2/Objective 1/Strategy 1-3  
Goal 2/Objective 7/Strategy 5

**Service Narrative  
Ombudsman**

FY 17-19  
Taxonomy 27

**27. OMBUDSMAN (1 Activity)** – Includes cases (investigation and resolution of complaints that are made by and on behalf of residents of nursing homes and assisted living facilities); Information and Consultations to Individuals; Consultations to Facility/Providers; Work with Resident Councils; Work with Family councils; Training given to Facility Staff (data taken from Ombudsman report.)

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Ombudsman Program Volunteers will identify, investigate and where possible resolve complaints (called cases) that are made by residents of long-term care facilities. They will provide consultations to facility staff and family members. The advocates also work with Resident Councils and Family Councils in the facilities. Cases: Include one or more complaints brought to or initiated by the ombudsman in which the ombudsman is actively involved and or which the ombudsman investigates and works to resolve. A complaint is a concern brought to or initiated by the ombudsman for the investigation and action on behalf of one or more residents and related to the health, safety, welfare or rights of a resident. One or more complaints constitute a case. Consultations: include information, suggestions, recommendations or assistance provided by the ombudsman to an individual or a facility to resolve a problem/issue/concern, which involves /impacts directly or indirectly a resident or group of residents. No action on the part of the ombudsman is required other than the information provided. Family and resident councils are defined as a group that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life, support each other, plan resident and family activities, and participate in educational activities or for any other purpose. Volunteer Ombudsmen are invited to participate in these groups. Training for facility staff is training given to facility staff. Each training is counted as an incident.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 1/Objective 4/Strategy 2, 3  
Goal 1/Objective 5/Strategy 2  
Goal 1/Objective 6/Strategy 5  
Goal 3/Objective 4/Strategy 3, 4

**Service Narrative  
Volunteerism**

**FY17-19  
Taxonomy #29**

**29. VOLUNTEERISM (1 HOUR)** – An uncompensated individual who provides services or support on behalf of older individuals. State Senior Companion program participants should be documented under this NAMIS service. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**SeniorHelp Volunteers provide assistance to the agency including help with office and other specific agency projects, and events, specifically the Grandparent Resource Center events and the delivery of holiday gift for the ENOA Holiday Gift Project.**

**The RSVP Program Specialist and Program Coordinator work with active volunteers in Douglas, Sarpy, Cass, Dodge and Washington counties in nonprofit organizations, agencies and health institutions. These volunteers are responsive to community needs and gives them a chance to share their talents and expertise. RSVP staff recruits prospective volunteers and stations that are interested in the program.**

**With a growing 60+ population, the SeniorHelp Volunteer Program receives calls for assistance for a variety of requests in addition to the more commonly-known services volunteers provide within the classifications of transportation, chore and homemaker. SeniorHelp volunteers provide daily telephone reassurance calls, telephone visiting and in-home companionship. Volunteers also fill in gaps for client requests and program assistance that typically do not fit in a traditional category of service. Examples would include, but are not limited to: dog-walking, installation and/or repair of electronics, computer instruction, medication reminders by phone, etc.**

**NOTE: Units split between programs/budgets**  
**Total Volunteerism Units: 91.660**  
**RSVP Volunteer Units: 90,618 (Other Programs)**  
**SeniorHelp Units: 1042 (IIIB – Volunteer)**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 1/Objective 4/Strategy 2-5  
Goal 1/Objective 5/Strategy 4  
Goal 1/Objective 6/Strategy 1-4  
Goal 2/Objective 2/Strategy 1, 2

Service Narrative  
Taxonomy 30

FY17-19

**30. VOLUNTEERISM/STIPEND (1 HOUR)** – A compensated individual who provides services or support on behalf of older individuals or is a participant in senior corps programs should be entered into NAMIS as Volunteerism/Stipend. This includes the federal Senior Companion program and the Foster Grandparents program. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**The Foster Grandparent Program offers challenging, fulfilling opportunities to make an invaluable contribution to at-risk youth. FGP provides volunteer opportunities for 68 lower income older individuals who provide 70992 volunteer hours per year. Foster Grandparents are at least age 55, and agree to serve 15-40 hours per week, dividing their time among several children. Volunteers receive a tax-free stipend of \$2.65 per hour, transportation and meal reimbursement, accident and personal liability insurance, and annual physical exam, 40 hours of orientation training, monthly in-service training and recognition events. This service is fully supported by federal (Corporation for National Service) and county dollars.**

**The dual purpose of the Senior Companion Program is to create part-time stipend volunteer community service opportunities for low-income persons aged 55 and over and to provide supportive person-to-person services to assist adults having exceptional needs, developmental disabilities, or other special needs for companionship.**

**Volunteers serve an average of 20 hours per week to provide 62,640 hours of volunteer assistance, annually. Volunteers receive a tax-free stipend of \$2.65 per hour, transportation and meal reimbursement, accident and personal liability insurance, and annual physical exam, 40 hours of orientation training, monthly in-service training and recognition events. This service is fully supported by federal (Corporation for National Service) and county dollars.**

**NOTE: Units split between programs/budgets**

**Total Units: 133,101**

**Senior Companion Volunteer/Stipend Units: 62.099 (Other Programs-SCP)**

**FGP Volunteerism/Stipend Units: 71,002 (Other Programs-FGP)**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 4/Objective 4/Strategy 1-4

Service Narrative  
Supportive Service

FY17-19  
Taxonomy 35

**35. SUPPORTIVE SERVICES (1 HOUR)** – Provision of a broad spectrum of services; including but not limited to health, socialization, educational opportunities, recreation, general information, interpretation / translation for the older person. This should be entered as group utilization in NAMIS.

Note: The unit reflects the hours of operation at multipurpose senior centers.

A multipurpose senior center is a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Annual hours of operation at 27 multipurpose senior centers in ENOA's 5 county area. Centers provide in addition to the nutritious meals a wide range of health, social, educational and recreational services during their hours of operation.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 4/Objective 6/Strategy 2

Service Narrative  
**INFORMATION SERVICES IIIIE**

FY17-19  
Taxonomy #37

**37. INFORMATION SERVICES IIIIE (1 ACTIVITY)** - A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**The Grandparent Resource Center sends out a monthly newsletter to all enrolled Grandparents in this program.**

**ENOA participates in health fairs and/or public information events to increase awareness of support, services and resources for caregivers offered through ENOA and other community agencies.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

Empty box for detailed explanation of increase/decrease of service units.

ENOA  
Goal 4/Objective 1/Strategy 1-7Service Narrative  
III-E Access AssistanceFY17-19  
Taxonomy #38

**38. III-E ACCESS ASSISTANCE (1 CONTACT)** – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

NOTE: Information and assistance to caregivers is an access service, i.e., a service that:

- provides individuals with information on services available within the communities;
- links individuals to the services and opportunities that are available within the communities;
- to the maximum extent practicable, establishes adequate follow-up procedures.

Internet web site "hits" are to be counted only if information is requested and supplied. This service includes information and assistance for caregivers as well as Case Management services for caregivers. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS

Detailed description of how service is provided: Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA Caregiver Support Care Managers are professionals trained to complete comprehensive caregiver support assessments on primary informal caregivers who are providing direct care for an older (age 60+) frail adult OR adults with a diagnosis of dementia or similar cognitive issues (per OAA regulations). Care Managers are dedicated to the Caregiver Support Program and use a participant centered approach to develop care plans based on the needs and/or stressors identified in the comprehensive assessment. Due to the demands of caregiving, the Care Managers typically have monthly contact with the caregivers. The overall goal of the Caregiver Support Program is to enhance the caregiver's ability to continue the role of caregiving without jeopardizing his/her own health and ensure the frail older adult's or person's with diagnosed cognitive impairments needs continue to be safely met.**

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**ENOA plans to increase the number of participants now that the program enhancements have been completed. The Caregiver Support Program is developing specific target areas to increase program participation specifically in the counties of Cass and Dodge at a projected 10.95% increase. Preliminary leg work has begun through increasing public presentations at support groups in Cass County and accepting invitations to participate in community events with an upcoming event in Murray, Nebraska to have a free information booth. In Dodge County we have a lead on a potential new administrator in the Nye facilities in Fremont that ENOA will begin to cultivate as a avenue to market.**

ENOA  
Goal 4/Objective 6/Strategy 1

Service Narrative  
COUNSELING IIIIE

FY17-19  
Taxonomy #39

**39. COUNSELING IIIIE (1 SESSION PER INDIVIDUAL)** - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families.)

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**The Grandparent Resource Center offers a monthly support group meeting to grandparents 55 and over who are raising their grandchildren.**

In FY16 ENOA's CSP Care Management Program had two staff members trained to provide Powerful Tools for Caregivers. This training will be provided to those caregivers meeting eligibility under caregiver support.

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

ENOA  
Goal 1/Objective 4/Strategy 2, 4, 5  
Goal 1/Objective 5/Strategy 4  
Goal 1/Objective 6/Strategy 1-4  
Goal 2/Objective 2/Strategy 1, 2  
Goal 4/Objective 1/Strategy 1, 2, 6

**Service Narrative**  
**III-E Respite Care**

**FY17-19**  
**Taxonomy 40**

**40. III-E RESPITE CARE (1 HOUR)** – Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Care Recipient must be unable to perform at least 2 ADLs without substantial human assistance or has a cognitive or other mental impairment.

Respite Care includes:

- In-home respite (personal care, homemaker, and other in-home respite)
- Respite provided by attendance of the care recipient at a senior center or other on-residential program
- Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver for Grandparents caring for children (i.e., summer camps)

It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Volunteers, enrolled in the Senior Companion Program, provide respite care to caregivers of older family members with Alzheimer's disease and companionship to individuals with dementia. Four volunteer positions will provide 1,044 hours (4176 total) of service annually. Eight - twelve families are served, receiving one to four visits each week.**

**Volunteers receive a tax-free stipend of \$2.65 per hour, transportation and meal reimbursement, accident and personal liability insurance, and annual physical exam, 40 hours of orientation training, monthly in-service training and recognition events.**

**ENOA offers respite services to eligible caregivers participating in the Caregiver Support Program. In-home respite services are provided by contracted agency providers or out-of-home respite services are provided by contracted Adult Day Care Centers.**

**ENOA also offers short-term respite care to caregivers who mean the definition of a frail adult according to the OAA. These referrals do come from ENOA's Care Management programs, as well as, other healthcare/community professionals. This respite care is provided by the caregiver's provider of choice either through an agency or temporary nursing/assisted living facility.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**ENOA has seen an increase in demand for in-home respite in the Caregiver Support Program and with targeting expansion in the rural area where adult day services are more limited ENOA is projecting an increase in respite care which equates to approximately 4500 additional hours for the fiscal year.**

**ENOA will see an increase in SCP Respite Care units due to increase in available volunteers to provide this service for FY 2017.**

ENOA  
Goal 4/Objective 1/Strategies 1, 2, 6  
Goal 4/Objective 1/Strategy 3

Service Narrative  
III-E Supplemental Services

FY17-19  
Taxonomy #41

**41. III-E SUPPLEMENTAL SERVICES (1 UNIT OF ACTIVITY)** – Services provided on a limited basis to complement the care provided by caregivers to a care recipient. A care recipient is someone who is unable to perform at least 2 ADLs without substantial human assistance or has a cognitive or other mental impairment. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to caregivers.

It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**ENOA offers Supplemental Services through its Caregiver Support Care Management Program by providing durable medical equipment and incontinence supplies (typically a one-time large quantity purchase) and emergency response systems services through contracted agencies providers. ENOA provides home delivered meals to our caregiver clients under age 60 caring for a frail adult, as well as nutrition counseling for caregivers. ENOA continues to support the aging in place philosophy by reviewing requests for limited modifications and assistive technologies from ENOA case management programs and healthcare/community professionals when there is an eligible caregiver caring for a frail adult as defined in the OAA. These services are purchased through reputable vendors.**

The Grandparent Resource Center offers a lunch at 2 of our monthly support group meetings; clients are also eligible to receive 3 pantry orders per year and may request taxi vouchers to and front support group meetings and the grocery store.

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**ENOA is projecting a potential 30.19% increase in supplemental services with targeting expansion in two rural counties including Cass and Dodge. This percentage equates to an approximate 1000 additional units of activity for next fiscal year.**

ENOA  
Goal 3/Objective 1/Strategy 1Service Narrative  
III-E Self-Directed CareFY17-19  
Taxonomy #42

**42. III-E SELF-DIRECTED CARE (PLACEMENT)** – This was previously called Cash and Counseling. An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which

- Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
- Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options;
- The needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved);
- Based on the assessment made, the area on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver, or legal representative—
  - a plan of services for such individual that specifies which services such individual will be responsible for directing;
  - a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and
  - a budget for such services; and
- The area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From Section 102(46) of the Older Americans Act of 1965, as amended.

This covers the range of services provided or paid for through allowance, vouchers, or cash which provided to the client so that the client can obtain the supportive services which are needed. Note that the definition does not require reporting of service units, but does require reporting of the unduplicated number of persons served. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

**Detailed description of how service is provided:** Please include whether service is contracted/sub-granted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

**Self-Directed Care provides funds to appropriate caregivers participating in ENOA's Caregiver Support Program to be utilized for respite services. These funds are paid directly to the caregiver.**

**Explanation of increase/decrease of service units:** Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

**ENOA plans to continue to expand Self-Directed Services for caregivers the 17.65% is reflective of a small increase of three placements for next fiscal year. (1 year of the plan period)**

**Narrative Addendum – FY 2017 - 2019**

**SERVICE: LEGAL SERVICES**

1. Does your Agency have a contract with a private attorney/entity to provide Title III B legal services?

YES

If Yes, explain the service model used.

[Redacted]

No

If No, please describe how legal assistance including legal advice, counseling and representation by an attorney is provided by your Agency.

Referrals made by ENOA to Legal Aide of Nebraska ElderAccessLine. Additional service provided by an ElderAccessLine advising attorney who refers cases as needed for extended representation to Legal Aid and other program options across the state.

2. List specific activities planned to market the statewide Elder Access Line (EAL) in your PSA (check all that apply):

Disseminate EAL brochures

Presentation(s) on legal issues

Newsletter article(s) on Elder Access Line

Outreach with community partners serving rural, minority, immigrants, etc.

Coordinate referrals and issues resolution with other Title III B provider(s)

Other, describe \_\_\_\_\_

3. Describe your outreach efforts to serve targeted population in your PSA.

ElderAccessLine brochures in all ENOA offices (urban & rural); mailings; brochure distribution with home delivered meals in Douglas & Sarpy counties yearly; brochures provided at speaking engagements, fairs and community events. Legal information presentations by ElderAccessLine in rural counties. Two advanced directive legal document drafting events arranged by State Unit on Aging Legal Services and provided by UNL law students at ENOA senior centers. Legal Information provided on ENOA website.

4. List the top five (5) Priority Issues in your PSA.

Collection (incl. Repossession/Deficiency/ Garnishment), Advanced Directives/POA; Wills/Estates, Housing-Landlord Tenant, Divorce/Separation/Annulment

5. Describe any challenges or setbacks experienced in implementing the Statewide Legal Services Standards including serving target populations, addressing priority legal issues,

coordinating services with the Elder Access Line and other legal resources or integrating legal services in your aging network.

State Unit on Aging's advanced directive legal documenting drafting event targeted for the Intercultural Senior Center's population lacked participants.

6. List three strategies related to enhancing Legal Services planned for FY 2017 - 2019. Examples may include developing new partnerships and working agreements with other organizations such as consumer protection agency, EEOC, APS, etc., expanding the continuum of services to meet system gaps and remove barriers to access and; providing education and training to professionals, volunteers and older persons on elder rights and specific laws.

1. Continue to provide informational outreach programs at senior centers and community service organizations.

2. Provide appropriate staff with opportunities for education regarding legal rights of seniors

3. Continue to use social media, ENOA website, and ENOA publications to provide information on legal services.

7. A Statewide annual report is issued annually. Please comment on how the annual report is distributed and used by your agency.

Comments:

The annual report is shared with the ENOA Executive Director and legal services provider. The report is also sent to the ENOA Governing Board & Advisory Council to review.

ENOA

## 3. Contractors Providing Services

FY 2017-19

<b>CONTRACTORS PROVIDING ANY SERVICE TO OLDER INDIVIDUALS</b>					
<b>Contractor, list consecutively</b>	<b>Service Number</b>	<b>Total Cost of Contract</b>	<b>Minority Contractor Y/N</b>	<b>Non-Gov. Entity Contractor Y/N</b>	<b>Provided Service Paid with any OAA Funds Y/N</b>
Alphonso Philmon	3	4,875	Y	Y	Y
Ameritix	22	900	N	Y	Y
Andy Sheard	3	3,656	N	Y	Y
Autumn Pointe Assisted Living Center	4	5,400	N	Y	Y
Bobette's Home Care	2	5,859	N	Y	Y
Brian Holland	3	17,563	Y	Y	Y
Brian Holland	41		Y	N	N
Care Minders Home Care	2	4,102	N	Y	Y
Caretech Inc.	2	82,377	N	Y	Y
Caretech Inc.	40		N	Y	Y
Comfort Care Homes	40	7,000	N	Y	Y
Comper Care & Rehab	1	3,102	N	Y	N
Cooper's Distribution	17	3,000	N	Y	N
CountryHouse Omaha	40	7,000	N	Y	Y
Darn Dependable Services	2	39,259	N	Y	Y
David Sexton	3	244	N	Y	Y
Dennis Jefferis	3	7,313	N	Y	Y
Edgewood Omaha Senior Living	40	5,000	N	Y	Y
Elite Professional Home Care	40	13,790	N	Y	y
Elite Services, LLC	1	135,184	N	Y	Y
Elite Services, LLC	2		N	Y	Y
Elmwood Pharmacy	22	300	N	Y	Y
Elmwood Senior Center	4	4,223	N	Y	Y
Elmwood Senior Center	7		N	Y	Y

**ENOA** **CONTRACTORS** **FY 2017-19**

Empower Home Care	1	27,698	Y	Y	Y
Empower Home Care	2		Y	Y	Y
ENOA	41	500	N	Y	Y
Fast Forward	2	25,508	Y	Y	Y
Fast Forward	40		Y	Y	Y
Flywheel	17	165	N	Y	N
Freedom In Home Services	1	2961	N	Y	Y
Fremont, City of	7	20,092	N	Y	Y
Friendship Program, Inc.	21	73,120	N	Y	Y
Friendship Program, Inc.	40		N	Y	Y
Good Samaritan Society	1	759	N	Y	Y
Good Shepherd Lutheran Home	4	48,750	N	Y	Y
Greg Andrade	3	2,348	N	Y	Y
Harry Seagle	3	1,219	N	Y	Y
Heartland Family Service	7	23,080	N	Y	Y
Hillcrest Home Care	1	49,688	N	Y	Y
Hillcrest Home Care	40		N	Y	Y
Home Instead East	2	37,501	N	Y	Y
Home Instead Senior Care	40	13,790	N	Y	Y
Hooper Care Center	4	2,160	N	Y	Y
Howard Heckenlively	3	2,438	N	Y	Y
Hy-Vee – 51 <sup>st</sup> & Center	7	4,290	N	Y	Y
Immanuel	7	28,362	N	Y	Y
Intercultural Senior Center, Inc.	7	134,113	Y	Y	Y
Interium Health Care	1	7,566	N	Y	Y
Interium Health Care	2		N	Y	Y
James McKillip	3	2,438	N	Y	Y
Jewish Federation	4	504	N	Y	Y
John Rynes	3	9,031	N	Y	Y
John Rynes	41		N	Y	Y

ENOA	CONTRACTORS			FY 2017-19	
Lady Bug Services	2	22,266	N	Y	Y
Legal Aid Elder Access Line	11	12,015	N	N	Y
Legion Home Care	1	54,334	N	Y	Y
Legion Home Care	2		N	Y	Y
Legion Home Care	40		N	Y	Y
Lien Pest Control	3	4,500	N	Y	Y
Louisville Senior Center	7	13,441	N	Y	Y
Love Thy Neighbor	2	5,859	Y	N	N
Mable Rose Estates Adult Day	40	10,000	N	Y	Y
Mark Voss	3	2,438	N	Y	Y
Mediguard	16	30,952	N	Y	N
Mediguard	41		N	Y	Y
Michael Burch	3	2,438	N	Y	Y
Mike Freeburg	3	10,250	N	Y	Y
Mike Freeburg	41		N	Y	Y
Nathan Nolan	3	6,094	N	Y	Y
Nehawka Senior Center's Association	7	2,000	N	Y	Y
New Cassel/Franciscan Centre	40	52,000	N	Y	Y
North Bend Senior Center	4	51,292	N	Y	Y
North Bend Senior Center	7		N	Y	Y
Omaha Cleaning	2	8,789	N	Y	Y
Omaha, City of	7	81,300	N	Y	Y
Papillion, City of	7	11,549	N	Y	Y
Pharmacy Express	22	13,500	N	Y	Y
Philips Lifeline	16	137,437	N	Y	Y
Philips Lifeline	41		N	Y	Y
Plattsmouth, City of	7	6,170	N	Y	Y
Plattsmouth Senior Center	4	4,200	N	Y	Y
Pestige Home Care	2	1,172	N	Y	Y

**ENOA** **CONTRACTORS** **FY 2017-19**

Prime Home Care	1	7,961	N	Y	Y
Prime Home Care	40		N	Y	Y
Promedcare	1	15,676	N	Y	Y
Promedcare	2		N	Y	Y
Promedcare	22		N	Y	Y
Ralston Senior Center	7	2,000	N	Y	Y
Reed Schlautman	3	1,097	N	Y	Y
Rick Hadfield	3	609	N	Y	Y
Right at Home	1	23,566	N	Y	Y
Right at Home	2		N	Y	Y
Ryan Macek	3	4,875	N	Y	Y
2 <sup>nd</sup> Street Market	7	6,980	N	Y	Y
Scott Nelson	3	2,438	N	Y	Y
Silver Memories, Inc.	40	2,000	N	Y	Y
St. Joe Villa Homecare & Hospice	1	68,559	N	Y	Y
St. Joe Villa Homecare & Hospice	40		N	Y	Y
Suburban Newspapers, Inc.	17	25,764	N	Y	Y
Summit Lawn Care	41	1,000	N	Y	y
Sun Meadows-GA Foods	4	17,967	N	Y	Y
Taquiera Chango	7	76,350	Y	Y	Y
TEAM Homecare Services	2	5,273	Y	N	Y
Thomas Preddy	3	6,094	N	Y	Y
Total Respiratory & Rehab	41	3,000	N	Y	Y
Touching Hearts at Home	1	51,180	N	Y	Y
Touching Hearts at Home	2		N	Y	Y
Touching Hearts at Home	40		N	Y	Y
Touching Hearts at Home Neighboring Omaha	2	31,056	N	Y	Y
Troy Ledger	3	36,417	N	Y	Y
Troy Ledger	41		N	Y	Y

**ENOA**

**CONTRACTORS**

**FY 2017-19**

Valley Services	4	1,021,940	N	Y	Y
Valley Services	7		N	Y	Y
Visiting Nurse Health Service	1	89,680	N	Y	Y
Visiting Nurse Health Service	40		N	Y	Y
Weeping Water Senior Center	4	6,455	N	Y	Y
Weeping Water Senior Center	7		N	Y	Y
WelCov, Inc.	40	6,800	N	Y	Y
Willingham Health Services	1	5,164	Y	Y	Y

### 4. Direct Service Provision

**ENOA**                      **DIRECT DELIVERY SERVICE FY 2017-2019**

In accordance with Section 307 (a) (8)(A) and 306 (b) of the Older Americans Act, the  
[Eastern Nebraska Office on Aging.] Requests delivery of the following services:

Service	Location (Cities/ <b>Counties</b> )
Home Delivered Meals Management	Douglas, Sarpy, Dodge, Cass & Washington
Senior Center Operation	Douglas, Sarpy, Dodge, Cass & Washington
Nutrition Counseling	Douglas, Sarpy, Dodge, Cass & Washington
Publication	Douglas, Sarpy, Dodge, Cass & Washington

Justification/Reason for Request (must select one):

- 1. Assure an Adequate Supply of Services (Supporting documentation included)
- 2. Services Related to the Area Agency on Aging’s Administrative Function (A written explanation included)
- 3. Provide Services of Comparable Quality More Economically (Supporting documentation included)
- 4 The waiver request is ongoing from year to year. A Request for Proposal was issued Date RFP published

Approval of the 2017-2019 Area Plan includes granting of the requested waiver.

#### DIRECT SERVICE PROVISION

Service Number	Area Agency on Aging	Max. Cost	Provide Service Paid by OAA Y/N

**ENOA**

**DIRECT DELIVERY SERVICE FY 2017-2019**

**EASTERN NEBRASKA OFFICE ON AGING**

Requests delivery of the following services:

Service and Location

**Senior Center Operations**

Arlington Senior Center  
Bellevue Senior Community Center  
Bennington Senior Center  
Corrigan Senior Center  
Dodge Gateway Senior Center  
Hooper Senior Center  
St. Mary Magdalene Senior Center  
Snyder Senior Center

**Home Delivered Meals Management:** All five counties.

**Nutrition Counseling:** All five counties.

**Publication:** All five counties.

The Eastern Nebraska Office on Aging held a public hearing on the request for Waiver of direct services on February 10, 2016 for the above services. Notices publish in the newspapers, Agenda, Sign-In Sheet attached. We held the hearing open for 30 minutes and had no one appear.

ENOA maintains a public affairs division to provide information to the media, coordinate all materials for distribution to the public as well as other promotional activities. A long standing part of this effort is the publication of the "New Horizons", a monthly newspaper distributed to older citizens throughout the five county area. "New Horizons" is written specifically to inform Eastern Nebraska's older citizens about programs, services and other items of interest.

**SECTION D – One-Year Budget**

**1. Fund Transfer Request**

**ENOA**

Annual Plan FY 2015-16

**FUND TRANSFER**

**In this Application and Plan the following transfers of funds between funding categories are included. This represents changes to the reservation table.**

- Title III-B to Title III-C(1)	.....	\$	-
- Title III-B to Title III-C(2)	.....	\$	-
- Title III-C(1) to Title III-B	.....	\$	-
- Title III-C(1) to Title III-C(2)	.....	\$	-
- Title III-C(2) to Title III-C(1)	.....	\$	-
- Title III-C(2) to Title III-B	.....	\$	-

**COMMENTS:**

**NOTE: ONLY THE ABOVE MENTIONED FUNDS CAN BE TRANSFERRED.**

**APPROVAL OF THE AREA PLAN FOR FISCAL YEAR 2016  
INCLUDES APPROVAL OF THIS REQUEST.**

## 2. Budget Forms (Includes Unit Cost)

ENOA

**Composite**

Annual Plan FY 2016-17

FY 2017 BUDGET - GRAND TOTAL									
COST CATEGORIES	TITLE III-B & CASA	TITLE III-C(1) & CASA	TITLE III-C(2) & CASA	TITLE III-D & CASA	TITLE III-E & CASA	CASA Only	Other Programs (not funded by SUA)	Title VII	TOTAL
1. Personnel	\$ 638,583.00	\$ 527,686.00	\$ 502,744.00	\$ -	\$ 159,140.00	\$ 1,099,931.00	\$ 1,058,405.00	\$ 72,423.00	\$ 4,068,912.00
2. Travel	\$ 1,058.00	\$ 13,138.00	\$ 80,786.00	\$ -	\$ 12,640.00	\$ 30,720.00	\$ 120,269.00	\$ 5,750.00	\$ 264,361.00
3. Print & Supp.	\$ 8,174.00	\$ 31,867.00	\$ 32,582.00	\$ -	\$ 2,000.00	\$ 14,630.00	\$ 17,399.00	\$ 900.00	\$ 107,552.00
4. Equipment	\$ -	\$ 2,500.00	\$ -	\$ -	\$ 15,000.00	\$ 14,000.00	\$ 155,000.00	\$ -	\$ 186,500.00
5. Build Space	\$ 43,453.00	\$ 49,149.00	\$ 11,108.00	\$ -	\$ 6,589.00	\$ 52,083.00	\$ 150,795.00	\$ 5,858.00	\$ 319,035.00
6. Comm. & Utilit.	\$ 19,497.00	\$ 41,595.00	\$ 6,700.00	\$ -	\$ 3,060.00	\$ 56,433.00	\$ 21,779.00	\$ 425.00	\$ 149,459.00
7. Other	\$ 12,325.00	\$ 11,725.00	\$ 33,150.00	\$ -	\$ 80,345.00	\$ 11,700.00	\$ 566,655.00	\$ 1,250.00	\$ 717,150.00
8a. Raw Food	\$ -	\$ 9,476.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,476.00
8b. Contractual	\$ 889,688.00	\$ 843,086.00	\$ 816,797.00	\$ 30,120.00	\$ 280,700.00	\$ 200,937.00	\$ 221,080.00	\$ -	\$ 3,282,406.00
<b>9. GROSS COST</b>	<b>\$ 1,612,778.00</b>	<b>\$ 1,530,222.00</b>	<b>\$ 1,485,887.00</b>	<b>\$ 30,120.00</b>	<b>\$ 559,474.00</b>	<b>\$ 1,450,434.00</b>	<b>\$ 2,311,382.00</b>	<b>\$ 86,806.00</b>	<b>\$ 9,094,553.00</b>
<b>NON-MATCHING</b>									
10. Other Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,072,010.00	\$ -	\$ 1,072,010.00
11a. Title XX/Medicaid	\$ -	\$ 23,016.00	\$ 294,800.00	\$ -	\$ -	\$ -	\$ 290,045.00	\$ -	\$ 607,861.00
11b. NSIP	\$ -	\$ 71,008.00	\$ 111,262.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182,270.00
12a. Income Cont/Fees	\$ 101,200.00	\$ 204,114.00	\$ 205,260.00	\$ 2,445.00	\$ 18,730.00	\$ 102,200.00	\$ 28,000.00	\$ -	\$ 661,949.00
<b>12b. TOTAL NON-MATCH</b>	<b>\$ 101,200.00</b>	<b>\$ 298,138.00</b>	<b>\$ 611,322.00</b>	<b>\$ 2,445.00</b>	<b>\$ 18,730.00</b>	<b>\$ 102,200.00</b>	<b>\$ 1,390,055.00</b>	<b>\$ -</b>	<b>\$ 2,524,090.00</b>
<b>13. ACTUAL COST</b>	<b>\$ 1,511,578.00</b>	<b>\$ 1,232,084.00</b>	<b>\$ 872,565.00</b>	<b>\$ 27,675.00</b>	<b>\$ 540,744.00</b>	<b>\$ 1,378,234.00</b>	<b>\$ 921,327.00</b>	<b>\$ 86,806.00</b>	<b>\$ 6,570,793.00</b>
<b>MATCH</b>									
14a. Local Public (Cash)	\$ -	\$ -	\$ -	\$ 3,000.00	\$ 220,880.00	\$ 87,424.00	\$ 566,796.00	\$ 41,767.00	\$ 919,867.00
14b. Local Public (Grants)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,406.00	\$ -	\$ 350,406.00
15a. Local Other (Cash)	\$ 112,698.00	\$ 86,100.00	\$ 99,699.00	\$ -	\$ -	\$ -	\$ 4,125.00	\$ -	\$ 302,622.00
15b. Local Other-Cash	\$ -	\$ 40,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,676.00	\$ 70,676.00
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$ 112,698.00</b>	<b>\$ 126,100.00</b>	<b>\$ 99,699.00</b>	<b>\$ 3,000.00</b>	<b>\$ 220,880.00</b>	<b>\$ 87,424.00</b>	<b>\$ 921,327.00</b>	<b>\$ 72,443.00</b>	<b>\$ 1,643,571.00</b>
<b>16b. Cost Less Match</b>	<b>\$ 1,398,880.00</b>	<b>\$ 1,105,984.00</b>	<b>\$ 772,866.00</b>	<b>\$ 24,675.00</b>	<b>\$ 319,864.00</b>	<b>\$ 1,290,810.00</b>	<b>\$ -</b>	<b>\$ 14,163.00</b>	<b>\$ 4,927,222.00</b>
<b>FUNDING</b>									
17a. CASA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 599,952.00	\$ -	\$ -	\$ 599,952.00
17b. CASA (Used as Match)	\$ 798,144.00	\$ 295,196.00	\$ 397,669.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,491,009.00
18a. Reservation	\$ 600,736.00	\$ 810,788.00	\$ 375,177.00	\$ 24,675.00	\$ 319,864.00	\$ -	\$ -	\$ 14,163.00	\$ 2,145,403.00
18b. Special Award	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18c. Care Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 690,858.00	\$ -	\$ -	\$ 690,858.00
<b>18d. TOTAL SUA COST</b>	<b>\$ 1,398,880.00</b>	<b>\$ 1,105,984.00</b>	<b>\$ 772,866.00</b>	<b>\$ 24,675.00</b>	<b>\$ 319,864.00</b>	<b>\$ 1,290,810.00</b>	<b>\$ -</b>	<b>\$ 14,163.00</b>	<b>\$ 4,927,222.00</b>

ENOA

III-B

Annual Plan FY 2017-18

FY 2017 BUDGET - Title III-B and CASA

[Taxonomy#, Service, Unit Measure]	ACCESS SERVICES						Access Services SubTotal
	5. Case Management III-B (1 hour)	9. Assist Transport (1 way trip)	10. Transportation (1 way trip)	13. Info & Assist (1 contact)	14. Outreach (1 contact)	18. Financial Counseling (1 contact)	
<b>COST CATEGORIES</b>							
1. Personnel				273,617			\$273,617
2. Travel				808			\$808
3. Print & Supp.				2,648			\$2,648
4. Equipment				0			\$0
5. Build Space				21,307			\$21,307
6. Comm. & Utilit.				9,212			\$9,212
7. Other				2,755			\$2,755
8a. Raw Food							\$0
8b. Contractual							\$0
<b>9. GROSS COST</b>	\$0	\$0	\$0	\$310,347	\$0	\$0	\$310,347
<b>NON-MATCHING</b>							
10. Other Funding							\$0
11a. Title XX/Medicaid							\$0
11b. NSIP							\$0
12a. Income Cont/Fees							\$0
<b>12b. TOTAL NON-MATCH</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>13. ACTUAL COST</b>	\$0	\$0	\$0	\$310,347	\$0	\$0	\$310,347
<b>MATCH</b>							
14a. Local Public (Cash)							\$0
14b. Local Public (26-Kind)							\$0
15a. Local Other (26-Kind)							\$0
15b. Local Other- Cash							\$0
<b>16a. TOTAL LOCAL MATCH</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>16b. Cost Less Match</b>	\$0	\$0	\$0	\$310,347	\$0	\$0	\$310,347
<b>FUNDING</b>							
17a. CASA							\$0
17b. CASA (Used as Match)				145,347			\$145,347
18a. Reservation				165,000			\$165,000
18b. Special Award							\$0
18c. Care Management							\$0
<b>18d. TOTAL SUA COST</b>	\$0	\$0	\$0	\$310,347	\$0	\$0	\$310,347

Projected Units		0	0	10588	0	0
Gross Cost Per Unit (9)	#DIV/0!	#DIV/0!	#DIV/0!	\$ 29.32	#DIV/0!	#DIV/0!
Match Per Unit (16b)	#DIV/0!	#DIV/0!	#DIV/0!	\$ -	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	#DIV/0!	#DIV/0!	#DIV/0!	\$ 29.32	#DIV/0!	#DIV/0!

ENOA

III-B

Annual Plan FY 2017-18

FY 2017 BUDGET - Title III-B:

[Taxonomy #, Service, Unit Measure]	IN-HOME SERVICES						In-Home Services Sub Total
	1. Personal Care (1 hour)	2. Homemaker (1 hour)	3. Chore (1 hour)	16. Emer Resp Sys (Client Month)	22. Dur Med Equip (1 contact)	26. Respite-Home (1 hour)	
<b>COST CATEGORIES</b>							
1. Personnel	20,844	46,259	22,331		0		\$89,434
2. Travel	0	50	50		0		\$100
3. Print & Supp.	426	920	700		130		\$2,176
4. Equipment	0	0	0		0		\$0
5. Build Space	0	1,246	8,365		0		\$9,611
6. Comm. & Utilit.	1,400	5,294	1,566		275		\$8,535
7. Other	0	0	4,650		0		\$4,650
8a. Raw Food	0	0	0		0		\$0
8b. Contractual	209,581	531,217	121,875		15,000		\$877,673
<b>9. GROSS COST</b>	<b>\$232,251</b>	<b>\$584,986</b>	<b>\$159,537</b>	<b>\$0</b>	<b>\$15,405</b>	<b>\$0</b>	<b>\$992,179</b>
<b>NON-MATCHING</b>							
10. Other Funding							\$0
11a. Title XX/Medicaid							\$0
11b. NSIP							\$0
12a. Income Cont./Fees	26,000	63,400	11,000		800		\$101,200
<b>12b. TOTAL NON-MATCH</b>	<b>\$26,000</b>	<b>\$63,400</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$800</b>	<b>\$0</b>	<b>\$101,200</b>
<b>13. ACTUAL COST</b>	<b>\$206,251</b>	<b>\$521,586</b>	<b>\$148,537</b>	<b>\$0</b>	<b>\$14,605</b>	<b>\$0</b>	<b>\$890,979</b>
<b>MATCH</b>							
14a. Local Public (CASH)							\$0
14b. Local Public (CASH)							\$0
15a. Local Other (CASH)							\$0
15b. Local Other-Cash							\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>16b. Cost Less Match</b>	<b>\$206,251</b>	<b>\$521,586</b>	<b>\$148,537</b>	<b>\$0</b>	<b>\$14,605</b>	<b>\$0</b>	<b>\$890,979</b>
<b>FUNDING</b>							
17a. CASA							\$0
17b. CASA (Used as Match)	102,530	356,586	48,537		9,605		\$517,258
18a. Reservation	103,721	165,000	100,000		5,000		\$373,721
18b. Special Award							\$0
18c. Care Management							\$0
<b>18d. TOTAL SUA COST</b>	<b>\$206,251</b>	<b>\$521,586</b>	<b>\$148,537</b>	<b>\$0</b>	<b>\$14,605</b>	<b>\$0</b>	<b>\$890,979</b>

Projected Units	9855	25913	4457	0	365	0
Gross Cost Per Unit (9)	\$ 23.57	\$ 22.58	\$ 35.79	#DIV/0!	\$ 42.21	#DIV/0!
Match Per Unit (16b)	\$ -	\$ -	\$ -	#DIV/0!	\$ -	#DIV/0!
Total SUA Per Unit (18d)	\$ 20.93	\$ 20.13	\$ 33.33	#DIV/0!	\$ 40.01	#DIV/0!

ENOA

III-B

Annual Plan FY 2017-18

**FY 2017 BUDGET - Title III-B**

[Taxonomy #, Service, Unit Measure]	Legal	Supportive	Self-Directed	Volunteer		Admin	TOTAL
	11. Legal Assistance (1 hour)	35. Supportive Services (1 hour)	24. Self Directed Care (1 placement)	27. Ombudsman (1 activity)	29. Volunteerism (1 hour)	30. Volunteerism/ Stipend (1 hour)	
<b>COST CATEGORIES</b>							
1. Personnel					275,532		\$628,583
2. Travel					150		\$1,058
3. Print & Supp.					3,350		\$8,174
4. Equipment					0		\$0
5. Build Space					12,535		\$43,453
6. Comm. & Utilit.					1,750		\$19,497
7. Other					4,920		\$12,325
8a. Raw Food					0		\$0
8b. Contractual	12,015						\$889,688
<b>9. GROSS COST</b>	<b>\$12,015</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$298,237</b>	<b>\$0</b>	<b>\$1,612,778</b>
<b>NON-MATCHING</b>							
10. Other Funding							\$0
11a. Title XX Medicaid							\$0
11b. NSIP							\$0
12a. Income Cont./Fees							\$101,200
<b>12b. TOTAL NON-MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$101,200</b>
<b>13. ACTUAL COST</b>	<b>\$12,015</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$298,237</b>	<b>\$0</b>	<b>\$1,511,578</b>
<b>MATCH</b>							
14a. Local Public (CASH)							\$0
14b. Local Public (21-2214)							\$0
15a. Local Other (21-2214)					112,698		\$112,698
15b. Local Other-Cash							\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$112,698</b>	<b>\$0</b>	<b>\$112,698</b>
<b>16b. Cost Less Match</b>	<b>\$12,015</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$185,539</b>	<b>\$0</b>	<b>\$1,398,880</b>
<b>FUNDING</b>							
17a. CASA							\$0
17b. CASA (Used as Match)					135,539		\$798,144
18a. Reservation	12,015				50,000		\$600,736
18b. Special Award							\$0
18c. Care Management							\$0
<b>18d. TOTAL SUA COST</b>	<b>\$12,015</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$185,539</b>	<b>\$0</b>	<b>\$1,398,880</b>

Projected Units	3225	0	0	0	4871	0	0
Gross Cost Per Unit (9)	\$ 3.73	#DIV/0!	#DIV/0!	#DIV/0!	\$ 61.23	#DIV/0!	#DIV/0!
Match Per Unit (16b)	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	\$ 23.14	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	\$ 3.73	#DIV/0!	#DIV/0!	#DIV/0!	\$ 38.09	#DIV/0!	#DIV/0!

ENOA

Annual Plan FY 2016-17

III-C (1)

FY 2017 BUDGET - Congregate Meals Title III-C(1) and CASA

[Taxonomy #, Service, Unit Measure]	7. Congregate Meals (1 meal)	8. Nutrition Counseling (1 session / participant)	12. Nutrition Education (1 session / participant)						Area Plan Admin	TOTAL
<b>COST CATEGORIES</b>										
1. Personnel	472,390	52,551	2,745							\$527,686
2. Travel	10,465	2,673								\$13,138
3. Print & Supp.	31,687	180								\$31,867
4. Equipment	2,500									\$2,500
5. Build Space	45,125	4,024								\$49,149
6. Comm. & Utilit.	41,475	120								\$41,595
7. Other	11,673	52								\$11,725
8a. Raw Food	9,476									\$9,476
8b. Contractual	843,086									\$843,086
<b>9. GROSS COST</b>	<b>\$1,467,877</b>	<b>\$59,600</b>	<b>\$2,745</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,530,222</b>
<b>NON-MATCHING</b>										
10. Other Funding										\$0
11a. Title XX/Medicaid	23,016									\$23,016
11b. NSIP	71,008									\$71,008
12a. Income Cont./Fees	204,114									\$204,114
<b>12b. TOTAL NON-MATCH</b>	<b>\$298,138</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$298,138</b>
<b>13. ACTUAL COST</b>	<b>\$1,169,739</b>	<b>\$59,600</b>	<b>\$2,745</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,232,084</b>
<b>MATCH</b>										
14a. Local Public (Cash)										\$0
14b. Local Public (In-Kind)										\$0
15a. Local Other (In-Kind)	86,100									\$86,100
15b. Local Other-Cash	\$40,000									\$40,000
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$126,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$126,100</b>
<b>16b. Cost Less Match</b>	<b>\$1,043,639</b>	<b>\$59,600</b>	<b>\$2,745</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,105,984</b>
<b>FUNDING</b>										
17a. CASA										\$0
17b. CASA (Used as Match)	295,196									\$295,196
18a. Reservation	748,443	59,600	2,745							\$810,788
18b. Special Award										\$0
18c. Care Management										\$0
<b>18d. TOTAL SUA COST</b>	<b>\$1,043,639</b>	<b>\$59,600</b>	<b>\$2,745</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,105,984</b>

Projected Units	109,903.00	395.00	1,650.00	-	-	-	-	-	-
Gross Cost Per Unit (9)	\$ 13.36	\$ 150.89	\$ 1.66	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Match Per Unit (16b)	\$ 1.15	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	\$ 9.50	\$ 150.89	\$ 1.66	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ENOA

III-C (2)

Annual Plan FY 2016-17

FY 2017 BUDGET - Home-Delivered Meals Title III-C(2) and CASA										
[Taxonomy #, Service, Unit Measure]	4. Home Delivered Meals (1 meal)								Area Plan Admin	TOTAL
<b>COST CATEGORIES</b>										
1. Personnel	502,744									\$502,744
2. Travel	80,786									\$80,786
3. Print & Supp.	32,582									\$32,582
4. Equipment	0									\$0
5. Build Space	11,108									\$11,108
6. Comm. & Utilit.	6,700									\$6,700
7. Other	33,150									\$33,150
8a. Raw Food	0									\$0
8b. Contractual	816,797									\$816,797
<b>9. GROSS COST</b>	<b>\$1,483,867</b>	<b>\$0</b>	<b>\$1,483,867</b>							
<b>NON-MATCHING</b>										
10. Other Funding										\$0
11a. Title XX/Medicaid	294,800									\$294,800
11b. NSIP	111,262									\$111,262
12a. Income Cont./Fees	205,260									\$205,260
<b>12b. TOTAL NON-MATCH</b>	<b>\$611,322</b>	<b>\$0</b>	<b>\$611,322</b>							
<b>13. ACTUAL COST</b>	<b>\$872,545</b>	<b>\$0</b>	<b>\$872,545</b>							
<b>MATCH</b>										
14a. Local Public (Cash)										\$0
14b. Local Public (InKind)										\$0
15a. Local Other (InKind)	99,699									\$99,699
15b. Local Other-Cash										\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$99,699</b>	<b>\$0</b>	<b>\$99,699</b>							
<b>16b Cost Less Match</b>	<b>\$772,846</b>	<b>\$0</b>	<b>\$772,846</b>							
<b>FUNDING</b>										
17a. CASA										\$0
17b. CASA (Used as Match)	397,669									\$397,669
18a. Reservation	375,177									\$375,177
18b. Special Award										\$0
18c. Care Management										\$0
<b>18d TOTAL SUA COST</b>	<b>\$772,846</b>	<b>\$0</b>	<b>\$772,846</b>							

Projected Units	216,170	-	-	-	-	-	-	-	-
Gross Cost Per Unit (9)	\$ 6.86	#DIV/0!							
Match Per Unit (16b)	\$ 0.46	#DIV/0!							
Total SUA Per Unit (18d)	\$ 3.58	#DIV/0!							

ENOA

III-D

Annual Plan FY 2016-17

FY 2017 BUDGET - Title III-D							
[Taxonomy #, Service, Unit Measure]	15. Health Ed (1 contact)	19. Health Clinic (1 contact)	21. Health Promotion / Disease Prevention (1				TOTAL
<b>COST CATEGORIES</b>							
1. Personnel							\$0
2. Travel							\$0
3. Print & Supp.							\$0
4. Equipment							\$0
5. Build Space							\$0
6. Comm. & Utilit.							\$0
7. Other							\$0
8a. Raw Food							\$0
8b. Contractual			30,120				\$30,120
<b>9. GROSS COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,120</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,120</b>
<b>NON-MATCHING</b>							
10. Other Funding							\$0
11a. Title XX/Medicaid							\$0
11b. NSIP							\$0
12a. Income Cont./Fees			2,445				\$2,445
<b>12b. TOTAL NON-MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,445</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,445</b>
<b>13. ACTUAL COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,675</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,675</b>
<b>MATCH</b>							
14a. Local Public (Cash)			3,000				\$3,000
14b. Local Public (In-Kind)							\$0
15a. Local Other (In-Kind)							\$0
15b. Local Other-Cash							\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,000</b>
<b>16b. Cost Less Match</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,675</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,675</b>
<b>FUNDING</b>							
17a. CASA							\$0
17b. CASA (Used as Match)							\$0
18a. Reservation			24,675				\$24,675
18b. Special Award							\$0
18c. Care Management							\$0
<b>18d. TOTAL SUA COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,675</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,675</b>

Projected Units	-	-	21,500.00	-	-	-	-
Gross Cost Per Unit (9)	#DIV/0!	#DIV/0!	\$ 1.40	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Match Per Unit (16b)	#DIV/0!	#DIV/0!	\$ 0.14	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	#DIV/0!	#DIV/0!	\$ 1.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ENOA

III-E

Annual Plan FY 2016-17

FY 2017 BUDGET - Social Services Title III-E and CASA										
[Taxonomy #, Service, Unit Measure]	37. III-E Information Services (1 activity)	38. III-E Access Assistance (1 contact)	39. III-E Counseling (1 session per participant)	40. III-E Respite Care (1 hour)	41. III-E Supplemental Services (1 activity)	42. III-E Self Directed Care (1 placement)			Area Plan Admin	TOTAL
<b>COST CATEGORIES</b>										
1. Personnel	0	148,396	10,744	0	0	0				\$159,140
2. Travel	0	10,000	200	1,440	1,000	0				\$12,640
3. Print & Supp.	600	1,300	100	0	0	0				\$2,000
4. Equipment	0	15,000	0	0	0	0				\$15,000
5. Build Space	0	6,589	0	0	0	0				\$6,589
6. Comm. & Utilit.	700	2,360	0	0	0	0				\$3,060
7. Other	0	1,525	700	11,620	11,500	55,000				\$80,345
8a. Raw Food	0	0	0	0	0	0				\$0
8b. Contractual	0	1,000	0	270,700	9,000	0				\$280,700
<b>9. GROSS COST</b>	<b>\$1,300</b>	<b>\$186,170</b>	<b>\$11,744</b>	<b>\$283,760</b>	<b>\$21,500</b>	<b>\$55,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$559,474</b>
<b>NON-MATCHING</b>										
10. Other Funding										\$0
11a. Title XX/Medicaid										\$0
11b. NSIP										\$0
12a. Income Cont./Fees				13,846	4,884					\$18,730
<b>12b. TOTAL NON-MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$13,846</b>	<b>\$4,884</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,730</b>
<b>13. ACTUAL COST</b>	<b>\$1,300</b>	<b>\$186,170</b>	<b>\$11,744</b>	<b>\$269,914</b>	<b>\$16,616</b>	<b>\$55,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$540,744</b>
<b>MATCH</b>										
14a. Local Public (Cash)	195	86,170	1,762	122,011	2,492	8,250				\$220,880
14b. Local Public (In-Kind)	0	0	0	0	0	0				\$0
15a. Local Other (In-Kind)										\$0
15b. Local Other-Cash										\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$195</b>	<b>\$86,170</b>	<b>\$1,762</b>	<b>\$122,011</b>	<b>\$2,492</b>	<b>\$8,250</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$220,880</b>
<b>16b. Cost Less Match</b>	<b>\$1,105</b>	<b>\$100,000</b>	<b>\$9,982</b>	<b>\$147,903</b>	<b>\$14,124</b>	<b>\$46,750</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>FUNDING</b>										
17a. CASA										\$0
17b. CASA (Used as Match)										\$0
18a. Reservation	1,105	100,000	9,982	147,903	14,124	46,750				\$319,864
18b. Special Award										\$0
18c. Care Management										\$0
<b>18d TOTAL SUA COST</b>	<b>\$1,105</b>	<b>\$100,000</b>	<b>\$9,982</b>	<b>\$147,903</b>	<b>\$14,124</b>	<b>\$46,750</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$319,864</b>
19 Amount of Federal Funds Lines 18a. & 18b. expended for services to grandparents & relative caregivers										\$0

Projected Units	12.00	1,500.00	170.00	28,200.00	5,195.00	20.00	-	-	-
Gross Cost Per Unit (9)	\$ 108.33	\$ 124.11	\$ 69.08	\$ 10.06	\$ 4.14	\$ 2,750.00	#DIV/0!	#DIV/0!	#DIV/0!
Match Per Unit (16b)	\$ 16.25	\$ 57.45	\$ 10.36	\$ 4.33	\$ 0.48	\$ 412.50	#DIV/0!	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	\$ 92.08	\$ 66.67	\$ 58.72	\$ 5.24	\$ 2.72	\$ 2,337.50	#DIV/0!	#DIV/0!	#DIV/0!

ENOA

CASA

Annual Plan FY 2016-17

FY 2017 BUDGET - CASA Only

[Taxonomy #, Service, Unit Measure]	6. Care Management - CASA (1 hour)	STATE SENIOR COMPANION	17. New Horizon - Information service (Activity)	16. Emergency Response System (Client-Month)					Area Plan Admin	TOTAL
<b>COST CATEGORIES</b>										
1. Personnel	926,205		159,179	14,547						\$1,099,931
2. Travel	30,000		720	0						\$30,720
3. Print & Supp.	12,800		780	1,050						\$14,630
4. Equipment	14,000		0	0						\$14,000
5. Build Space	40,259		10,578	1,246						\$52,083
6. Comm. & Utilit.	12,000		37,751	6,682						\$56,433
7. Other	11,700		0	0						\$11,700
8a. Raw Food	0		0	0						\$0
8b. Contractual	1,000		33,548	166,389						\$200,937
<b>9. GROSS COST</b>	<b>\$1,047,964</b>	<b>\$0</b>	<b>\$242,556</b>	<b>\$189,914</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,480,434</b>
<b>NON-MATCHING</b>										
10. Other Funding										\$0
11a. Title XX/Medicaid										\$0
11b. NSIP										\$0
12a. Income Cont./Fees	18,200		37,000	47,000						\$102,200
<b>12b. TOTAL NON-MATCH</b>	<b>\$18,200</b>	<b>\$0</b>	<b>\$37,000</b>	<b>\$47,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$102,200</b>
<b>13. ACTUAL COST</b>	<b>\$1,029,764</b>	<b>\$0</b>	<b>\$205,556</b>	<b>\$142,914</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,378,234</b>
<b>MATCH</b>										
14a. Local Public (Cash)			87,424							\$87,424
14b. Local Public (In-Kind)										\$0
15a. Local Other (In-Kind)										\$0
15b. Local Other-Cash										\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$87,424</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$87,424</b>
<b>16b. Cost Less Match</b>	<b>\$1,029,764</b>	<b>\$0</b>	<b>\$118,132</b>	<b>\$142,914</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,290,810</b>
<b>FUNDING</b>										
17a. CASA	338,906		118,132	142,914						\$599,952
17b. CASA (Used as Match)										\$0
18a. SUA Grants										\$0
18b. Special Award										\$0
18c. Care Management	690,858									\$690,858
<b>18d. TOTAL SUA COST</b>	<b>\$1,029,764</b>	<b>\$0</b>	<b>\$118,132</b>	<b>\$142,914</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,290,810</b>

Sen. Comp. units are reported under  
volunteerism/stipend in NAMIS

Projected Units	19,407.00	-	12.00	8,994.00	-	-	-	-	-
Gross Cost Per Unit (9)	\$ 54.00	#DIV/0!	\$ 20,213.00	\$ 21.12	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Match Per Unit (16b)	\$ -	#DIV/0!	\$ 7,285.33	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	\$ 53.06	#DIV/0!	\$ 9,844.33	\$ 15.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ENOA

VII

Annual Plan FY 2016-17

BUDGET - Title VII Ombudsman										
	27. Ombudsman (1 activity)	Elder Abuse								TOTAL
<b>COST CATEGORIES</b>										
1. Personnel	72,423									\$72,423
2. Travel	5,750									\$5,750
3. Print & Supp.	900									\$900
4. Equipment	0									\$0
5. Build Space	5,858									\$5,858
6. Comm. & Utilit.	425									\$425
7. Other	1,250									\$1,250
8a. Raw Food										\$0
8b. Contractual										\$0
<b>9. GROSS COST</b>	<b>\$86,606</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,606</b>
<b>NON-MATCHING</b>										
10. Other Funding										\$0
11a. Title XX/Medicaid										\$0
11b. NSIP										\$0
12a. Income Cont./Fees										\$0
<b>12b. TOTAL NON-MATCH</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>13. ACTUAL COST</b>	<b>\$86,606</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,606</b>
<b>MATCH</b>										
14a. Local Public (Cash)	41,767									\$41,767
14b. Local Public (In-Kind)										\$0
15. Local Other (In-Kind)										\$0
15a. Local Other-Cash	\$30,676									\$30,676
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$72,443</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$72,443</b>
<b>16b. Cost Less Match</b>	<b>\$14,163</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,163</b>
<b>FUNDING</b>										
17a. CASA										\$0
17b. CASA (Used as Match)										\$0
18a. Reservation	14,163									\$14,163
18b. Special Award										\$0
18c. Care Management										\$0
<b>18d. TOTAL SUA COST</b>	<b>\$14,163</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,163</b>

Projected Units	1,725.00	-	-	-	-	-	-	-	-
Gross Cost Per Unit (9)	\$ 50.21	#DIV/0!							
Match Per Unit (16b)	\$ 42.00	#DIV/0!							
Total SUA Per Unit (18d)	\$ 8.21	#DIV/0!							

ENOA

Other Programs

Annual Plan FY 2016-17

FY 2017 BUDGET - Other Programs (not funded by SUA)										
	10. Transportation (1 way Trip)	ADRC	Community Services Adm	Volunteer Services Adm	29.RSVP/ Volunteerism (hour)	30.FGP Volunteerism /Stipend (Hour)	30.SCP Volunteerism /Stipend (Hour)	Admin	Accounting	TOTAL
<b>COST CATEGORIES</b>										
1. Personnel	390,708	\$58,999	70,072	40,798	101,941	108,619	117,069	56,553	113,646	\$1,058,405
2. Travel	200	\$1,250	250	300	39,537	35,362	39,235	3,685	450	\$120,269
3. Print & Supp.	2,675	\$1,525	250	400	3,328	994	1,177	5,450	1,600	\$17,399
4. Equipment	155,000	\$0	0	0	0	0	0	0	0	\$155,000
5. Build Space	4,797	\$2,400	4,934	4,988	7,525	7,615	8,569	97,217	12,750	\$150,795
6. Comm. & Utilit.	9,756	\$1,223	334	174	2,541	504	747	6,200	300	\$21,779
7. Other	75,192	\$1,704	0	200	3,417	209,226	176,016	99,400	1,500	\$566,655
8a. Raw Food	0							0	0	\$0
8b. Contractual	0							208,080	13,000	\$221,080
<b>9. GROSS COST</b>	<b>\$638,328</b>	<b>\$67,101</b>	<b>\$75,840</b>	<b>\$46,860</b>	<b>\$158,289</b>	<b>\$362,320</b>	<b>\$342,813</b>	<b>\$476,585</b>	<b>\$143,246</b>	<b>\$2,311,382</b>
<b>NON-MATCHING</b>										
10. Other Funding	377,447	\$67,101			66,746	293,896	266,820			\$1,072,010
11a. Title XX/Medicaid								227,120	62,925	\$290,045
11b. NSIP										\$0
12a. Income Cont./Fees	28,000									\$28,000
<b>12b. TOTAL NON-MATCH</b>	<b>\$405,447</b>	<b>\$67,101</b>	<b>\$0</b>	<b>\$0</b>	<b>\$66,746</b>	<b>\$293,896</b>	<b>\$266,820</b>	<b>\$227,120</b>	<b>\$62,925</b>	<b>\$1,390,055</b>
<b>13. ACTUAL COST</b>	<b>\$232,881</b>	<b>\$0</b>	<b>\$75,840</b>	<b>\$46,860</b>	<b>\$91,543</b>	<b>\$68,424</b>	<b>\$75,993</b>	<b>\$249,465</b>	<b>\$80,321</b>	<b>\$921,327</b>
<b>MATCH</b>										
14a. Local Public (Cash)	131,940		75,840	46,860	91,543	66,299	73,993	0	80,321	\$566,796
14b. Local Public (In-Kind)	100,941				0	0	0	249,465	0	\$350,406
15a. Local Other (In-Kind)					0	2,125	2,000			\$4,125
15b. Local Other-Cash										\$0
<b>16a. TOTAL LOCAL MATCH</b>	<b>\$232,881</b>	<b>\$0</b>	<b>\$75,840</b>	<b>\$46,860</b>	<b>\$91,543</b>	<b>\$68,424</b>	<b>\$75,993</b>	<b>\$249,465</b>	<b>\$80,321</b>	<b>\$921,327</b>
<b>16b. Cost Less Match</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>FUNDING</b>										
17a. CASA										\$0
17b. CASA (Used as Match)										\$0
18a. Reservation										\$0
18b. Special Award										\$0
18c. Care Management										\$0
<b>18d. TOTAL SUA COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Projected Units	13,500.00	-	-	-	90,618.00	71,002.00	62,099.00	-	-
Gross Cost Per Unit (9)	\$ 47.28	#DIV/0!	#DIV/0!	#DIV/0!	\$ 1.75	\$ 5.10	\$ 5.52	#DIV/0!	#DIV/0!
Match Per Unit (16b)	\$ 17.25	#DIV/0!	#DIV/0!	#DIV/0!	\$ 1.01	\$ 0.96	\$ 1.22	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!

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## Plan Admin

**ENOA**

Annual Plan FY 2016-17

### FY 2017 AREA PLAN ADMINISTRATION NARRATIVE

<hr/>	0.00 III-B Budgeted Amount
<hr/>	0.00 III-C(1) Budgeted Amount
<hr/>	0.00 III-C(2) Budgeted Amount
<hr/>	0.00 III-E Budgeted Amount

**Description of area plan administration:**

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Area plan administration includes preparation of the Area Plan and evaluation of the activities carried out under the plan and the development of a comprehensive and coordinated system for supportive services, nutrition services, development and operation of senior centers, and the delivery of legal assistance. At ENOA, all administration functions are funded by County dollars.

## Cost Itemization

**AREA AGENCY ON AGING  
COST ITEMIZATION**

*Equipment\*/Capital Expenditures\*\* - Provide Cost Itemization of items costing \$5,000 or more.*

\*Equipment means the net invoice price of equipment including any attachments, accessories, modifications or auxiliary apparatus necessary to make it usable for the purpose of which it is acquired.

1-12 passenger van (without wheelchair lift or ramp) \$28,000 total cost ENOA share \$5,600
2 lowered floor minivans with ram \$36,000 each total cost \$72,000 ENOA share \$14,400
1 small bus with wheelchair lift \$55,000 total cost ENOA share \$11,000

\*\* Capital expenditures includes data processing, purchase, renovation or construction.

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Senior Centers													SECTION E – CENTERS
AAA	County	City	Center Name	Address	Zip	Phone	Days/Hours Manager/Center Director	E-Mail	Congregate Meals	Home Delivered Meals	Bilingual Staff	Other Services Provided	
ENOA	Cass	Eagle	Eagle Senior Center	1009 G Street	68347		Tuesday 9:30-2:30 Pat Shyroch		Yes	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Cass	Elmwood	Elmwood Senior Center	144 N 4th Street	68349	(402) 994-2145	M-F 6:30-2:00 Helen McKinney		Yes	Yes	No	Nutrition Education, Supportive Services All other services provided by AAA	
ENOA	Cass	Louisville	Louisville Senior Center	423 Elm St.	68037	(402) 234-2120	T, W, Th 9:00-2:00 Kris Dail		Yes	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Cass	Nehawka	Nehawka Senior Center	P.O. Box 126	68413	(402) 227-9923	Tuesday 10:00-3:00 Darlene Thorn		Yes	Yes	No	All services provided by AAA	
ENOA	Cass	Plattsmouth	Plattsmouth Senior Nutrition Center	308 S 18th St.	68048	(402) 296-5800 Ext 1	M-F 8:00-2:00 Carol Gray	<a href="mailto:cgray@plattsmouth.org">cgray@plattsmouth.org</a>	Yes	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Cass	Weeping Water	Weeping Water Senior Center	101 E. Eldora	68463	(402) 267-5303	M-W-F 8:30-1:00 Thelma Domingo		Yes	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Dodge	Dodge	Dodge Getaway Senior Center	226 N Elm Street	68633	(402) 693-2239	Thursday 10:00-3:00 Gerri Haywood		Yes supper club	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Dodge	Fremont	Fremont Friendship Center	1730 W 16th St.	68025	(402) 727-2815	M-TH 9:00-3:00; F 9:00-1:00 Laurie Hams	<a href="mailto:laurie.friendshipcenter@gmail.com">laurie.friendshipcenter@gmail.com</a>	Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Dodge	Hooper	Hooper Senior Center	208 N Main Street	68031	(402) 654-2537	T, W, Th 9:30-1:30 Mitzi Giese	<a href="mailto:hoopercenter@midlands.net">hoopercenter@midlands.net</a>	Yes	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Dodge	North Bend	North Bend Senior Center	240 N. 10th	68649	(402) 652-8661	M-F 8:00-1:00 Sherry Raymond	<a href="mailto:northbendseniorcenter@yahoo.com">northbendseniorcenter@yahoo.com</a>	Yes	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Dodge	Snyder	Snyder Senior Center	2nd & Elm St.	68664	(402) 568-2245	Wednesdays 9:30-1:30 Gerri Heywood		Yes supper club	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Adams Park Senior Center	3230 John Creighton Blvd.	68111	(402) 444-3237	M,W,Th,F 9:00-3:00 Leola Jones		Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Bennington	Bennington Senior Center	322 N Molly St.	68007	(402) 502-9264	Wednesdays 9:00-1:00		Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Camelot Friendship Center	9270 Cady Ave.	68134	(402) 444-3091	M-F 9:00-2:00 Amy Bench	<a href="mailto:amy.bench@cityofomaha.org">amy.bench@cityofomaha.org</a>	Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Corrigan Senior Center	3819 X Street	68107	(402) 731-7210	M-F 8:00-4:00 Lynette Staroska	<a href="mailto:lynette.staroska@nebraska.org">lynette.staroska@nebraska.org</a>	Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Florence Senior Center	2920 Bondesson St	68112	(402) 444-6333	M-F 10:00-3:00 Kathy Throne	<a href="mailto:kathy.throne@cityofomaha.org">kathy.throne@cityofomaha.org</a>	Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Heartland Generations Center	4318 Fort Street	68111	(402) 553-5300	M-F 9:00-4:00 Karen Sides	<a href="mailto:ksides@heartlandfamilyservice.org">ksides@heartlandfamilyservice.org</a>	Yes	No	No	Transportation, Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	

Senior Centers													
AAA	County	City	Center Name	Address	Zip	Phone	Days/Hours Manager/Center Director	E-Mail	Congregate Meals	Home Delivered Meals	Bilingual Staff	Other Services Provided	
ENOA	Douglas	Omaha	Immanuel Courtyard	6757 Newport Ave.	68152	(402) 829-2912	M-F 4:30-5:30 Barbara Carlisle-Kaldahl	<a href="mailto:bcarlisle@ihsi.org">bcarlisle@ihsi.org</a>	Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Intercultural Senior Center	3010 R Street	68107	(402) 444-6529	M-F 8:00-5:00 Carolina Padilla	<a href="mailto:carolinap@interculturalseniorcenter.org">carolinap@interculturalseniorcenter.org</a>	Yes	No	Yes	Transportation, Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	Millard/Montclair Senior Center	2304 S 135th Ave.	68144	(402) 546-1270	M-F 9:00-2:00 Lindsey Marr	<a href="mailto:lindsey.marr@cityofomaha.org">lindsey.marr@cityofomaha.org</a>	Yes	No	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	NE Urban Indian Health Coalition	2240 Landon Court	68102	(402) 346-0902	T-W-Th 10-2 Darrell Wells		Yes	No	No	Transportation, Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Ralston	Ralston Senior Center	7301 Q Street, Suite	68127	(402) 339-4926	M-Sat 9:00-3:30; Wed 9:00-5:00; Sun 12:00-5:00 Diane West		Yes	No	No	All services provided by AAA	
ENOA	Douglas	Omaha	Seven Oaks Lunch Club	3439 State St.	68112	(402) 451-4477	M-F 11:00-1:00 Cheryl Poulin	<a href="mailto:cpoulin@sevenoaksnd.org">cpoulin@sevenoaksnd.org</a>	Yes	No	No	Nutrition Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Douglas	Omaha	St. Mary Magdalene Meal Site	1817 Dodge St.	68102	(402) 346-3234	M-F 10:30-12:30 Joe Schoettle		Yes	No	No	Nutrition Education. All other services provided by AAA	
ENOA	Sarpy	Bellevue	Bellevue Senior Comm. Center	109 W 22nd Ave.	68005	(402) 293-3041	M-F 8:00-4:00 Kathy Van Den Top	<a href="mailto:kathy.vandentop@nebraska.gov">kathy.vandentop@nebraska.gov</a>	Yes evening meal	No	No	Transportation (provided by city), Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Sarpy	LaVista	LaVista Senior Center LaVista Recreation Dept.	8116 Parkview Blvd	68128	(402) 331-3455	M, W, F 10:00-3:00 Rich Carstensen	<a href="mailto:rcarsten@cityoflavista.org">rcarsten@cityoflavista.org</a>	Yes	No	No	Transportation (provided by city), Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Sarpy	Papillion	Papillion Senior Center	1001 Limerick Rd.	68046	(402) 597-2059	T, W, Th 9:00-2:00 Donna Monteagle	<a href="mailto:dmonteagle@papillion.org">dmonteagle@papillion.org</a>	Yes	No	No	Transportation (provided by city), Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	
ENOA	Washington	Arlington	Arlington Senior Center	305 N 3rd Street	68002	(402) 478-4774	M-F 8:30-1:30 Cheryl Abbott	<a href="mailto:arlingtoncenter@abbnbraska.com">arlingtoncenter@abbnbraska.com</a>	Yes evening meal; Supper Club 1st and 3rd Tues; no lunch these days open till 8 p.m.	Yes	No	Nutrition Education, Health Education, Health Promotion, Supportive Services All other services provided by AAA	

## SECTION F – DISASTER PLANS

### 1. Area Agency Disaster Plan

#### ENOA Disaster Preparedness

##### **Introduction:**

ENOA's Disaster Preparedness plan is designed to address the needs of Older Adults, Family Caregivers, and other associated populations in the event of natural, technological or man-made emergencies or disasters. (Including but not limited to, tornado, chemical, nuclear, pandemic flu, flood, and blizzards.) The primary purpose of the Disaster Preparedness Plan is to maintain a continuity of service in the event of a disaster. The main themes of the plan are preparation, response, and recovery. The plan is positioned to be used in conjunction with already established emergency systems of response and practice including the following:

**American Red Cross of Nebraska and SW Iowa** - The volunteers and staff are ready to respond to disasters seven days a week, 365 days a year, providing shelter, food, clothing and emotional support at no cost to those in need. The Nebraska/SW Iowa Region is part of a nationwide network of Red Cross chapters that work together to respond to large-scale relief efforts.

**Nebraska Department of Health & Human Services (DHHS)** – Responsible for coordinating with local, state and federal resources to provide effective responses to public health emergencies.

**Nebraska Emergency Management Agency – (NEMA)** The Nebraska Emergency Management Agency is charged by state statute to reduce the vulnerabilities of the people and communities of Nebraska from the damage, injury and loss of life and property resulting from natural, technological, or man-made disasters and emergencies.

**Heartland Community Organizations Active in Disaster (HCOAD)** - HCOAD is a humanitarian association of local community organizations, which ENOA is a member, who come together to collaborate, coordinate, cooperate, and communicate as they plan to meet the needs of the community following a Community Emergency and Natural Disaster event.

## **Employee/Agency Responsibilities in an Emergency**

In the event of a disaster, each ENOA employee may be designated a Disaster Service Worker. In this capacity, an ENOA employee may be assigned any task, at any time.

1. In an emergency *during* normal working hours, all employees should:
  - Remain at work to be available to assist in emergency response and recovery.
  - Check with supervisor before leaving to check on family and home.
  - If away from office, go home to check on family unless you have specific emergency response responsibilities assigned by ENOA.
2. In an emergency *outside* normal working hours, all employees should:
  - Be aware of emergency assignments and respond according to their pre-established emergency response instructions.
  - Report to work at their normal shift, unless they have been called out for emergency duty or informed that non-essential employees not report to work.

**Executive Director** will direct response by ENOA staff and will coordinate emergency assistance needed by ENOA contractors and ENOA consumers

- Responsibilities of Executive Director:
  - a) Call each ENOA Division Director to determine safety and availability to return to work. Give date, time and place to report to work.
  - b) Instruct Division Directors to learn the status of each person they supervise by calling names on Emergency Contact Roster assigned to them.
  - c) Contact the local Office of Emergency Service's to give status of ENOA clients and staff.

**Deputy Director** will be the alternate to the Executive Director in his absence.

- Responsibilities of the Deputy Director:
  - a) Advise staff on the implementation on the Emergency Response Plan and is part of team to link service providers with local response systems

- b) Coordinate efforts of Information and Assistance staff to learn disaster resources available for older adults, family caregivers and persons with disabilities for distribution to the public.

### **Information and Assistance**

- Responsibilities of the Information and Assistance Division:
  - a) The Information and Assistance Division Director will coordinate efforts to insure communication with other agencies and the community to assess services available and provide current information and resources that will ensure the callers access to available emergency services.
  - b) Report findings and issues to Executive Director.

### **CHOICES**

- Responsibilities of the CHOICES Division:
  - a) The CHOICES Division Director will coordinate efforts to insure needs of individual clients are met with-in the parameters of program guidelines in a timely and safe manner.
  - b) Report findings and issues to Executive Director.

### **Volunteer Services**

- Responsibilities of the Volunteer Services Division
  - a) The Volunteer Services Division Director will coordinate efforts to insure needs of individual clients are met with-in the parameters of program guidelines in a timely and safe manner.
  - b) Report findings and issues to Executive Director.

### **Ombudsman Services**

- Responsibilities of the Ombudsman Coordinator
  - a) The Ombudsmen Coordinator will coordinate efforts to insure needs of individual clients are met with-in the parameters of program guidelines in a timely and safe manner.
  - b) Report findings and issues to Executive Director.

### **Nutrition Services**

- Responsibilities of the Nutrition Services Division

- a) The Nutrition Services Division Director and the Home Delivered Meals Director will coordinate efforts to insure needs of individual clients are met with-in the parameters of program guidelines in a timely and safe manner.
- b) Report findings and issues to Executive Director.

### **Community Services (includes Rural Transportation)**

- Responsibilities of the Community Services Division
  - a) The Community Services Division Director will coordinate efforts to insure needs of individual clients are met with-in the parameters of program guidelines in a timely and safe manner.
  - b) Report findings and issues to Executive Director.

### **Public Information**

- Responsibilities of the Public Information Division
  - a) The Public Information Division Director will collaborate with the Executive Director regarding all media requests or notifications.

### **ENOA Responsibilities for Emergency Planning and Response**

An overriding principal of ENOA Disaster Preparedness plan is to maintain a continuity of service at a minimum level for older adult and family caregivers in our service area. Special consideration will be placed on senior nutrition and transportation programs which are vital part of response and recovery. In addition, efforts will be made to identify and map vulnerable populations. ENOA recognizes that the responsibility for emergency preparedness rests with NEMA through local government. ENOA however, is responsible as an Area Agency on Aging to ensure the needs of older adults are considered and addressed in time of natural and manmade disasters.

ENOA's first priority after a disaster is to ensure that services to our clients and contract agencies continue or are restored as soon as possible. In order to help contract agencies receive assistance needed to continue operations, ENOA staff will conduct an assessment of the status of provider staff and clients, facilities and needs as soon after a disaster as possible. ENOA staff will provide links to community resources to provide needed assistance.

After addressing the needs of ENOA clients and programs, ENOA staff may assist local emergency operations with specific emphasis on older adults and family care givers.

### **Emergency Preparedness/Prevention**

As a Nebraska State-Designated Area Agency on Aging, ENOA will participate in local disaster planning efforts to ensure the needs of older adults and family caregivers are considered in the planning phase. In addition, ENOA will provide education material for older adults, and family caregivers on how to prepare for disasters.

### **Emergency Response**

When applicable and in conjunction with local government efforts, ENOA staff will participate with local Emergency Management System teams during a disaster. Specific action steps will be taken to ensure continuity of services including Information and Assistance, senior nutrition, transportation, legal services, in-home care, and care management, caregiver support, Long Term Care Ombudsman, and volunteer programs. ENOA will also appropriately staff the ENOA office and respond to clients' needs during disaster or emergency.

### **Recovery Period**

- ENOA staff will work with the local community and individual clients to support the needs of older adults and family caregivers.
- Assist contract agencies with resources needed to provide full restoration of senior services.
- Assist contract agencies in learning how to process financial reimbursement for emergency response and repair.
- Assist consumers with resources needed to maintain self-determination.
- Assist older adults and family caregivers in the community to address their needs as a result of the disaster.

### **Program Protocols**

ENOA management will provide staff with pertinent information specific to their program to assist them in the event of a disaster.

- **Information and Assistance**

- a) In the event of a man made or natural disaster ENOA staff **may** be required to volunteer for disaster-related services that match their skills and abilities.
  - b) In the event of a disaster or emergency communicate with other agencies and the community to assess services available and provide current information and resources that will ensure the callers access to available emergency services.
  - c) Document and track services provided and actions taken during this period.
  - d) Guidelines for Contacting Staff & Volunteers in Case of Disaster And Related Emergency Activities
    - If ENOA or ENOA satellite sites are closed by a natural or man-made disaster, staff and volunteers may be required to volunteer for disaster related or other available volunteer services that match their skills and abilities.
    - Depending on the nature of the event and the time it occurs, the Executive Director or Deputy Director will contact ENOA staff and volunteers by phone if possible using the information on the Emergency Information sheet.
    - The phone call will be made for purpose of providing information on safety, information of work location changes and appointment changes or cancellations.
    - If phone lines are not working and travel to appointments or work locations is deemed inadvisable by NEMA, volunteers are not expected to meet their appointments.
    - In the event of a disaster or emergency the ENOA voicemail system will be updated to provide current information and resources that will ensure the callers access to available emergency services.
    - The Executive Director will monitor volunteers and staff status after a disaster to ensure that their needs are met.
- **CHOICES Programs**
    - a) Guidelines for Contacting Clients in Case of Disaster And Related Emergency Activities
      - If ENOA or ENOA satellite sites are closed by a natural or man-made disaster, staff and volunteers may be required to

- volunteer for disaster related or other available volunteer services that match their skills and abilities.
- The Division Director of CHOICES will be responsible to coordinate activities for client response.
  - Depending on the nature of the event and the time it occurs, CHOICES staff will contact their clients.
    - CHOICES Division Director will ensure case information is organized and accessible to identify current ENOA clients in designated disaster/emergency areas.
    - CHOICES Division Director has client data entry resources that have the ability to sort client specific information by zip code and county. (CONNECT, NAMIS, N-FOCUS)
    - Care Managers and Service Coordinator will contact clients to identify needs, problem solve and secure needed resources.
    - Potential ENOA client emergency/disaster related requests will be processed accordingly through providing information and assistance or through the completion of an in-person contact and the "Disaster Intake Form" (see attachment)
  - If phone lines are not working and travel to client's homes is deemed inadvisable CHOICES staff and are not expected to make home visits.
  - If unable to make contact with specific clients, emergency information will be shared with appropriate emergency responders.
  - The CHOICES Division Director will also assess the impact of the disaster on service providers/vendors upon whom our clients rely. This includes but is not limited to: In home nursing providers and other providers who may have the ability to assist in an emergency.
  - CHOICES staff will monitor client's status post disaster as well as work with vendors providing needed services to ensure that client's needs are met.
  - CHOICES Division Director will be responsible for providing the routine updates to the Executive Director.

- **Ombudsman**

- a) Guidelines for Contacting Staff & Volunteers in Case of Disaster And Related Emergency Activities

- If ENOA or ENOA satellite sites are closed by a natural or man-made disaster, staff and volunteers may be required to volunteer for disaster related or other available volunteer services that match their skills and abilities.
    - Depending on the nature of the event and the time it occurs, the Volunteer Services Division Director will contact Ombudsman staff and volunteers by phone if possible using the information on the Emergency Information Sheet. The phone call will be made for purpose of providing information on safety, information of work location changes and appointment changes or cancellations.
    - If phone lines are not working and travel to appointments or work locations is deemed inadvisable staff and volunteers are not expected to meet their appointment.
    - In the event of a disaster or emergency the Ombudsman voicemail system will be updated to provide current information and resources that will ensure the callers access to available emergency services.
    - Ombudsman staff will assess the impact of the disaster on facilities.
    - Ombudsman staff will play a pivotal role in facility evacuation, closure, and relocation to ensure that the rights of the residents are protected.
    - Volunteer Services Division Director will notify Executive Director of facility changes.
    - Ombudsman Program Manager will notify State Long-Term Care Ombudsman within 24 hours of any impacts on facilities.
    - Ombudsman Program Manager will monitor volunteers and staff status after a disaster to ensure that their needs are met to the best of staff's ability to do.
    - Ombudsman staff will assess the impact of the disaster of residents in care facilities.
    - Ombudsman staff will help in facilitating communication on issues within facilities with residents.

- **Volunteer Services**

- a) Guidelines for Contacting Staff & Volunteers in Case of Disaster And Related Emergency Activities

- Depending on the nature of the event and the time it occurs, the Volunteer Services Division Director will contact Volunteer Services staff and volunteers by phone if possible using the information on the Emergency Information Sheet. The phone call will be made for purpose of providing information on safety, information of work location changes and appointment changes or cancellations.
    - If phone lines are not working and travel to appointments or work locations is deemed inadvisable staff and volunteers are not expected to meet their appointment.
    - In the event of a disaster or emergency the Volunteer Services voicemail system will be updated to provide current information and resources that will ensure the callers access to available emergency services.
    - Volunteer Services staff will assess the impact of the disaster on assignment sites. Assignments impacted by disaster will be rescheduled or cancelled as deemed appropriate.
    - Director of Volunteer Services will notify Executive Director of any changes with site locations.
    - If Volunteer Stations or Volunteer Sites are closed by a natural or man-made disaster, Foster Grandparents and Senior Companions are encouraged to volunteer for disaster-related or other available volunteer services that match their skills and abilities.
    - The Division Director of Volunteer Services will monitor volunteers and staff status after a disaster to ensure that their needs are met.

- **Nutrition Division**

- a) Guidelines for Contacting Staff & Volunteers in Case of Disaster And Related Emergency Activities

- Depending on the nature of the event and the time it occurs, the Nutrition Services Division Director and the Home Delivered Meals Director will contact staff, volunteers and contracted providers by phone if possible using the information on the

Emergency Information Sheet. The phone call will be made for purpose of ensuring the continuation of Home-Delivered Meals and Congregate Meals.

- If phones are not working attempts will be made to visit providers to learn of needs starting with home-delivered meals providers and then congregate meal providers to insure that food service systems are not disrupted.
- Available ENOA staff will make on-site assessments of each contractor.
- After assessing contract agencies, staff will regroup to share information, receive an update of local services and plan appropriate help for providers.
- If needed, consult with American Red Cross shelter staff concerning needs for senior nutrition.
- Voicemail system will be updated to provide current information and resources that will ensure the callers access to available emergency nutrition services.

## **ENOA Pandemic Flu Preparedness**

ENOA will take a proactive approach at the beginning of each influenza season by providing reminders and information to staff, consumers, and providers on personal practices that can reduce influenza risks such as hand hygiene, antibacterial products, facial mask, reducing exposure, etc. Medicaid Waiver Resource Development staff maintain updated information on facilities and agency Waiver providers' as it pertains to the providers' emergency preparedness plans.

The Executive Director or designee will monitor data during heighten alert of widespread influenza cases and collaborate with the local health departments throughout the service area, as well as the Nebraska Department of Health & Human Services. Such data may include:

- Spread of contamination;
- Identification of high risk populations;

- Availability of antiviral medications;
- Related mortality rate;
- Increased employee absenteeism;
- Quarantined facilities.

The Nutrition Services and Volunteer Services Division Directors will collaborate with the Executive Director or designee to determine if closing programs such as senior centers and programs in which volunteers or individuals receiving stipends included in a designated high risk population group is appropriate. The Home Delivered Meals Division Director will consult with the Executive Director or designee to determine appropriate deliveries of shelf meals.

At the directive of the Executive Director or designee the CHOICES Division Director will implement pandemic protocols. CHOICES Program Coordinators will assume the role of team leaders as designated by the CHOICES Division Director or designee. The team leaders will be responsible for assigning care managers and service coordinators to complete such activities as:

- Contact in-home providers to determine capability and need to continue same level of staffing;
- Responding to incoming calls as time efficiently as possible;
- Coordinate remove accessibility to computer programs and office phones in addition to developing tracking systems to ensure “no client is left behind”;
- Coordinate emergency runners to shop and deliver necessary items such as medications.

The Executive Director or designee will consult the ENHSA Governing Board in the event local and/or State Health Departments recommend restricted public contact to determine appropriate personnel actions.

## 2. Sample Senior Center Disaster Plan

### **ENOA Comprehensive**

#### **Disaster Plan for Senior Centers**

The goal of ENOA is to have the capability to respond appropriately and effectively to different emergency situations. Emergency protocols are divided into three major categories:

#### **Category I**

**Emergency situation within the physical structure of ENOA senior centers.** This includes but is not limited to: individual/multiple injuries; fire, police emergency, natural gas leak, broken water pipes; bomb threat, and miscellaneous building emergencies. A fire drill will be conducted at the Senior Centers on a yearly basis.

#### **Category II**

**Emergency situations which negatively impact the health and welfare of ENOA senior center staff and participants (excluding pandemic flu).** This includes but is not limited to: weather related emergencies or other natural disasters. A tornado drill will be conducted at the Senior Centers on a yearly basis.

#### **Category III**

**Pandemic influenza impacting ENOA staff, volunteers or participants.** This includes but is not limited to: pandemic influenza or other communicable situations which will result in high levels of illness and death.

#### **Category I Emergencies**

The specifics of the situation will indicate who is at risk (if anyone) within the physical structure of the Senior Center. The reaction to an emergency within the center will be based on the situation and management will follow the specific procedure or use their own common sense and judgment to remove themselves and seniors from any dangerous situation. See the following list of emergency situations for specific plans for different situations.

## **I. Fire and Emergency Evacuation**

1. The first individual aware of a fire or smoke in the center is to alert the center manager who will alert others by activating the fire alarm system. If the center is not equipped with an alarm system, participants should be alerted in a calm manner by general announcement.
2. If you are in the vicinity of the fire when it is discovered, do not attempt to extinguish it unless you have been trained in the proper use of a portable fire extinguisher and the fire is very small in size and it can be easily controlled without placing yourself or others in danger. Remember, the primary concern is not the loss of property, but the safety of our participants, volunteers and staff.
3. In the event of a fire or emergency that requires evacuation of the building, instruct the seniors to leave the building by the nearest available exit. Make sure everyone has exited the building. If time permits and without placing anyone in danger, call to the fire department by dialing 911 before evacuating the building. If time does not permit a call, call 911 immediately after evacuating the building.
4. The center manager should check the guest log to ensure all participants have evacuated the center.
5. Contact the Nutrition Office to report the incident.
6. Do not reenter the building until the all clear has been made by the fire department.
7. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return to their home.

## **II. Floods**

1. Flooding may be caused either by a natural disaster or faulty plumbing.
2. When the potential for flooding is due to a natural cause contact the Nutrition Office for instructions whether or not to close the center.
3. If there is a problem with faulty plumbing contact the Nutrition Office. If the water service is shut off the center may need to close until the water source is restored.

4. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return to their homes.

### **III. Chemical Spills**

1. If a large spill occurs that requires evacuation, calmly announce to all participants to leave the building in an orderly fashion. Contact your local fire or police department by calling 911. Follow any procedures given by the emergency response personnel until the spill is cleaned up.
2. Double check the guest log to make sure all seniors are in a safe area.
3. Contact the Nutrition Office to report the incident.
4. Do not reenter the building until the all clear has been made.
5. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation and volunteers to return to their home.

### **IV. Hazardous Material Spills**

1. If inside:
  - Avoid direct or indirect contact with the substance.
  - Evacuate the center if the situations requires.
  - Contact the emergency response by calling 911.
  - Double check the guest log to make sure all seniors are in a safe area.
2. If outside:
  - Move upwind and uphill from the spill.
  - Contact the emergency response by calling 911.
3. For both situations contact the Nutrition Office to report the incident. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return to their homes.

## **V. Gas Leaks**

1. Evacuate the center as quickly as possible to an area remote from the building using basic evacuation procedures.
2. Do not turn on or off any electrical device including light switches.
3. Contact emergency response personnel by calling 911.
4. Double check the guest log to make sure all seniors are in a safe area.
5. Contact the Nutrition Office to report the incident.
6. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return to their homes.

## **VI. Power Outage**

1. Locate battery operated flashlight and ensure all participants are in a safe location (check restrooms, class rooms, etc.).
2. Communicate with appropriate local utility company to determine extent and estimated length of outage.
3. Contact Nutrition Office on the situation. Obtain directive whether to close Senior Center and dismiss staff.
4. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return to their homes.

## **VII. Bomb Threats**

Because a bomb threat may be received by anyone in the Senior Center, everyone who answers the phone should have specific instructions for gaining full information from a caller, for relaying the threat to the proper authorities and for being apprised of evacuation procedures.

1. Be calm and courteous. LISTEN. Do not interrupt the caller. Quietly attract the attention of someone nearby, indication to them the nature of the call. Complete the Bomb Threat Information Sheet as soon as the caller hangs up.

2. Notify the center manager if they were not the one who received the call.
3. Immediately begin center evacuation to a safe area away from the Senior Center.
4. Contact emergency response personnel by calling 911.
5. If a suspicious package or item is observed, DO NOT TOUCH.
6. Do not utilize any mobile communications device.
7. Double check the guest log to make sure all seniors are in safe area.
8. Contact the Nutrition Office to report the incident.
9. Seniors and staff may reenter building only when an "all clear" is given.
10. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return.

**Bomb Threat Information Form**

Date: \_\_\_\_\_

Who answered the phone? \_\_\_\_\_ Time \_\_\_\_\_

**(Check all appropriate choices below)**

**CALLER'S VOICE**

**ACCENT**

- |                                 |                                      |                                      |                                   |
|---------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Loud        | <input type="checkbox"/> Soft        | <input type="checkbox"/> Local    |
| <input type="checkbox"/> Female | <input type="checkbox"/> High Pitch  | <input type="checkbox"/> Deep        | <input type="checkbox"/> Foreign  |
| <input type="checkbox"/> Child  | <input type="checkbox"/> Raspy       | <input type="checkbox"/> Pleasant    | <input type="checkbox"/> Broken   |
| <input type="checkbox"/> Adult  | <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Regional |
|                                 |                                      |                                      | <input type="checkbox"/> Other    |

**SPEECH**

**LANGUAGE/GRAMMAR**

- |                                   |                                      |                                    |                                      |
|-----------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fast     | <input type="checkbox"/> Slow        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good        |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Distorted   | <input type="checkbox"/> Fair      | <input type="checkbox"/> Poor        |
| <input type="checkbox"/> Stutter  | <input type="checkbox"/> Nasal       | <input type="checkbox"/> Foul      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Other _____ |                                    |                                      |

**MANNER**

**BACKGROUND NOISE**

- |                                    |                                     |   |                                    |
|------------------------------------|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Calm      | <input type="checkbox"/> Angry      | <input type="checkbox"/> Office Machines  | <input type="checkbox"/> Airplanes |
| <input type="checkbox"/> Rational  | <input type="checkbox"/> Irrational | <input type="checkbox"/> Factory Machines | <input type="checkbox"/> Trains    |
| <input type="checkbox"/> Coherent  | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Animals          | <input type="checkbox"/> Voices    |
| <input type="checkbox"/> Righteous | <input type="checkbox"/> Laughing   | <input type="checkbox"/> Quiet            | <input type="checkbox"/> Music     |
|                                    |                                     | <input type="checkbox"/> Mixed            | <input type="checkbox"/> Street    |
|                                    |                                     |   | <input type="checkbox"/> Traffic   |

Additional Information:

## Category II Emergencies

### VIII. Inclement Weather Procedures

When the weather is severe, all efforts should be made to listen for weather reports regarding the changing weather conditions in your area. ENOA's first priority is to ensure that all participants, volunteers and staff are kept safe.

**Weather Watch** – Weather conditions are favorable for severe weather to develop during the next 24-36 hours. No action other than being alerted to the weather conditions needed at this time.

**Weather Warning** – Weather conditions have produced or soon will produce severe weather. Action should be taken depending on the situation.

#### Tornado Warning

1. Move all seniors to the designated safe area within the center.
2. If anyone is outside, make sure they return to the building and move to the safe areas. Do not let anyone leave.
3. Double check the guest log to make sure all seniors are in the safe area.
4. Stay away from all glass and windows.
5. Use any protective covering available to protect from flying objects.
6. Remain in the designated safe area until the warning has expired.
7. Call the Nutrition Office to report the incident whenever time permits.
8. If an injury occurs, call 911 for the emergency response team.
9. If unable to resume the day's activities, the center manager will ensure that all participants and volunteers have transportation to return to their homes.

#### Severe Thunderstorm Warning

1. If outside, return to building for protection and shelter.

2. If inside, stay away from windows in case high gusty winds occur with the storm which may cause windows to break.

#### Winter Storm Warning

1. Issuance of a winter storm warning indicates some form of frozen precipitation (snow, sleet, freezing rain, etc.) is occurring, or will soon occur.
2. Remain indoors and contact the Nutrition Office for instructions on whether or not to close the center.
3. If the center closes, the center manager will ensure that all participants and volunteers have transportation to return to their homes.

### **Category III Emergencies**

#### **ENOA Pandemic Flu Preparedness**

ENOA will take a proactive approach at the beginning of each influenza season by providing reminders and information to staff, contractors and senior center participants on personal practices that can reduce influenza risks such as hand hygiene, antibacterial products, facial mask, reducing exposure, etc.

The Executive Director or designee will monitor data during heightened alert of widespread influenza cases and collaborate with the local health departments throughout the service area, as well as the Nebraska Department of Health & Human Services. Such data may include:

- Spread of contamination;
- Identification of high risk populations;
- Availability of antiviral medications;
- Related mortality rate;
- Increased employee absenteeism;
- Quarantined facilities.

The Nutrition Services Division Director will collaborate with the Executive Director or designee to determine if closing senior centers is appropriate.

The Executive Director or designee will consult the ENHSA Governing Board in the event local and/or State Health Departments recommend restricted public contact to determine appropriate personnel actions.

### **Plan of Action when Pandemic/Disaster has lifted**

- Receive directive from Executive Director or designee to reopen the Senior Center.
- Evaluate the situation of the center.
- Clean and sanitize the center.
- Call all participants and inform them of reopening of the center.
- Reopen as soon as possible for all services.

**SECTION G – SUPPORTING DOCUMENTATION**

**1. Direct Service Waiver Request**

**THIS IS YOUR INVOICE** Invoice No. 137697  
THE DAILY RECORD  
3323 Leavenworth Street \$ 13.70  
Omaha, Nebraska  
68105-1915  
(402) 345-1303

Legal  
Advertisement(s) PUBLIC HEARING - 2/10/16

Date 2/4/2016

EASTERN NEBR OFC ON AGING  
LEZLIE MCPHERSON  
4223 CENTER STREET

OMAHA NE 68105

TERMS: DUE & PAYABLE UPON RECEIPT – PLEASE DETACH AND MAIL WITH YOUR CHECK

**COURTESY PROOF  
FOR PRIVATE FILES ONLY**

**NOTICE**

The Eastern Nebraska Office on Aging will hold a Public Hearing on Wednesday, February 10, 2016 at 1:00 pm. This hearing is for a Request for a Waiver from the State of Nebraska for the Direct Delivery of Services for Congregate Meals, Home Delivered Meals and Nutrition Counseling for the 2016-2018 fiscal years. This hearing will be held at Eastern Nebraska Office on Aging, 4223 Center Street, Omaha, NE.

2-4-16

The attached legal advertisement appeared in THE DAILY RECORD, as per your request, on the date as indicated on the bottom line of your published notice.

If there are any corrections or alterations to be made, kindly notify us at once. If we do not hear from you, we will consider the attached publication as being correct.

(402) 345-1303

The cost of this advertisement is

\$ 13.70

Make all checks payable to

THE DAILY RECORD  
3323 Leavenworth Street  
Omaha, Nebraska 68105-1915

**THANK YOU — WE APPRECIATE YOUR BUSINESS**  
[www.omahadailyrecord.com](http://www.omahadailyrecord.com)

### AFFIDAVIT OF PRINTER

Legal No. 38440  
To: ENOA  
Notice of Public Hearing

**PUBLIC NOTICE**

**NOTICE OF MEETING**

The Eastern Nebraska Office on Aging will hold a Public Hearing on Wednesday, February 10, 2016 at 1:00 pm. This hearing is for a Request for a Waiver from the State of Nebraska for the Direct Delivery of Services for Congregate Meals, Home Delivered Meals and Nutrition Counseling for the 2016-2018 fiscal years. This hearing will be held at Eastern Nebraska Office on Aging, 4223 Center Street, Omaha, NE. No. 38440; February 4, 2016

♦♦



Printers Fee: \$5.05

STATE OF NEBRASKA )  
 )  
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 ss. )  
 )  
 County of Cass )

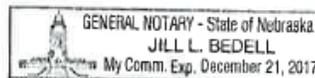
I, Karen Turner, of  
The Journal, a legal newspaper  
under the statutes of the State of  
Nebraska, published weekly at  
Plattsmouth, Nebraska, do  
solemnly swear that a copy of  
the clipping attached was  
published Thursday in the  
regular and entire issue of said  
newspaper and not in any  
supplement weeks thereof  
**One** week(s) commencing with  
the issue date of **February**  
**4, 2016**, ending with the is-  
sue date of **February 4, 2016**,  
newspaper(s).

  
\_\_\_\_\_  
Karen Turner

**Classified Advertising**

Subscribed and sworn to before me,  
on the 4th day of February 2016

  
\_\_\_\_\_  
Jill Bedell





Duplicate Affidavits of this Publication have been filed in the office of  
County Clerk  Clerk of Dist. Court  County Clerk  Sec. State

### AFFIDAVIT OF PRINTER

STATE OF NEBRASKA

WASHINGTON COUNTY

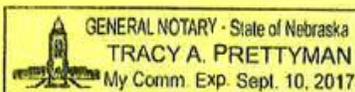
Lynette Hansen, Being by me first duly sworn, deposes and says that he is the Sales Manager of THE PILOT-TRIBUNE, a legal weekly newspaper printed and published at Blair, in Washington County, Nebraska and of general circulation in said County and State: that said newspaper has a bona fide circulation of more than 300 copies weekly, in said County: and has been published in said County for more than 52 successive weeks prior to the first publication of the attached notice, that the attached notice was published in said newspaper for 1 consecutive week(s) being the issues of:

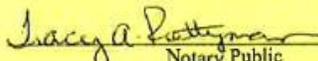
February 2, 2016

  
Sales Manager Signature

Subscribed in my presence, and sworn to before me

This 2nd day of February, 2016.



  
Notary Public

Printers Fee For Publishing This Notice	\$ 6.38
Preparation of Affidavit and Billing	\$
Notary Fees	\$
Copy	\$
25% discount for minutes	\$
TOTAL	\$ 6.38

**Legal Notice**

**REQUEST FOR PUBLIC HEARING**  
The Eastern Nebraska Office on Aging will hold a Public Hearing on Wednesday, February 10, 2016 at 1:00 p.m. This hearing is for a Request for Waiver from the State of Nebraska for the Direct Delivery of Services for Congregate Meals, Home Delivered Meals and Nutrition Counseling for the 2016-2018 fiscal years. This hearing will be held at Eastern Nebraska Office on Aging, 4223 Center Street, Omaha, NE.  
ZNEZ

Published in the Pilot-Tribune Tuesday, February 2, 2016.

**PUBLIC HEARING ON  
WAIVER OF DIRECT DELIVERY OF SERVICES  
ENOA  
FOR FY 2017-2019  
FEBRUARY 10, 2016  
LOCATION: 4223 CENTER STREET OMAHA, LOWER LEVEL**

**AGENDA**

1. Reason for Waiver Hearing- Dennis Loose, Director ENOA
2. Services ENOA is Requesting a Waiver for, and Reason for the Request- Dennis Loose
3. Open Comments from Those Attending.
4. Adjourn

**MINUTES**

Public Hearing was called to order at 1:00 p.m. on February 10, 2016 by ENOA Executive Director, Dennis Loose. There were no participants from the public present. No testimony was offered. No questions. Meeting was adjourned at 1:30 p.m.

**ENOA PUBLIC HEARING**

**Direct Delivery of Services Waiver Request**

**February 10, 2016 1:00 PM**

**ENOA 4223 Center Street Omaha, NE**

<b>NAME</b>	<b>REPRESENTING</b>	<b>PHONE OR EMAIL ADDRESS</b>
1		
2		
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## Assurances

The Area Agency on Aging assures and certifies, with respect to this area plan that it will comply with all applicable federal and state regulations or laws as they relate to this application. It will also comply with all of the following pages of assurances and certifications. Signing of the signature page and initialing and dating each page of the assurances indicates acceptance of these assurances and certifications.

---

Assurances required by the Older Americans Act of 1965, as amended in 2006

---

**The Area Agency on Aging** agrees that it shall:

### Requirement: OAA 306(a)(2)

Assurance: 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:

- 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);
- 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
- legal assistance ; 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.

### Requirement: OAA 306(a)(4)(A)(i)

Assurance: Provide assurances that 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 include proposed methods of carrying out the preference in the area plan.

### Requirement: OAA 306(a)(4)(ii)

Assurance: Provide assurances that in each agreement made with a provider of any service under this title, a requirement that such provider:

- 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;

*MAO*

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- 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
- 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.

**Requirement: OAA 306(a)(4)(A)(iii)**

Assurance: With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

- identify the number of low-income minority older individuals in the planning and service area;
- describe the methods used to satisfy the service needs of such minority older individuals; and
- provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

**Requirement: OAA 306(a)(4)(B)**

Assurance: Provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on:

- older individuals residing in rural areas;
- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English proficiency;
- older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
- older individuals at risk for institutional placement; and inform the older individuals referred to in A. through F., and the caretakers of such individuals, of the availability of such assistance.

**Requirement: OAA 306(a)(4)(C)**

Assurance: Provide assurance 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.

**Requirement: OAA 306(a)(5)**

Assurance: Provide assurances that it 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.

**Requirement: OAA 306(a)(8)**

Assurance: Provide that case management services provided under this act through the Area Agency on Aging will:

- not duplicate case management services provided through other Federal and State programs;
- be coordinated with services described in subparagraph A; and



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- be provided by a public agency or a nonprofit private agency that:
  - gives each older individual seeking services under this act a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging;
  - give each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
  - has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
  - is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

**Requirement: OAA 306(a)(9)**

Assurance: Provide assurances that in carrying out the State Long-Term Care Ombudsman Program under Section 307(a)(9), it 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.

**Requirement: OAA 306(a)(11)**

Assurance: Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including:

- information concerning whether there is a significant population of older Native Americans in the planning and service area, 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;
- 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
- 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.

**Requirement: OAA 306(a)(13)(A)**

Assurance: Provide assurances that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

**Requirement: OAA 306(a)(13)(B)**

Assurance: Provide assurances that it will disclose to the Assistant Secretary and the State agency:

- the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- the nature of such contract or such relationship.

**Requirement: OAA 306(a)(13)(C)**

Assurance: Provide assurances that it 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 contracts or such commercial relationships.

*MAB*

**Requirement: OAA 306(a)(13)(D)**

Assurance: Provide assurances that it 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 contracts or such relationships.

**Requirement: OAA 306(a)(13)(E)**

Assurance: Provide assurances that it 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.

**Requirement: OAA 306(a)(14)**

Assurance: Provide assurances that preference in receiving services under this title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

**Requirement: OAA 306(a)(15)**

Assurance: Provide assurances that funds received under this act will be used;

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

**Older Americans Act**

- The Nebraska Department of Health & Human Services - State Unit on Aging (SUA) assures through the area agencies on aging:

**Requirement: OAA 305(c)(5)**

- Assurance: In the case of a State specified in subsection (b)(5), the State agency and the Area Agency on Aging 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.

**Requirement: OAA 307(a)(3)(B)(i)**

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

**Requirement: OAA 307(a)(7)(B)**

- Assurance:
- (i) No individual (appointed or otherwise) involved in the designation of the State agency or 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 chapter;
- (ii) No officer, employee, or other representative of the State agency or Area Agency on Aging is subject to a conflict of interest prohibited under this chapter; and
- (iii) Mechanisms are in place to identify and remove conflicts of interest prohibited under this chapter.

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**Requirement: OAA 307(a)(11)**

- Assurance: The area agencies on aging will:
  - (A) (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 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 act, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
- (B) Assure 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 act on individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
- (D) To the extent practicable, that legal services furnished under the plan will be in addition to any legal services 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 services for older individuals;
- (E) Area Agency 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.

**Requirement: OAA 307(a)(12)**

- Assurance: Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals:
  - A). Any Area Agency on Aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:
    - (i) public education to identify and prevent abuse of older individuals;
    - (ii) receipt of reports of abuse of older individuals;
    - (iii) active participation of older individuals participating in programs under this act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred;
    - (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.
  - B). The State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
  - C). All information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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**Requirement: OAA 307(a)(15)**

- Assurance: 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 3026(a)(2)(A) of this act, 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.

**Requirement: OAA 307(a)(26)**

- Assurance: Funds received under this act 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 act.

**Requirement: OAA 307(a)(27)**

- Assurance: Area Agency on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

**Requirement: OAA 304(b)(5)(d)(1)(A)**

- Assurance: From any State or Area Agency on Aging's allotment, after the application of section 308(b) of this act, under this section for any fiscal year, such amount as the State agency determines, but not more than 10 percent thereof, shall be available for paying such percentage as the agency determines, but not more than 75 percent, of the cost of administration of area plans.

**Requirement: OAA 304(b)(5)(d)(1)(D)**

- Assurance: The remainder of such allotment shall be available to such State only for paying such percentage as the State agency determines, but not more than 85 percent of the cost of supportive services, senior centers, and nutrition services under this act provided in the State as part of a comprehensive and coordinated system in planning and service areas for which there is an area plan approved by the State agency.

**Requirement: OAA 339 Nutrition**

- Assurance: A State or Area Agency on Aging that establishes and operates a nutrition project under this chapter shall:
  - 1) solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services, and
  - 2) ensure that the project -
    - (A) provides meals that -
      - (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture,
      - (ii) provide to each participating older individual -

\_\_\_\_ Initials April 13, 2016 Date

- (I) a minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
- (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
- (III) 100 percent of the allowances if the project provides three meals per day, and
- (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
- (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
- (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
- (D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
- € provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
- (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,
- (G) ensures that meal providers carry out such project with the advice of dietitians (or individuals with comparable expertise), meal participants, and other individuals knowledgeable with regard to the needs of older individuals,
- (H) ensures that each participating Area Agency on Aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany older individuals eligible under this act,
- (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and
- (J) provide for nutrition screening and, where appropriate, for nutrition education and counseling.
- (K) encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.

#### Requirement: OAA 361

- Assurance: (a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 of this act to provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites. In carrying out such program, the Assistant Secretary shall consult with the Directors of the Centers for Disease Control and Prevention and the National Institute on Aging.
- (b) The Assistant Secretary shall, to the extent possible, assure that services provided by other community organizations and agencies are used to carry out the provisions of this part.

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### Requirement: OAA 362 Distribution to Area Agency on Aging

- Assurance: The State agency shall give priority, in carrying out this part, to areas of the State:
  - (1) which are medically underserved; and
  - (2) in which there are a large number of older individuals who have the greatest economic need for such services.

### Code of Federal Regulations - Title 45 - Public Welfare

#### § 1321.5 Applicability of other regulations

Several other regulations apply to all activities under this part. These include but are not limited to:

- (a) 45 CFR part 16 - Procedures of the Departmental Grant Appeals Board;
- (b) 45 CFR part 74 - Administration of Grants, except subpart N;
- (c) 45 CFR part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health & Human Services: Effectuation of title VI of the Civil Rights Act of 1964;
- (d) 45 CFR part 81 - Practice and Procedures for Hearings Under Part 80 of this title;
- (e) 45 CFR part 84 - Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation;
- (f) 45 CFR part 91 - Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance;
- (g) 45 CFR part 92 - Uniform Administrative Requirements for Grants Cooperative Agreements to State and Local Governments;
- (h) 45 CFR part 100 - Intergovernmental Review of Department of Health & Human Services Programs and Activities; and
- (i) 5 CFR part 900, subpart F, Standards for a Merit System of Personnel Administration.

#### § 1321.17(f)(8) Content of State Plan

The State agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

#### § 1321.53 Mission of the Area Agency on Aging

(j) The Older Americans Act intends that the Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

- (k) A comprehensive and coordinated community based system described in paragraph (a) of this section shall:
  - 1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
  - 2) Provide a range of options;

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- 3) Assure that these options are readily accessible to all older persons; the independent, semi-dependent and totally dependent, no matter what their income;
- 4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- 5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- 6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- 7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- 8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- 9) Have a unique character which is tailored to the specific nature of the community;
- 10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

(c) The resources made available to the Area Agency on Aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section. For the purpose of assuring access to information and services for older persons, the Area Agency on Aging shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. The area agency shall list designated focal points in the area plan. It shall be the responsibility of the area agency, with the approval of the State agency, to define "community" for the purposes of this section. Since the Older Americans Act defines focal point as a "facility" established to encourage the maximum collocation and coordination of services for older individuals, special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points on aging. The Area Agency on Aging shall assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated. The Area Agency on Aging shall assure access from the designated focal points to services financed under the Older Americans Act. The area agency on aging shall work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points. The area agency may not engage in any activity which is inconsistent with its statutory mission prescribed in the Act or policies prescribed by the State under § 1321.11.

#### § 1321.61 Advocacy responsibilities of the Area Agency on Aging.

- (a) The area agency shall serve as the public advocate for the development or enhancement of comprehensive and coordinated community-based systems of services in each community throughout the planning and service area.
- (b) In carrying out this responsibility, the area agency shall:
  - (1) Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons
  - (2) Solicit comments from the public on the needs of older persons;
  - (3) Represent the interests of older persons to local level and executive branch officials, public and private agencies, or organizations;
  - (4) Consult with and support the State's Long-Term Care Ombudsman Program; and
  - (5) Undertake on a regular basis activities designed to facilitate the coordination of plans and activities with all other public and private organizations, including units of general purpose local government, with responsibilities affecting older persons in the planning and service area to promote new or expanded benefits and opportunities for older persons; and

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(c) Each Area Agency on Aging shall undertake a leadership role in assisting communities throughout the planning and service area to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need, with particular attention to low income minority individuals. Such activities may include location of services and specialization in the types of services most needed by these groups to meet this requirement. However, the area agency may not permit a grantee or contractor under this part to employ a means test for services funded under this part.

(d) No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private non-profit agencies and organizations contained in OMB Circular A-122.

#### § 1321.65(b) Responsibilities of service providers under area plans.

(b) Specify how the provider intends to satisfy the service needs of low income minority individuals in the area served, including attempting to provide services to low income minority individuals at least in proportion to the number of low income minority older persons in the population serviced by the provider.

#### § 1321.69 Service priority for frail, homebound or isolated elderly.

(a) Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

(b) The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.

## Code of Federal Regulations Title 29 Labor

### § 94.200 Requirements for Drug Free Workplace

There are two general requirements if you are a recipient other than an individual.

(a) First, you must make a good faith effort, on a continuing basis, to maintain a drug free workplace. You must agree to do so as a condition for receiving any award covered by this act. The specific measures that you must take in this regard are described in more detail in subsequent sections of this act. Briefly, those measures are to:

- (1) Publish a drug free workplace statement and establish a drug free awareness program for your employees; and
- (2) Take actions concerning employees who are convicted of violating drug statutes in the workplace.

(b) Second, you must identify all known workplaces under your Federal awards.

### § 29 U.S.C. 201 Fair Labor Standards Act

SUBJECT: Joint employment of home care workers in consumer-directed, Medicaid-funded programs by public entities under the Fair Labor Standards Act.

In the Final Rule, Application of the Fair Labor Standards Act to Domestic Service, 78 FR 60454 (Oct. 1, 2013),<sup>1</sup> the Department modified the “third party employment” regulation, 29 CFR 552.109, to prohibit third party employers of domestic service employees—i.e., employers other than the individuals receiving services or their families or households—from claiming the companionship services exemption from minimum wage and overtime or the live-in domestic service employee exemption from overtime. 78 FR at 60480-85.2

Private agencies, non-profit organizations, or public entities<sup>3</sup> may be third party joint employers of domestic service employees, and in particular home care workers, under the Fair Labor Standards

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Act (FLSA or “the Act”), 29 U.S.C. 201 et seq. Although the Final Rule did not change any of the longstanding case law or the Department’s guidance about joint employment, the regulatory changes prohibiting third party employers from claiming the companionship services and live-in domestic service employee exemptions will require each public or private agency that administers or participates in a consumer-directed, Medicaid-funded home care program to evaluate whether it is an employer under the FLSA.

### **The Lobbying Disclosure Act of 1995**

109 Stat. 703-Public Law 104-65

#### **Sec. 18. Exempt Organizations.**

An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, loan, or any other form.

#### **Disclosure of Lobbying Activities Form - LLL**

To access the Disclosure of Lobbying Activities Form - LLL the web address is, [www.whitehouse.gov/omb/grants/sflll.pdf](http://www.whitehouse.gov/omb/grants/sflll.pdf).

#### **Assurances - Non-Construction Programs**

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age

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7. Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (PL 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
9. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction sub agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (PL 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (PL 93-205).
13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.)
15. Will comply with PL 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (PL 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

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17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

## Nebraska Revised Statutes

### Section 81-8,240 Terms, Defined.

(1) Administrative agency shall mean any department, board, commission, or other governmental unit, any official, any employee of the State of Nebraska acting or purporting to act by reason of connection with the State of Nebraska, any corporation, partnership, business, firm, governmental entity, or person who is providing health and human services to individuals or service delivery, service coordination, or case management under contract with the State of Nebraska and who is subject to the jurisdiction of the office of Public Counsel as required by section 73-401, any regional behavioral health authority, any community-based behavioral health services provider that contracts with a regional behavioral health authority, and any county or municipal correctional or jail facility and employee thereof acting or purporting to act by reason of connection with the county or municipal correctional or jail facility; but shall not include (a) any court, (b) any member or employee of the Legislature or the Legislative Council, (c) the Governor or his or her personal staff, (d) any political subdivision or entity thereof except a county or municipal correctional or jail facility or a regional behavioral health authority, (e) any instrumentality formed pursuant to an interstate compact and answerable to more than one state, or (f) any entity of the federal government; and

(2) Administrative act shall include every action, rule, regulation, order, omission, decision, recommendation, practice, or procedure of an administrative agency.

### Section 81-8,254 Violations; Penalty; State Employee; Complaint; Effect.

A person who willfully obstructs or hinders the proper exercise of the Public Counsel's functions, or who willfully misleads or attempts to mislead the Public Counsel in his inquiries, shall be guilty of a Class II misdemeanor. No employee of the State of Nebraska, who files a complaint pursuant to sections 81-8,240 to 81-8,254, shall be subject to any penalties, sanctions, or restrictions in connection with his employment because of such complaint.

### Section 81-2219 Area Agency on Aging; Chief Executive Officer and Staff; Qualifications; Personnel Policies.

Each Area Agency on Aging governing unit shall establish minimum qualifications of education, training, and experience for its chief executive officer and written policies and procedures for the selection, appointment, and annual performance rating of its chief executive officer and staff.

### Section 81-2220 Area Agency on Aging; Duties

An Area Agency on Aging shall:

- (1) Monitor, evaluate, and comment on policies, programs, hearings, and community actions which affect older individuals;
- (2) Conduct public hearings, studies, and assessments on the needs of older individuals living in the planning and service area;
- (3) Represent the interests of older individuals to public officials and to public and private agencies or organizations;



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- (4) Cooperate, coordinate, and plan with other agencies, organizations, or individuals to promote benefits and opportunities for older individuals consistent with the goals of the Nebraska Community Aging Services Act and the Older Americans Act, as now or hereafter amended;
- (5) Develop a one-year and a four-year area plan and budget for a comprehensive, coordinated program of community aging services needed by older individuals of the area and consistent with the requirements of the Nebraska Community Aging Services Act and the Older Americans Act, as now or hereafter amended;
- (6) Monitor and evaluate the activities of service providers to ensure that the services being provided comply with the terms of the grant or contract. When a provider is found to be in breach of the terms of its grant or contract, the Area Agency on Aging shall enforce the terms of the grant or contract;
- (7) Comply with rules, regulations, and requirements of the department which have been developed in consultation with the area agencies on aging for client and fiscal information and provide to the department information necessary for federal and state reporting, program evaluation, program management, fiscal control, and research needs; and
- (8) Provide technical assistance to service providers as needed, prepare written monitoring reports, and provide written reports of onsite assessments of all service providers funded by the Area Agency on Aging according to the rules and regulations promulgated by the department.

## **Title 15 - Nebraska Department of Health & Human Services State Unit on Aging**

### **Chapter 1 - Nebraska Community Aging Services Act**

**001.07U - Plan amendment.** Amendments to the Area Plan and Budget must be approved by the State Unit on Aging prior to implementation. Implementation of an amendment without prior approval shall constitute non-compliance and may be cause for withdrawal of designation.

**001.07U1 - Amendments to Area Plans and Budgets.** Any request for approval of amendment must be accompanied by:

- 1) Reason for the requested change;
- 2) Proposed amended budget;
- 3) Proposed amended level of service or goals and objectives;
- 4) Any pages of the Annual Plan and Budget (and the Area Plan and Budget) that are altered as a result of the changes; and
- 5) Records of public hearings on any changes which are substantial or which adjust scope or direction.

### **Chapter 2 – Care Management Units**

These rules and regulations implement Neb. Rev. Stat. Sec. 81-2229 - Sec. 81-2236, R.R.S. 1943 (the Act) which directs the establishment of a statewide system of Care Management Units through the Area Agencies on Aging.

### **Chapter 3 – Long-Term care Ombudsman Program**

These rules and regulations implement Nebraska Revised Statutes Section 81-2237 to 81-2264, which directs the establishment of a statewide long-term care ombudsman program. Other authorities for the program are: (1) Older Americans Act of 1965, as amended, 42 U.S.C. 3001 et seq., specifically, 42 U.S.C. Sections 3058f-3058h; (2) 42 CFR Sections 483.10 through 483.13; and (3) The Nebraska Nursing Home Act, Rev. Statutes of Nebraska, Article 60, Section 71-6019.

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**Chapter 4 – Senior Companion Volunteer Program**

These regulations govern the Senior Companion Volunteer Program. The regulations are authorized by and implement the Nebraska Senior Companion Volunteer Program Act, Neb. Rev. Stat. Sections 81-2273 to 81-2283, and Section 81-2210.

**Code of Federal Regulations - Title 49 - Part 29 - Appendix A - Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions**

(1) The Area Agency on Aging certifies to the best of its knowledge and belief, that it and its principals to the following:

(a) Are not presently debarred, suspended, proposed for debarment declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property.

(c) Are not presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**OMB Circular A-129 - Appendix 3 - Certification of Non-Delinquency on Federal Debt**

Assurance: Not delinquent on any Federal debt.

Each Attestation page requires an initial & date.



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