



BALANCING INCENTIVE PROGRAM APPLICATION

Prepared by:

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF MEDICAID AND LONG-TERM CARE

July 31, 2014

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July 31, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
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Mail Stop: S2-14-26
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Dear Ms. Burnett:

The Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care (DHHS, MLTC), is pleased to submit this proposal in response to CFDA 93.543, Patient Protection and Affordable Care Act, Section 10202, State Balancing Incentive Payments Program, Initial Announcement. The following application describes our proposal for the Nebraska Balancing Incentive Program (BIP). We are requesting \$8,122,707.00 to fund this initiative.

DHHS, MLTC is the lead organization for this program and will administer the grant. The Principal Investigator for the project is Chad Frank. Chad is the Administrator of Long Term Services and Supports (LTSS). He will be the primary contact for this initiative and ensure that the work plan tasks are completed on schedule.

This project is a collaboration of MLTC, the State Unit on Aging, the Division of Developmental Disabilities, and the organizations who have submitted letters of endorsement. These organizations include:

- AARP Nebraska
- Arbor Health Plan
- Assistive Technology Partnership
- Community Action of Nebraska, Inc.
- CoventryCares of Nebraska
- Disability Rights Nebraska
- Immanuel
- Independence Rising
- Leading Age Nebraska
- League of Human Dignity
- Magellan Health Services
- Nebraska Association of Area Agencies on Aging

Jennifer Burnett
July 31, 2014
Page 2

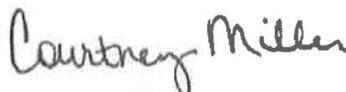
- Nebraska Association of Home & Community Health Agencies
- Nebraska Brain Injury Advisory Council
- Nebraska Health Care Association
- Nebraska Planning Council on Developmental Disabilities
- Panhandle Independent Living Services
- Senator Kate Bolz, District #29
- UnitedHealthCare Community Plan
- Vocational Rehabilitation Nebraska

We are confident that Nebraska's program will:

- Facilitate informed individual choice among LTSS options and increase person-centeredness
- Increase access to non-institutionally based LTSS via a No Wrong Door/Single Entry Point system
- Collect a core set of data that will serve to promote uniform and comprehensive functional assessments across populations and geographic areas
- Mitigate conflicts that arise from the overlap of case management and direct service provision
- Achieve or exceed targeted spending of 50 percent for non-institutionally based LTSS

The contact person for this project is Chad Frank; he can be reached by telephone at (402) 471-4617 and by email at chad.frank@nebraska.gov. Please don't hesitate to contact Chad if you have any questions or need additional information. We look forward to collaborating with CMS on this important initiative.

Sincerely,



Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Table of Contents

PROJECT ABSTRACT AND PROFILE	1
PRELIMINARY WORK PLAN.....	2
REQUIRED LETTERS OF ENDORSEMENT	3
APPLICATION NARRATIVE	4
UNDERSTANDING OF BALANCING INCENTIVE PROGRAM OBJECTIVES.....	4
CURRENT SYSTEM’S STRENGTHS AND CHALLENGES.....	5
<i>Information and Referral</i>	<i>5</i>
<i>Financial Eligibility Determination</i>	<i>6</i>
<i>Functional Eligibility Determination.....</i>	<i>6</i>
<i>Case Management</i>	<i>7</i>
<i>Additional Strengths and Challenges of Nebraska Medicaid Community Long Term Services and Supports</i>	<i>7</i>
NWD/SEP AGENCY PARTNERS AND ROLES.....	8
NWD/SEP PERSON FLOW	9
<i>NWD/SEP System and Path from Level I Screen to Level II Assessment.....</i>	<i>9</i>
<i>Coordinating Functional and Financial Eligibility</i>	<i>10</i>
<i>How the System Differs from the Current One.....</i>	<i>10</i>
NWD/SEP DATA FLOW	10
POTENTIAL AUTOMATION OF INITIAL ASSESSMENT	11
POTENTIAL AUTOMATION OF CSA	11
INCORPORATION OF A CSA IN THE ELIGIBILITY DETERMINATION PROCESS	12
STAFF QUALIFICATIONS AND TRAINING	13
LOCATION OF SEP AGENCIES	14
OUTREACH AND ADVERTISING.....	14
FUNDING PLAN	15
<i>State General Fund.....</i>	<i>15</i>
<i>Balancing Incentives Program Enhanced Match for Long Term Services and Supports.....</i>	<i>15</i>
<i>Enhanced Federal Match for Medicaid Eligibility and Enrollment Activities.....</i>	<i>15</i>
<i>Nebraska Money Follows the Person Rebalancing Funds and Aging and Disability Resource Center</i>	
<i>Supplemental Funding</i>	<i>15</i>
<i>Aging and Disability Resource Center Grant Funds.....</i>	<i>16</i>
CHALLENGES.....	16
NWD/SEP’S EFFECT ON REBALANCING.....	17
OTHER BALANCING INITIATIVES	17
<i>Current Initiatives.....</i>	<i>17</i>
Money Follows the Person Program	17
Program of All-Inclusive Care for the Elderly	18
Traumatic Brain Injury 1915(c) Waiver	18
Aged and Disabled 1915(c) Waiver	18
Aging and Disability Resource Center	18
Developmental Disabilities 1915(c) Waivers	19
<i>Planned Initiatives.....</i>	<i>19</i>
Managed Long-Term Services and Supports	19
<i>Legislative Support for Balancing Initiatives</i>	<i>20</i>

TECHNICAL ASSISTANCE	20
PROPOSED BUDGET	21
APPENDICES.....	22
APPENDIX 1 – PRELIMINARY WORK PLAN	23
<i>General NWD/SEP Structure</i>	24
<i>NWD/SEP</i>	26
<i>Website</i>	27
<i>1-800 Number</i>	28
<i>Advertising</i>	28
<i>CSA/CDS</i>	29
<i>Conflict-Free Case Management</i>	30
<i>Data Collection and Reporting</i>	31
<i>Sustainability</i>	32
<i>Exchange IT Coordination</i>	33
APPENDIX 2 – LETTERS OF ENDORSEMENT.....	34
APPENDIX 3 – ADVISORY COUNCIL MEMBERSHIP	55
APPENDIX 4 – MAPS OF NWD/SEPS.....	57
APPENDIX 5 – PERSON FLOW	62
APPENDIX 6 – PROCESS FLOW	64
APPENDIX 7 – NEBRASKA LEGISLATIVE BILL 690.....	65
APPENDIX 8 – PROPOSED BUDGET	71

Project Abstract and Profile

The Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care (DHHS, MLTC), with the support of its Legislature and stakeholders, requests approval of this application for the Balancing Incentive Program (BIP). The State has made great strides in rebalancing its long-term care (LTC) system, beginning in the mid-1980s, by taking advantage of waivers available under Section 1915(c) of the Social Security Act, as well as other initiatives such as the Money Follows the Person (MFP) program, the Program of All-Inclusive Care for the Elderly (PACE), and the Aging and Disability Resource Center (ADRC) program. If our application is approved, Nebraska estimates that its additional 2% FMAP will be approximately \$8,122,707.

DHHS is committed to programs that allow individuals in need of long term services and supports (LTSS) to live healthy, independent lives in their own homes and communities. Our goals for this and related home and community-based programs and services are to:

- Facilitate informed choice among LTSS options and increase person-centeredness
- Increase access to non-institutionally based LTSS via a No Wrong Door/Single Entry Point (NWD/SEP) system
- Collect a core set of data that will promote uniform and comprehensive functional assessments across populations and geographic areas
- Mitigate conflicts that arise from the overlap of case management and direct service provision
- Achieve or exceed targeted spending of 50 percent for non-institutionally based LTSS

The enhanced funding available through the BIP will allow DHHS to expand access to and availability of services to individuals across the State who prefer to remain in their own homes and communities. Nebraska proposes expansion/enhancement of offerings/access by:

- Expanding and formalizing the network of physical access NWD/SEP entities to serve as accessible entry points, with the capability to conduct Level I Screenings, provide information about the full range of LTSS, and coordinate Level II Assessments
- Funding in-person Level II Assessments for BIP-affected programs in Nebraska, collecting the core standardized assessment/core data set (CSA/CDS) information, and assisting individuals to enroll in appropriate programs of their choice
- Enhancing Independence Skills Management services for clients with traumatic brain injury (TBI) currently on the Aged and Disabled (AD) Waiver program
- Increasing the rate paid for assessment of need for home modifications and assistive technology and supports for clients on the AD Waiver, as well as increase the maximum per person expenditure for these modifications
- Removing service limits for AD Waiver Respite Care, Nutrition Services, and Home Again services
- Increasing reimbursement for individual providers of AD Waiver services, as well as AD Assisted Living Service

Preliminary Work Plan

Nebraska's preliminary work plan is included in Appendix 1. Following the CMS-provided template, the work plan includes objectives and interim tasks, preliminary due dates, the lead person for each task, and known deliverables. As required by CMS, a more detailed version of this work plan will be developed in consultation with our stakeholders and submitted within six months of the date of this application. DHHS has already initiated conversations with our stakeholders who will be instrumental in helping the State achieve meaningful reform.

The BIP Team will include the Administrator of the MLTC LTSS Unit (the Principal Investigator for this grant), a BIP Program Coordinator, a BIP Program Specialist, and a Staff Assistant. To ensure oversight of project timelines and high-level vision and support, the Operating and Steering Committees established for development of this application will continue throughout implementation. Members of the Operating and Steering Committees include:

BIP Operating Committee	
Name	Title
Cynthia Brammeier	Administrator, State Unit on Aging
Ron Childress	Program Analyst, MLTC, Quality
Julie Docter	Program Specialist, MLTC, LTSS
Dannie Elwood	Administrator, MLTC, Physical and Behavioral Health Managed Care
Pattie Flury	Administrator, MLTC, HCBS Waivers
Chad Frank	Administrator, MLTC, LTSS
Julie Gillmor	Program Specialist, MLTC, LTSS
Lori Harder	Administrator, MLTC, Eligibility Field Operations
Karen Heng	Administrator, MLTC, Eligibility Business Operations and Support
Pam Hovis	Administrator, Division of Developmental Disabilities (DDD)
Suzann Langner	Supervisor, MLTC, Business Systems Analysis
Heather Leschinsky	Administrator, MLTC, Managed Care and HCBS
Kathie Lueke	Administrator, DDD, Quality Improvement
Joette Novak	Administrator, MLTC, Institutional Services

BIP Steering Committee	
Name	Title
Jodi Fenner	Director, DDD
Jeanne Larsen	Deputy Director, MLTC, Claims & Program Integrity
Courtney Miller	Deputy Director, MLTC, Programs
Don Spaulding	Application Services Technical Manager – MMIS & Nebraska Family Online Client User System (N-FOCUS), Office of the Chief Information Officer
Ruth Vineyard	Deputy Director, MLTC, Initiatives and Eligibility

Required Letters of Endorsement

Nebraska received letters of endorsement from the following organizations:

- AARP Nebraska
- Arbor Health Plan
- Assistive Technology Partnership
- Community Action of Nebraska, Inc.
- CoventryCares of Nebraska
- Disability Rights Nebraska
- Immanuel
- Independence Rising
- LeadingAge Nebraska
- League of Human Dignity
- Magellan Health Services
- Nebraska Association of Area Agencies on Aging
- Nebraska Association of Home & Community Health Agencies
- Nebraska Brain Injury Advisory Council
- Nebraska Health Care Association
- Nebraska Planning Council on Developmental Disabilities
- Panhandle Independent Living Services
- Senator Kate Bolz, District #29
- UnitedHealthCare Community Plan
- Vocational Rehabilitation Nebraska

Copies of these letters are included in Appendix 2.

Application Narrative

The following sections describe how DHHS will implement the BIP through the Program's end date of September 30, 2015. As required by the Funding Opportunity Announcement, we discuss our understanding of the program, the strengths and challenges of our current system, our partners in this effort and each partner's role, how individuals and data will flow through the system, what automation we anticipate implementing, how we will incorporate the CSA/CDS in the eligibility determination process, how staff will be trained to meet these challenges and address the needs of individuals, the names and locations of our SEP agencies, and how stakeholders will be made aware of this program and its services. In addition, we will present our funding plan, discuss the challenges we foresee, describe how this effort will assist with Nebraska's rebalancing efforts, briefly discuss our other balancing initiatives, and predict our technical assistance needs.

Understanding of Balancing Incentive Program Objectives

Individuals in Nebraska with LTSS needs desire to live in their own homes, in their own communities, with dignity. The State recognizes this and is committed to helping them live healthy, independent lives by accomplishing the following goals:

- Provide individuals informed choice among community LTSS options
- Increase the person-centered aspect of LTSS
- Increase access to non-institutionally based LTSS via a NWD/SEP system
- Collect a core set of data that will serve to promote uniform and comprehensive functional assessments across populations and geographic areas
- Mitigate conflicts that arise from the overlap of case management and direct service provision
- Achieve or exceed the targeted spending percentage of 50 percent for non-institutionally based LTSS

The State views the BIP as one component of a comprehensive approach to systems balancing. Additional components include the ADRC and the MFP Program. These more recent initiatives build upon 1915(c) waivers implemented a number of years ago to divert individuals from institutions into home and community-based settings. In addition, components of Nebraska's Medicaid State Plan support home and community-based care, including home health, personal care, optional rehabilitation services, the PACE, and private duty nursing provided in home and community-based settings.

As a result of the above program and initiatives, a comparison of State fiscal year (SFY) 2008 spending with SFY 2013 spending shows a decline in the percentage of dollars directed to institutional providers [nursing facilities and intermediate care facilities for individuals with intellectual disabilities (ICF/IID)] in Nebraska and a corresponding increase in the proportion of spending for services in less restrictive settings. Institutional payments declined from 60 percent of total LTC expenditures in 2008 to 54 percent in 2013. Home and Community payments

increased from 40 percent of total LTC expenditures in 2008 to 46 percent in 2013 (Nebraska Medicaid Annual Report, December 2013).

BIP changes will help address the needs of children with disabilities and their families, adults with disabilities and the aged. The U.S. Census Bureau estimates that more than 25 percent of Nebraska's population will be over age 60 by the year 2030, an increase of 32 percent from 2012 (U.S. Department of Health and Human Services, Administration on Aging, Policy Academy State Profile; U.S. Census Bureau, 2009 Projections). To address the needs of the State's aging population, the Nebraska Unicameral passed Legislative Bill (LB) 690, which in addition to requiring DHHS to apply for the BIP, also created the Aging Nebraskan Task Force. The purpose of the Task Force is to develop and facilitate implementation of a statewide strategic plan to address those needs. A copy of LB 690 is included in this document as Appendix 7.

DHHS recognizes that it is difficult for individuals to navigate community LTSS eligibility and enrollment systems. Community LTSS are provided through multiple programs, funding streams, and entities. This lack of coordination can result in confusion for individuals and delayed eligibility determinations and access to services. Delayed access to needed services may result in institutionalization of an individual who could have been served in the community. DHHS is committed to the concepts of a NWD/SEP system for LTSS, and as noted elsewhere in this application, has approached several entities to serve as the NWD/SEP network of designated physical access locations in Nebraska. Entities will be expected to provide information about community LTSS options across all populations; schedule appointments for completion of the Level 1 Screen and/or assist with completion of the Level 1 Screen as necessary; assist with scheduling a Level II Assessment when necessary; coordinate functional and financial assessments; and provide options counseling and program enrollment assistance. By helping facilitate streamlined access to community LTSS, DHHS expects to see a continued reduction in reliance upon institutional care and improved access to community-based care.

Nebraska is committed to implementing the requirements of the BIP. Given the alignment of these requirements with other balancing initiatives currently in progress, the State is positioned to take full advantage of the BIP in order to achieve a truly rebalanced LTSS system.

Current System's Strengths and Challenges

Information and Referral

A number of statewide telephone numbers and websites in Nebraska offer information about a variety of services, including community LTSS. These include, but are not limited to, ADRC, Answer4Families, Hotline for Disability Services, MFP, Nebraska 2-1-1, Nebraska Family Helpline, Nebraska Resource and Referral System, and Parent Training Institute. While these helplines/websites offer expansive and valuable information, it can be taxing for an individual to find and research each one of them on his/her own. There is a need for increased coordination among them.

Referral to Nebraska Medicaid's community LTSS varies by program. Referrals often come from providers within the programs themselves, e.g., AD Waiver, TBI Waiver, and PACE. Identifying programs and reviewing eligibility requirements to determine those that might meet one's individual needs can be confusing and difficult.

A definite strength of the current LTSS information and referral process in Nebraska is that a screening tool already exists in the Medicaid application web-based portal known as ACCESSNebraska. Individuals can complete the tool and know whether or not an application for Medicaid might be appropriate. DHHS plans to adapt this tool to meet the BIP requirements of a community LTSS Level I Screen. Seamless linking to the automated Level II Assessment is capacity that will need to be built.

Financial Eligibility Determination

Financial eligibility for all of Nebraska Medicaid's community LTSS is determined by State staff using the Nebraska Family Online Client User System (N-FOCUS), a DHHS-developed computer application. This system fosters an evenness of State policy application and eligibility determinations. An application for Medicaid may be completed via the ACCESSNebraska website, telephone, mail, or in-person. In a recent six-month time period (January through June 2014), 68 percent of all Medicaid and CHIP applications were submitted on-line. This statistic illustrates the accessible nature of the electronic application. In the past, an unfortunate challenge of Medicaid eligibility determinations had been the length of adjudication time. Through a reorganization in July 2013, Medicaid eligibility and related staff were separated from other public assistance eligibility staff. Since this reorganization, Medicaid eligibility determination wait times have been significantly reduced; 36 percent of the Aged, Blind, and Disabled population applications were processed in less than 30 days in June 2014 compared to 20% in October 2013.

DHHS is in the process of contracting with an entity to build a new Medicaid eligibility and enrollment system (EES); the current completion date is the end of 2015. The new, modernized system is expected to streamline eligibility determinations and enrollment and holds promise for:

- Housing the Level I Screen and the Level II Assessment tool
- Prepopulating the Level II tool
- Providing data storage and access

The new EES will be able to determine eligibility for some applications in real time utilizing Federal Data Hub and other data verification sources.

Functional Eligibility Determination

Functional eligibility determination processes are identical for the AD and TBI Waivers and PACE. The AD and TBI Waivers utilize the same assessments tools. Beyond that, processes and

assessment tools for determining functional eligibility for the remainder of the Medicaid community LTSS vary by program. In some instances, providers of service complete the assessment tool upon which functional eligibility is determined, and for some programs, they also determine eligibility. Mitigating these conflicts will be a challenge, but DHHS does not think it is insurmountable. Standardizing assessed domains and topics across programs will also be a challenge. A strength of the current functional eligibility determination processes is that several programs already require in-person assessments. On the other hand, meeting the in-person assessment requirement can be difficult for busy families and rural Nebraskans. As described elsewhere in this application, telehealth without distance requirements is an option DHHS is considering.

Case Management

Case management processes for the AD, TBI, and Developmental Disabilities (DD) Waivers are identical. A strength of the DD Waivers case management processes is that they are conflict-free; State staff provide the service coordination. This is also true for case management services for children on the AD Waiver. Case management is provided for aged persons covered by the AD Waiver by service providers, although, again, this challenge is not insurmountable. Conflict-free case management will need to be addressed in the PACE program.

For several Medicaid community LTSS, including home health, Personal Assistance Services (PAS), and private duty nursing, case management is not readily available. In managed care, case management for these services, as well as for the Rehabilitation Services Option, is provided. Nebraska will need to meet the challenge of providing conflict-free case management in both fee-for-service (FFS) and managed care.

Final considerations pertaining to case management processes include restrictions created by program silos and different IT systems that do not talk to each other. As indicated previously, DHHS is in the process of contracting with an entity to build a new Medicaid EES, which holds promise for alleviating the latter of these two concerns. Program silos will need to be addressed, particularly in light of LB690 and BIP.

Additional Strengths and Challenges of Nebraska Medicaid Community Long Term Services and Supports

Stakeholder engagement is a noteworthy strength of Nebraska Medicaid's community LTSS. A Stakeholder Advisory Council has already been organized and convened for purposes of the BIP. All of the 21 invitees participated or expressed a willingness to participate. During the first meeting, the stakeholders remaining engaged, asked relevant questions, and provided meaningful input on implementing the BIP. A list of the members of the BIP Advisory Council is included in Appendix 3.

Another strength of Nebraska Medicaid's community LTSS is the Nebraska Unicameral's support for a comprehensive and coordinated system of home and community-based LTSS as evidenced by the passage of LB690. The bill reflects a recognition of the increasing demand for LTSS the State is likely to experience as a growing portion of its population ages, as well as a desire to support sound fiscal management of long-term care budgets.

Finally, another strength is that the initiatives undertaken or planned by Nebraska Medicaid and described elsewhere in this application complement one another and support rebalancing of LTSS.

Affordability and access has been identified as the State's most significant challenge based upon a ranking of five key dimensions in a state scorecard produced by AARP, The Commonwealth Fund and The Scan Foundation (Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers). DHHS expects that by implementing the NWD/SEP system required by the BIP, access will improve for individuals navigating the community LTSS eligibility and enrollment systems.

NWD/SEP Agency Partners and Roles

DHHS, MLTC will serve as the oversight and operating agency of the NWD/SEP system. It is DHHS' intent that the NWD/SEP system be accessible to individuals from any location in the State and that all individuals experience the same process and receive the same information about community LTSS options.

Nebraska's NWD/SEP system will be comprised of a statewide toll-free telephone number that will connect individuals to the NWD/SEP network; an informative, easy to navigate website about community LTSS options in the State; and a network of designated physical access locations. Maps of the physical access locations are included in Appendix 4.

Nebraska ADRC's toll-free telephone number will serve as the advertised telephone number that routes individuals to a local NWD/SEP. The ADRC is administered by the State Unit on Aging.

ACCESSNebraska, a DHHS hosted web portal for applying for Nebraska public assistance programs, will serve as the NWD/SEP advertised website/publicized web portal URL. The website lists the toll-free telephone number for the NWD/SEP network and provides a link to information about the full range of Medicaid community LTSS options available in Nebraska. The website will include an automated Level I Screen that will produce a list of programs/services for which an individual may be eligible. After the Level I Screen is completed, individuals will be provided instructions for next steps and contact information for follow-up with a NWD/SEP. Results of the Level I Screen will be printable.

DHHS has approached or plans to approach several entities to serve as the NWD/SEP network of designated physical access locations in Nebraska, including the Nebraska Association of Area

Agencies on Aging, the three Independent Living Centers in the State, the association for community action agencies, and four federally-recognized Native American Indian Tribes. Upon ascertaining the organizations' interest in comprising the SEP network, further discussion will occur regarding compensation and next steps. Participation of NWD/SEP entities will be formalized with contracts during the implementation period.

The agencies' anticipated role in the NWD/SEP system include:

- Accepting walk-in individuals
- Providing information about community LTSS options across all populations
- Scheduling appointments and assisting with the Level I Screen as appropriate
- Arranging a Level II Assessment when necessary
- Coordinating functional and financial assessments
- Providing options counseling and program enrollment assistance

Physical locations will be accessible to older adults, individuals with disabilities, and users of public transportation.

NWD/SEP Person Flow

[NWD/SEP System and Path from Level I Screen to Level II Assessment](#)

Nebraska's BIP person flow, depicted in Appendix 5, facilitates universal screening, comprehensive assessment, and coordinated eligibility and enrollment activities. It affords individuals enhanced access to information about LTSS options and Medicaid-funded programs and services. For the individual, the process begins in a contact with one of Nebraska's designated NWD system entry points. These entry points include a website, statewide toll-free telephone number, and a network of physical access locations.

In developing the detailed work plan and implementing BIP structural changes, the State will maximize opportunities for coordination and integration among various points of entry. For example, NWD/SEP entities' websites will include the icon for the BIP website and toll-free telephone number, and the State will explore capabilities and protocols for direct transfer of telephone calls among entities. In addition, NWD/SEP entities will likely have enhanced systems access to track eligibility. BIP implementation will include cross-training of all staff regarding LTSS information and referral.

Regardless of the entry point by which the individual accesses services, the individual's first step is completion of the web-based Level I Screen, either on his/her own or with telephone/in-person assistance. From the web portal, ACCESSNebraska, the Level I Screen is completed. The Level I Screen results will include next steps based upon the individual's situation, such as referral to the ADRC website, the telephone number for LTSS information, contact specifics for the NWD/SEP

physical locations, and Level II Assessment information if applicable. At all points of entry, staff are available to assist the individual in scheduling the Level II Assessment.

A feature of the Level I Screen is a behind-the-scenes check of Medicaid application and eligibility status. If an individual screens likely to be eligible financially for Medicaid and has not applied, the Level I Screen result directs him/her to complete an application. The NWD/SEP will assist the individual if needed.

During the BIP implementation period, specific community-based NWD/SEPs and/or another contracted entity will provide Level II Assessments. Depending upon which NWD/SEP completed the Level I Screen, referral to another entity for the Level II Assessment may be required. Upon confirmation that the individual has completed a Medicaid application, the Level II Assessment is completed, including collection of CDS information.

Following completion of the Level II Assessment, staff conducting the Assessment will provide follow up consultation to the individual, including options counseling for LTSS programs that may be appropriate and assistance with enrollment if needed. Once an individual has moved to Stage II of the Person Flow, the Level II Assessment entity has primary responsibility for coordination of financial, functional, and specific program eligibility information and communication with the individual. After both the Level I Screen and Level II Assessment, individuals who are not potentially or actually eligible for Medicaid LTSS will be referred to other community resources.

Coordinating Functional and Financial Eligibility

The Level II Assessment entity(ies) will have primary responsibility for coordinating the functional/financial eligibility determination and communicating the status/results to the individual. As depicted in Appendix 5, the Level II Assessment results are considered in coordination with program-specific and financial eligibility criteria to determine actual eligibility.

How the System Differs from the Current One

The primary difference in the envisioned BIP person flow versus the current system is the availability of statewide consistent screening and LTSS information and referral through the NWD network. For all Nebraskans, the availability of the toll-free telephone number for LTSS information and screening combined with protocols for the Level II Assessment will provide earlier consultation about community LTSS and facilitated enrollment in programs statewide and across populations.

Eligibility field staff will retain responsibility for determining financial eligibility. The network of formal NWD/SEP entities as well as the Level II Assessment entity(ies) will have access to financial eligibility information on behalf of the individual. The expectation of the NWD/SEP and Level II entity's(ies') role in coordinating financial and functional eligibility, as indicated in

the person flow diagram (Appendix 5), streamlines the individual's experience. A coordinated and consistent process statewide will guide the individual from start to finish and afford opportunities for continuous person-centered dialogue about LTSS program options.

Another significant difference is the timing and enhancement of assessment information. Currently, assessment is completed by program specific staff. With the BIP, assessment will be done prior to program enrollment with a broader scope of program/needs in mind. Completion of the CSA/CDS crosswalk will identify the extent to which current tools capture the CDS for all populations. It is anticipated that State Plan PAS, home health, and private duty nursing assessments will be most affected.

NWD/SEP Data Flow

Appendix 6, Process Flow, depicts how and when information in the Level I Screen and Level II Assessment will be available to NWD/SEPs and describes where information will be stored. As stated in the prior section, the Level I Screen will be available online via the advertised website for ACCESSNebraska, specifically by augmenting the existing "Do I Qualify" screening tool to accommodate the needs of the BIP. Upon the individual's submission of screening answers, algorithms will produce suggested programs for which the individual may be eligible, including Medicaid, as well as contact information for physical access NWD/SEP entities and the appropriate Level II Assessment entity(ies).

Currently, there is no option to create an account in order to save screen data, although the State may explore this possibility with BIP implementation. While Level I data may not be electronically provided to NWD/SEP or Level II assessment entities or prepopulate the Level II Assessment, at the time an individual completes a Medicaid application, an account is created. Individuals' data is saved in the current eligibility system and will be accessible as needed by NWD/SEP entities and the Level II Assessment entity(ies). The majority of proposed NWD/SEP entities already have at least inquiry access to financial eligibility status in the State's current eligibility system.

Level II Assessment data, i.e., the BIP CDS, will be stored in Nebraska's content management system. NWD/SEP entities, Medicaid financial eligibility staff, and program staff will have appropriate access to view the LTSS functional data/status as part of the NWD model.

Potential Automation of Initial Assessment

Nebraska is in the midst of contracting for a new statewide EES for Medicaid. The ACCESSNebraska website and Level I Screen algorithm is maintained by DHHS staff in the State's current eligibility system, and eligibility and enrollment information will be transitioned to the new EES. The scope of the EES vendor's services, however, does not include automation of the Level I Screen. There is significant opportunity in the new EES and content management system for saving Level I data and passing it forward for the Level II Assessment; however timelines currently present challenges. During BIP implementation, the State will evaluate using

the new EES to save Level I Screen data. An additional challenge may be development of the IT capacity to authorize and pay NWD/SEP entities for conducting Level I screening activities.

Potential Automation of CSA

Nebraska plans to store Level II Assessment/CDS information in its consolidated document and content management system. This system has the capacity for real-time data collection and secure storage of information, as well as the ability to interface with other systems. During development of the work plan, the State will assess options for how Level II Assessment data will be included in the content management system, such as via scanning (currently the Department utilizes this process) or creation of a web-based entry tool that would allow real-time collection by field assessors using mobile devices. While tiered security privileges to access information can be granted to multiple entities, there will be challenges to arranging access for entities external to the current system. The State is currently addressing the issues surrounding mobile devices for another program; these findings will guide our implementation of the BIP.

Incorporation of a CSA in the Eligibility Determination Process

DHHS does not currently use a single CSA for all Medicaid community LTSS populations. The current functional assessment instruments and processes used to determine eligibility for LTSS are described in the chart below:

Federally-identified Community LTSS	Level II Assessment Instrument/Processes
AD Waiver	For adults with disabilities and aged populations, contracted services coordinators complete the State assessment tool and determine level of care (LOC) eligibility based upon algorithms established by the State. For children, State staff complete a child-specific assessment tool, and submit the tool and supporting documents to administrative Waiver personnel who determine LOC eligibility.
TBI Waiver	Contracted services coordinators complete a State assessment tool and determine LOC eligibility based upon algorithms established by the State.
DD Adult Day Waiver	Individuals/guardians submit application and supporting medical/psychological assessment/diagnosis documentation. State staff review information and determine eligibility in accordance with State statute for DD, with a formal review by a licensed clinical psychologist as needed.
DD Comprehensive Adult Day Waiver	Individuals/guardians submit application and supporting medical/psychological assessment/diagnosis documentation. State staff review information and determine eligibility in accordance with State statute for DD, with a formal review by a licensed clinical psychologist as needed.

Federally-identified Community LTSS	Level II Assessment Instrument/Processes
DD Children’s Waiver	Individuals/guardians submit application and supporting medical/psychological assessment/diagnosis documentation. State staff review information and determine eligibility in accordance with State statute for DD, with a formal review by a licensed clinical psychologist as needed.
State Plan Home Health – FFS	Physician prescribes Home Health. Home Health agency staff complete CMS Form 485 to certify eligibility.
State Plan Home Health – Managed Care	Physician prescribes Home Health. The managed care organization (MCO), in consultation with home health agency staff, determines medical necessity.
State Plan PAS	State staff completes PAS eligibility assessment (Services Needs Assessment/Plan).
PACE	Provider completes assessment using its own instrument(s). LOC eligibility is determined based upon algorithms established by the State.
State Plan Optional Rehabilitation Services: Services for Adults with Severe and Persistent Mental Illness	Professional behavioral health provider conducts an initial diagnostic interview. Although certain assessment topics are required, a standardized tool is not used. The MCO determines medical necessity.
Private Duty Nursing Authorized under Section 1905(a)(8)	Physician prescribes Private Duty Nursing. The Private Duty Nurse conducts his/her own professional assessment of need.
Private Duty Nursing Authorized under Section 1905(a)(8) – Managed Care	Physician prescribes Private Duty Nursing. The Private Duty Nurse conducts his/her own professional assessment of need and provides any other supporting documentation required by the MCO for its determination of medical necessity.

Given the variety of means by which assessment and eligibility are determined per program, adopting a CSA will be challenging. Some of these challenges include:

- Standardizing assessment processes and criteria to meet specific program eligibility requirements
- Training Level II assessors and conducting ongoing skills testing
- Managing program IT needs when the CSA/CDS data is housed in one system and other program specific eligibility documentation may be located in another system
- Authorizing program providers’ access to CDS information
- Accommodating quality assurance and program improvement needs

DHHS does not plan to develop/adopt a new CSA process and instrument(s) within the timeframe of the BIP. Instead, DHHS plans to complete the CSA/CDS crosswalk and envisions two different ways by which CSA/CDS information could be incorporated into the functional eligibility determination process. In the first option, the Level II Assessment entity would collect only CDS information which would be viewable to program staff as they complete program specific assessments. In the second option, program assessments would be enhanced to include the missing CDS information. Technical assistance with this effort may be needed.

Staff Qualifications and Training

Staff qualifications to perform the Level I Screen will include a minimum amount of experience working with individuals in a health and human service setting. All staff performing Level I screening activities will receive training directly from DHHS or its designee focusing on:

- Purpose of the Level I Screen
- Accurate completion of the Screen
- Identification of the appropriate LTSS options available for an individual
- Timely referral process
- Use of person-centered language

Staff qualifications for completing the Level II Assessment will include an undergraduate degree in a human service field or in nursing. DHHS or its designee will train all staff performing Level II assessment activities. The training will include:

- Purpose of the Level II Assessment
- Accurate completion of the Assessment and appropriate skills testing
- Financial eligibility in the State's eligibility system
- Cross-training on waivers and other HCBS programs
- Support of individuals through options counseling
- Person-centered practices

Location of SEP Agencies

The physical access locations DHHS has approached or plans to approach to serve as the NWD/SEP network are distributed across the State. Despite Nebraska's rural and frontier composition, it is expected that the NWD/SEPs will be available to the entire State's population. Even from the most remote location, individuals should be able to travel to a physical access location by car or public transit and return home within the same day. This includes accessibility considerations for older adults and individuals with disabilities. In cases when an individual may not be able to access a physical NWD/SEP, discussions have begun about using telehealth as an option at several of the NWD/SEPs, without distance requirements. Virtual access will also be available through the toll-free telephone number and NWD/SEP website for remote completion

of the Level I Screen and links to information about available Medicaid community LTSS options.

Outreach and Advertising

The State will complete a detailed marketing plan, in order to create awareness of the NWD/SEP system and effectively educate internal and external stakeholders and individuals about access to Medicaid community LTSS.

Marketing activities are anticipated in the following general areas:

- Internal training and communications with DHHS
- Incorporation of BIP elements into existing marketing/advertising efforts
- New advertising and public relations efforts dedicated to BIP
- Engagement of stakeholders in plan development and implementation

Internal marketing efforts include ensuring that DHHS staff in functional areas serving BIP populations have a big-picture understanding of the BIP person flow, their potential role in the NWD/SEP system, and tools at their fingertips to support their roles. Incorporating BIP elements into existing marketing efforts will include adding the NWD/SEP website and telephone number to printed materials, contractually requiring designated agencies to include BIP entry point information in their materials and websites, and developing plans collaboratively with other State rebalancing initiatives.

New advertising and public relations efforts will leverage resources of DHHS communications staff and may include dedicated printed materials; print, radio, and television advertising; public service announcements; and videos on the DHHS YouTube channel. In order to engage stakeholders, DHHS staff will work with members of the BIP Advisory Council, leadership of community-based NWD/SEP entities, trade associations, and advocacy groups to promote the BIP vision to their constituents.

Funding Plan

Nebraska understands financial investment is required to implement the structural changes required with the BIP application, including development of the NWD/SEP system and the use of a CSA.

State General Fund

The Nebraska State Legislature appropriated funds to support implementation of the provisions of Legislative Bill 690, which mandated application for the BIP. A copy of LB690 is provided in Appendix 7. These State appropriations will contribute to the establishment of the BIP SEP website and Level I Screen, conflict-free case management, and coordination of the BIP Work

Plan. Specifically, LB690 partially funds systems change and the BIP website during SFY 2015 and employment of a BIP Program Coordinator and Staff Assistant for SFYs 2015 and 2016.

Balancing Incentives Program Enhanced Match for Long Term Services and Supports

Nebraska proposes spending a portion of the enhanced match on LTSS to fund physical access NWD/SEP entities across the State. In addition, the State proposes to use enhanced match to fund provision of the in-person Level II Assessment and follow-through coordination of functional and financial eligibility. Our Proposed Budget section further details the State's proposed use of the enhanced LTSS match under the BIP.

Enhanced Federal Match for Medicaid Eligibility and Enrollment Activities

Nebraska has submitted an Advance Planning Document (APD) to request the enhanced 90/10 match for its new EES. The State intends to amend the APD to include the leveraging of State general funds appropriated for system changes and the BIP website, in order to automate the Level I Screen on the EES.

Nebraska Money Follows the Person Rebalancing Funds and Aging and Disability Resource Center Supplemental Funding

State-level MFP enhanced funding will be utilized to fund completion of the CSA/CDS crosswalk, potentially with the assistance of a consultant. Nebraska also plans to use MFP funds to enhance information technology infrastructure to make CSA/CDS results available to program staff and for program evaluation and improvement.

Aging and Disability Resource Center Grant Funds

Nebraska received ADRC grant funding in 2009 and 2012. As noted previously, the ADRC telephone number will serve as the BIP statewide toll-free number. The State will explore using unobligated ADRC grant funds to enhance ADRC telephone capacity across the State (and for all ages and populations), for training NWD/SEP entities as partners in the ADRC network, and to advertise the ADRC telephone line.

Challenges

Nebraska has made great strides toward rebalancing its LTC system, beginning in the mid-1980s, by taking advantage of waivers available under Section 1915(c) of the Social Security Act. Nevertheless, large scale system changes often require fundamental culture change. Nebraska's historical inclination to institutionalization has led to the use of facilities as the natural venue to receive services related to LTC. Publicity and marketing will be key to making sure that individuals and their families seeking LTSS for the first time know where to go for information.

Individuals looking for services and supports after an acute care episode in particular need immediate assistance and counseling.

Service delivery is perhaps Nebraska's greatest challenge in rebalancing its LTC system. The State is comprised of 93 counties with most of its population concentrated in three counties in eastern Nebraska. The remaining counties are considered either rural or frontier. Ensuring an adequate direct care workforce and adequate community capacity is a significant challenge. At the same time the number of Nebraskans needing LTSS is increasing, the younger generation is migrating out of the State in search of better jobs. This migration affects both formal paid supports and also mean that adults with disabilities and aged persons have no adult children nearby to provide informal support.

Another challenge is anticipating how the design of BIP will converge with DHHS' implementation of managed LTSS in the future. While such a move offers opportunity to drive balancing of the State's LTC expenditures by providing access to responsive, quality services and supports; delaying or eliminating the need for facility care; and focusing on prevention and home care; systemic challenges are inherent. Such challenges include new payment and delivery systems, quality oversight processes, and effective and actionable outcome measures.

The structural changes required by the BIP will provide opportunities for the State to move its LTC system in the right direction. DHHS will continue to collaborate with its stakeholders and community partners to coordinate information, provide options counseling, streamline eligibility determinations, and mitigate conflicted case management to ease the transition and improve the experience of individuals and their caregivers who seek LTSS.

NWD/SEP's Effect on Rebalancing

Formalizing and strengthening the NWD/SEP system in Nebraska is anticipated to contribute positively to the State's ongoing rebalancing effort in several ways. Multiple points of entry and consistent screening and referral will mean that the citizens of Nebraska have both earlier and more readily available access to LTSS information. BIP efforts dovetail with existing rebalancing efforts such as the ADRC and MFP, in addition to making entry points more visible as the source for LTSS information.

Integrating the Level I Screen with the existing "Do I Qualify" screening tool on the ACCESSNebraska home page means prospective Medicaid applicants will be offered information about LTSS prior to application. The BIP effort will formalize referrals between and among the ADRC, community agencies serving as NWD/SEPs, and eligibility staff. This early exploration of options and coordination among NWD partners has the potential to provide LTSS that may delay or even prevent nursing facility admission. Decisions can be made by individuals and their representatives outside of a point of crisis.

NWD/SEP physical locations and the BIP telephone number and website will be visible and promoted in a coordinated way. In summary, while currently assistance is offered via a variety of

community and State agencies, the BIP protocols, tools, and processes will bring these efforts together, further DHHS' existing rebalancing efforts, and assist individuals in navigating multiple program options and eligibility requirements.

Other Balancing Initiatives

For more than 30 years, Nebraska has been involved in initiatives to rebalance its LTSS system. The BIP enhanced funding will complement the programs that are already in place and provide vital funding for other program improvements. The following sections of this application highlight Nebraska's current and planned initiatives, as well as discusses the Legislature's commitment to home and community-based LTSS.

Current Initiatives

Money Follows the Person Program

Nebraska was one of 31 states selected by CMS to host this five-year demonstration project. This rebalancing initiative is designed to assist individuals who are institutionalized in nursing facilities, hospitals, and ICF to transition to their homes and communities. Transition assistance includes identifying and connecting with community resources, applying for financial assistance, coordinating providers and services, and facilitating communication with the individual and his/her family regarding transition options. Through its MFP project, Nebraska is committed to the following objectives:

- Assisting persons who are elders, have a physical or developmental disability, or have a TBI to transition from a nursing facility or ICF/IID to a community based setting
- Rebalancing Nebraska's long-term care continuum by increasing the use of community based services and decreasing the use of facility based care
- Promoting choice and supporting community based services and programs

In SFY 2013, 95 individuals were transitioned from institutional care to community based living. Since the program was initiated in June 2008, 362 individuals have transitioned.

Program of All-Inclusive Care for the Elderly

Nebraska's PACE provides comprehensive, coordinated health care services for voluntarily-enrolled individuals age 55 and older who live in defined service areas and meet nursing facility LOC criteria. Immanuel Pathways, located in north Omaha, became Nebraska's first PACE provider on May 1, 2013.

PACE offers services tailored to each individual's needs, where he/she lives or at the clinic or licensed center. The array of services is provided by the PACE provider and its network using participant funding and a Medicare/Medicaid per member per month payment. As of July 2014, there are 63 participants in the PACE program.

Traumatic Brain Injury 1915(c) Waiver

The TBI Waiver program provides specialized assisted living services to individuals aged 18-64 years who have a diagnosis of TBI and meet nursing facility LOC criteria. This waiver's provider is Quality Living of Omaha, and serves a maximum of 40 people. The TBI Waiver renewal was approved by CMS effective October 1, 2013.

Aged and Disabled 1915(c) Waiver

Services covered by the AD Waiver are available to individuals of all ages who are eligible for Medicaid and have needs that qualify for a nursing facility LOC, but wish to remain at home and can be safely served in their home. Services that are available through the waiver include in-home assistance, such as home delivered meals and cleaning; respite; independence skills building; adult day services; child care; assisted living services; and services coordination.

Aging and Disability Resource Center

Nebraska's ADRC is coordinated by the State Unit on Aging. Its goals are to:

- Serve as a visible and trusted source of information for LTSS
- Provide personalized advice and assistance to help individuals make decisions about support options
- Offer coordinated and streamlined access to publicly-funded programs

Currently, the State Unit on Aging operates the ADRC statewide telephone number and is establishing protocols for information and referral among its network of partners. The ADRC website will offer a publicly searchable database of aging and disability resources statewide, as well as information on LTSS programs. The efforts of the ADRC will be aligned with implementation of the BIP to ensure non-duplication and coordination. The ADRC website will be cross-linked with the ACCESSNebraska website, the current web point of entry for Medicaid and public assistance programs, in order to facilitate individuals' seamless use of tools on both sites.

Developmental Disabilities 1915(c) Waivers

DHHS, DDD administers two HCBS waivers for adults with DD, and one waiver for children with DD.

Both the Adult Day and Adult Comprehensive Waivers serve eligible adults with DD. Each adult waiver offers alternatives to institutionalization in an ICF/IID or nursing facility for individuals whose needs can be met by community based DD providers. DDD offers a menu of services and supports intended to allow individuals with intellectual or DD to maximize their independence as they live, work, socialize, and participate to the fullest extent possible in their communities. A

combination of non-specialized and specialized services are offered under this waiver for adults 21 years of age or older, and their guardian(s), as appropriate, to allow choice and flexibility for the services and supports the individual may need or prefer. Non-specialized services are services directed by the individual (or legal guardian), and delivered usually by independent providers. Participant-directed services are intended to give the individual more control over the type of services received as well as control of the providers of those services. Specialized services are traditional habilitation services that provide residential and day habilitative training and are delivered by certified DD agency providers.

The HCBS waiver for children with DD offers alternatives to institutionalization in an ICF/IID or nursing facility for individuals whose needs can be met by community based DD providers. For individuals continuing in special education beyond their 21st birthday, eligibility may continue until the special education services end. In Nebraska, a student is entitled to complete his/her final semester, rather than leaving school on his/her 21st birthday. The waiver authorization ending date is the individual's high school graduation date. A combination of non-specialized (directed by family or guardian) and specialized services are offered under this waiver for children under the age of 21 years, and their families as appropriate, to allow choice and flexibility for individuals to purchase the services and supports that the individual may need or prefer.

Planned Initiatives

Managed Long-Term Services and Supports

Nebraska Medicaid began delivering physical health services to its recipients through managed care organizations in the mid-1990s. Managed care was expanded to behavioral health services in 2013. Work has begun on developing a statewide managed care program for the delivery of LTSS. Examples of these services include, but are not limited to, PAS, Home Health, and services provided under the HCBS waivers. Goals of the program include:

- Improving client health status and quality of life by better coordination of medical care, behavioral health care, and community based services and supports
- Promoting client choice and use of the appropriate services and supports at the right time in the correct amount
- Increasing client access to responsive, quality services and supports
- Using financial resources wisely to sustain Nebraska's Medicaid program

An advisory council has been formed to provide input into the design, planning, implementation, and monitoring of the program. Town hall meetings were held across the State to provide an opportunity for broad public input into program design.

Legislative Support for Balancing Initiatives

On April 29, 2014, the Nebraska Legislature passed LB 690 (included as Appendix 7). This bill required DHHS to apply for a BIP grant. In addition, it established the Aging Nebraskan Task Force for the purpose of developing and facilitating implementation of a statewide strategic plan to address the needs of the State's aging population. The task force includes legislators, the CEO of DHHS or his/her designee, the Chief Justice of the State Supreme Court or his/her designee, and four additional members chosen by application from the LTC stakeholder community.

The task force is charged with working with stakeholders to establish community collaboration that supports the provision of effective, efficient LTC services. It is to develop a strategic plan, due to the Legislature by December 15, 2014, that:

- Promotes independent living to enable individuals to live in the setting of his or her choice
- Provides leadership to support sound fiscal management of long term care budgets
- Expedites the creation of workforce development and training to meet the needs of Nebraska's growing aging population
- Identifies gaps in the LTC service delivery system
- Develops a process for evaluating the quality of residential and HCBS services and supports

Through this legislation, DHHS is required to report to the Legislature on an annual basis the percentage of growth of Medicaid spending for clients over 65 years of age for no fewer than five years following the potential approval of the BIP application.

Technical Assistance

DHHS understands that if CMS approves this application, we will have approximately one year to implement the required structural changes including NWD/SEPs, core standardized assessment, and conflict free case management. We look forward to collaborating with our stakeholders, CMS representatives, and consultants from Mission Analytics Group to achieve these changes. Since other states have been implementing these program components for three plus years and already met many of the challenges we may face, we are confident that we can benefit from their experience as well as CMS' expertise.

DHHS anticipates that it may need technical assistance related to the following program components:

- Completion of the CSA/CDS crosswalk with existing State tools
- Integration of Level II Assessment with current processes
- Best practices for implementation of conflict free case management
- Outreach and advertising best practices
- Service, quality, and outcome data reporting

Proposed Budget

Nebraska estimates and requests that it receive \$8,122,707, based upon projected total community-based LTSS expenditures of \$408,452,815 from October 1, 2014 through September 30, 2015. The Financial Reporting Form required by this application is included as Appendix 8.

The State proposes the following as potential strategic investments of the enhanced FMAP. These program changes will improve the availability of, or access to, LTSS for the benefit of Medicaid recipients:

- Expand and formalize the network of physical access NWD/SEP entities to serve as accessible entry points, with the capability to handle walk-in individuals and schedule appointments to conduct Level I Screenings, provide information about the full range of LTSS, and coordinate Level II Assessments
- Fund in-person Level II Assessments for BIP-affected programs in Nebraska, collect the CSA/CDS information, and assist individuals to enroll in appropriate programs of their choice
- Enhance Independence Skills Management services for clients with TBI currently on the AD Waiver program
- Increase the rate paid for assessment of need for home modifications and assistive technology and supports for clients on the AD Waiver, as well as increase the maximum per person expenditure for these modifications
- Increase the service limit on Respite Care hours under the AD Waiver program
- Increase the service limit on the number of Nutrition Services sessions allowable under the AD Waiver program
- Increase the service limit on the Home Again service under the AD Waiver program
- Increase the daily rate for AD Waiver Assisted Living Service
- Increase reimbursement for individual providers of AD Waiver services

In addition, as described in the Funding Plan section of our application, the State has identified funding sources to:

- Enhance the statewide toll-free telephone number
- Train the network of NWD/SEP entities
- Advertise the NWD/SEP entry points
- Ensure the Level I Screen is available on the BIP website
- Modify the content management system to allow the inclusion of Level II CSA/CDS data

The State of Nebraska fully anticipates and is committed to establishing program enhancements that will increase the State's ratio of community-based LTSS expenditures to meet or exceed requirements of the BIP.

Appendices

The following appendices, as described in our narrative, are included on the following pages:

- Appendix 1 – Preliminary Work Plan
- Appendix 2 – Letters of Endorsement
- Appendix 3 – Advisory Council Membership
- Appendix 4 – Maps of Physical NWD/SEPs
- Appendix 5 – High Level Person Flow
- Appendix 6 – Process Flow
- Appendix 7 – Nebraska Legislative Bill 690
- Appendix 8 – Proposed Budget

Appendix 1 – Preliminary Work Plan

Nebraska’s preliminary work plan for the BIP is included on the following pages.

General NWD/SEP Structure

1. [All individuals receive standardized information and experience the same eligibility determination and enrollment processes.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
1.1. Develop standardized informational materials that NWD/SEPs provide to individuals	1 month	BIP Team	Not started	Informational materials
1.2. Train all participating agencies/staff on eligibility determination and enrollment processes	2 months	BIP Team; Administrator, State Unit on Aging; MLTC Field Operations Administrator	Not started	Training agenda and schedule

2. [A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion.](#) *(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time to put into place.)*

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
2.1. Design system (initial overview)	0 months (submit with Work Plan)	Application Services Technical Manager-MMIS & N-FOCUS	Not started	Description of the system
2.2. Design system (final detailed design)	2 months	Application Services Technical Manager-MMIS & N-FOCUS	Not started	Detailed technical specifications of system

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
2.3. Select vendor (if automated)	Not applicable; systems work to be done by DHHS staff	Application Services Technical Manager- MMIS & N- FOCUS	Not applicable	Not applicable
2.4. Implement and test system	2 months	Application Services Technical Manager- MMIS & N- FOCUS	Not started	Description of pilot roll- out
2.5. System goes live	2 months	Application Services Technical Manager- MMIS & N- FOCUS	Not started	Memo indicating system is fully operational
2.6. System updates	Semiannual	Application Services Technical Manager- MMIS & N- FOCUS	Not started	Description of successes and challenges

NWD/SEP

3. [State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
3.1. Identify the Operating Agency	0 months (included in application)	Deputy Director, DHHS-MLTC)	Complete	Operating Agency is DHHS-MLTC
3.2. Identify the NWD/SEPs	0 months (submit with Work Plan)	BIP Team	In progress	List of NWD/SEP entities and locations
3.3. Develop and implement a Memorandum of Understanding (MOU) across agencies	1 month	Deputy Director, DHHS-MLTC	Not started	Signed contracts

4. [NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
4.1. Identify service shed coverage of all NWD/SEPs	0 months (submit with Work Plan)	BIP Team	Not Started	Percentage of State population covered by NWD/SEPs
4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	0 months (submit with Work Plan)	BIP Team	Not Started	Description of NWD/SEP features that promote accessibility

Website

5. [The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
5.1. Identify or develop URL	0 months (included in application)	Application Services Technical Manager-MMIS & N-FOCUS	Complete	URL: accessnebraka.ne.gov
5.2. Develop and incorporate content	2 months	Application Services Technical Manager-MMIS & N-FOCUS	In progress	Working URL with content completed
5.3. Incorporate the Level I screen into the website (<i>recommended, not required</i>)	2 months	Application Services Technical Manager-MMIS & N-FOCUS	Not started	Working URL of Level I screen and instructions for completion

1-800 Number

6. [Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
6.1. Contract 1-800 number service	0 months (submit with Work Plan)	BIP Team; Administrator, State Unit on Aging	Not started	Phone number
6.2. Train staff on answering phones, providing information, and conducting the Level I screen	2 months	BIP Team; Administrator, State Unit on Aging; MLTC Field Operations Administrator	Not started	Training materials

Advertising

7. [State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
7.1. Develop advertising plan	0 months (submit with Work Plan)	BIP Team	Not started	Advertising plan
7.2. Implement advertising plan	2 months	BIP Team	Not started	Materials associated with advertising plan

CSA/CDS

8. [A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS \(a Core Data Set of required domains and topics\).](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
8.1. Develop questions for the Level I screen	0 months (submit with Work Plan)	BIP Team	Not started	Level I screening questions
8.2. Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State's current assessments include required domains and topics	0 months (submit with Work Plan)	BIP Team	Not started	Completed crosswalk(s)
8.3. Incorporate additional domains and topics if necessary (<i>stakeholder involvement is highly recommended</i>)	2 months	BIP Operating Committee	Not started	Final Level II assessment(s); notes from meetings involving stakeholder input
8.4. Train staff members at NWD/SEPs to coordinate the CSA	2 months	BIP Team; Administrator, State Unit on Aging; MLTC Field Operations Administrator	Not started	Training materials
8.5. Identify qualified personnel to conduct the CSA	1 month	BIP Operating Committee	Not started	List of entities contracted to conduct the various components of the CSA
8.6. Regular updates	Semiannual	BIP Team	Not started	Description of successes and challenges

Conflict-Free Case Management

9. [States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
9.1. Describe current case management system, including conflict-free policies and areas of potential conflict	0 months (submit with Work Plan)	BIP Team	In progress	Strengths and weaknesses of existing case management system
9.2. Establish protocol for removing conflict of interest	3 months	BIP Operating Committee	Not started	Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies

Data Collection and Reporting

10. [States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
10.1. Identify data collection protocol for <i>service data</i>	0 months (submit with Work Plan)	BIP Operating Committee	Not started	Measures, data collection instruments, and data collection protocol
10.2. Identify data collection protocol for <i>quality data</i>	0 months (submit with Work Plan)	BIP Operating Committee; Administrator Quality Team	Not started	Measures, data collection instruments, and data collection protocol
10.3. Identify data collection protocol for <i>outcome measures</i>	0 months (submit with Work Plan)	BIP Operating Committee; Administrator Quality Team	Not started	Measures, data collection instruments, and data collection protocol
10.4. Report updates to data collection protocol and instances of <i>service data</i> collection	Semiannual	BIP Operating Committee	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.5. Report updates to data collection protocol and instances of <i>quality data</i> collection	Semiannual	BIP Operating Committee; Administrator Quality Team	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.6. Report updates to data collection protocol and instances of <i>outcomes measures</i> collection	Semiannual	BIP Operating Committee; Administrator Quality Team	Not started	Document describing when data were collected during previous 6-month period plus updates to protocol

Sustainability

11. [States should identify funding sources that will allow them to build and maintain the required structural changes.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
11.1. Identify funding sources to implement the structural changes	0 months (submit with Work Plan)	BIP Steering Committee	In progress	Description of funding sources
11.2. Develop sustainability plan	5 months	BIP Steering Committee	Not started	Funding sources and estimated annual budget necessary to maintain structural changes after award period ends
11.3. Describe the planned usage for the enhanced funding	0 months (submit with Work Plan)	BIP Steering Committee	In progress	Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional LTSS; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding

Exchange IT Coordination

12. States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
12.1. Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	3 months	Application Services Technical Manager-MMIS & N-FOCUS; Administrator IT Initiatives	Not started	Description of plan of coordination
12.2. Provide updates on coordination, including the technological infrastructure	Semiannual	Application Services Technical Manager-MMIS & N-FOCUS; Administrator, IT Initiatives	Not started	Description of coordination efforts

Appendix 2 – Letters of Endorsement

DHHS received letters of endorsement from the following organizations:

- AARP Nebraska
- Arbor Health Plan
- Assistive Technology Partnership
- Community Action of Nebraska, Inc.
- CoventryCares of Nebraska
- Disability Rights Nebraska
- Immanuel
- Independence Rising
- Leading Age Nebraska
- League of Human Dignity
- Magellan Health Services
- Nebraska Association of Area Agencies on Aging
- Nebraska Association of Home & Community Health Agencies (NAHCHA)
- Nebraska Brain Injury Advisory Council
- Nebraska Health Care Association (NHCA)
- Nebraska Planning Council on Developmental Disabilities
- Panhandle Independent Living Services
- Senator Kate Bolz, District #29
- UnitedHealthCare Community Plan
- Vocational Rehabilitation Nebraska

Copies of these letters are included on the following pages.



301 South 13th Street, #201 Lincoln, NE 68508
1-866-369-5651 | Fax: 402-323-6913 | TTY: 1-877-434-7598
aarp.org/ne | neaarp@aarp.org | twitter: @AARPNE
facebook.com/AARPNE

July 9, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

AARP Nebraska is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIPP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

AARP believes that access to home and community-based services is an essential part of a successful long-term care system. We are particularly interested in the development of a No Wrong Door/Single Point of Entry as a means of assuring that those who need long-term care services are able to identify and receive needed services and utilize them effectively. The recently released Long-Term Services and Supports Scorecard indicates that Nebraska needs to address the issue of access to home and community-based services. This grant would provide an opportunity for Nebraska to make substantive improvements in our long-term care system.

AARP Nebraska looks forward to collaborating with the Department and its other partners to implement all of the functions supported by BIPP including a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

AARP Nebraska encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to develop work plans that will meet the goals of the BIPP.

Sincerely,

Connie S. Benjamin
State Director



June 9, 2014

MEDICAID
JUN 10 2014
LTC

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509

Dear Ms. Miller:

Arbor Health Plan is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

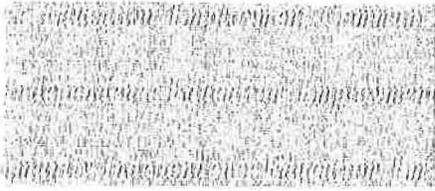
Arbor Health Plan, an AmeriHealth Caritas company, helps people stay well, get care and build healthy communities. We know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes.

Arbor Health Plan values empowerment, ease of access, quality, innovation, and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

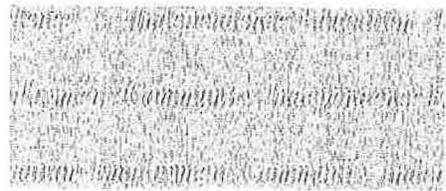
Arbor Health Plan encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

Thomas P. Smith
Chief Executive Officer
Arbor Health Plan



ASSISTIVE TECHNOLOGY
Partnership



3901 N. 27th Street, Suite 5, Lincoln, NE 68521 | Tel 402.471.0734 | Toll Free 888.806.6287 | Fax 402.471.6052 | www.atp.ne.gov

July 3, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

The Nebraska Assistive Technology Partnership (ATP) is pleased to submit this letter to endorse the Nebraska Department of Health and Human Services (DHHS) application for a Balancing Incentive Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

ATP's current mission statement is "ATP through collaboration, provides all Nebraskans access and opportunities to better live, learn and work, which mirrors the goal of increasing access to long-term services and supports for individuals to remain their own homes and communities through the BIP grant application. ATP knows firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes, through the provision of needed assistive technology and home/vehicle modifications supports and services through the partnership and collaboration with DHHS Programs serving individuals with disabilities and their families.

ATP values empowerment, ease of access, quality, innovation, and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

ATP encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP and to the future outcomes that this unique opportunity and collaboration provides.

Sincerely,

Leslie Novacek, ATP Director
3901 N. 27th Street, Suite 5
Lincoln, NE 68521-4177



Community Action of Nebraska, Inc.
210 O Street, Suite 100
Lincoln, NE 68508

PHONE: 402-471-3714
FAX: 402-471-3481
www.canhelp.org

*"Strengthening and Supporting the
Community Action Network"*

Community Action Agencies in Nebraska:

Blue Valley Community Action Partnership
620 5th Street, P.O. Box 273
Fairbury, NE 68352-0273

Central Nebraska Community Services
626 N Street, P.O. Box 509
Loup City, NE 68853-0509

Community Action Partnership of Mid-Nebraska
16 West 11th Street, P.O. Box 2288
Kearney, NE 68848-2288

Community Action Partnership of Western Nebraska
3350 10th Street
Gering, NE 69341

Eastern Nebraska Community Action Partnership
2406 Fowler Avenue
Omaha, NE 68111

Northeast Nebraska Community Action Partnership
603 Earl Street
Pender, NE 68407

Community Action Partnership of Lancaster and
Saunders Counties
210 'O' Street
Lincoln, NE 68508

Northwest Community Action Partnership
270 Pine Street
Chadron, NE 69337

Southeast Nebraska Community Action Partnership
802 Fourth Street, P.O. Box 646
Humboldt, NE 68376-0646

July 25, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller

Community Action of Nebraska is pleased to endorse the Nebraska Department of Health and Human Services application for Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-Institutional long-term services and supports.

The mission of Community Action of Nebraska and Nebraska's nine Community Action Agencies is to help Nebraskans achieve economic stability. We believe in helping people help themselves. We know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes.

Community Action of Nebraska values empowerment, ease of access, quality, innovation, and lifelong communities. We are interested in continuing to explore a possible collaboration with the Department and its other partners to provide a system that includes a No Wrong Door / Single Entry Point System, conflict-free case management, and development and use of a standardized assessment instrument.

Community Action of Nebraska and the nine Community Action Agencies in Nebraska encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

Amber Hansen
Executive Director



MEDICAID
BIP
LTC

June 20, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Ms. Miller,

CoventryCares of Nebraska, an Aetna Company, is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

Coventry is an active participant statewide in serving over 100,000 of Nebraska's most vulnerable citizens. We know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes.

Coventry values empowerment, ease of access, quality, innovation, and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

Coventry encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

A handwritten signature in black ink that reads 'Shelly Wedinger'.

CEO
CoventryCares of Nebraska



July 2, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Ms. Miller:

Disability Rights Nebraska is the designated Protection and Advocacy organization for people with disabilities in Nebraska. Disability Rights Nebraska is pleased to endorse the Nebraska Department of Health and Human Services' application for a Balancing Incentive Payment Program (BIP) grant. We support the grant's goal to increase access to non-institutional, long-term services and supports.

Disability Rights Nebraska has been, and continues to be, a staunch advocate for increased access to home and community-based services for people with disabilities in Nebraska.

Disability Rights Nebraska is committed to empowering individuals with disabilities and recognizing the inherent dignity of people with disabilities. We have advocated for increased access to community-based services, high quality and innovative services, as well as the full participation and inclusion of Nebraskans with disabilities in their communities.

We look forward to collaborating with the Department and its other partners in the implementation of the BIP grant. Disability Rights Nebraska encourages the Centers for Medicare & Medicaid Services to accept Nebraska's BIP Grant application to promote new opportunities to provide quality care to individuals with disabilities in the most appropriate and least-restrictive setting.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy F. Shaw".

Timothy F. Shaw, J.D.
Chief Executive Officer

134 South 13th Street, Suite 600 Lincoln, Nebraska 68508
402-474-3183 fax: 402-474-3274

1425 1st Avenue Scottsbluff, NE 69363
Office: 308-633-1352 Cell: 308-631-5367

TDD Available 1-800-422-6691

www.disabilityrightsnebraska.org

State of Nebraska

Balancing Incentive Program Application

July 31, 2014

The Protection and Advocacy System In Nebraska

Page 41



June 10, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller,

Immanuel is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

Immanuel's mission statement reads; *"Recognizing that all we have comes from God, we have been called to be faithful and courageous stewards of God's resources. Following Christ's call to serve, we will meet the physical, emotional and spiritual needs of seniors; respond to needs in community health; and support the ministry of the Church"* Our mission statement led us to bringing the PACE program to Nebraska in 2013, after opening a successful center in Iowa in 2012. Our PACE programs currently serve over 170 individuals, who have chosen to remain living in their home, in the community and we experience this number growing on a monthly basis. We have witnessed and read amazing testimonials from our PACE participants, families and caregivers on their thankfulness in being able to remain at home.

We know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes. Immanuel values empowerment, ease of access, quality, innovation and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Singles Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

Immanuel encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cheri Mundt".

Cheri Mundt
Director of Development and Strategic Planning
Immanuel
6757 Newport, Suite 200
Omaha, NE 68152



June 16, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

Independence Rising is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

Independence Rising is committed to empowering people with disabilities to exercise self-determination as they strive to conquer the physical and attitudinal barriers to achieving a life of dignity, equality, independence, and full inclusion. We know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes.

Because of mission and philosophy of an Independent Living Center Independence Rising values empowerment, ease of access, quality, innovation, and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument as long as it adheres to Independence Rising's philosophy of consumer control and doesn't conflict with our agency's mandates.

Independence Rising encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

Joni Thomas, Executive Director

LeadingAge™ Nebraska

June 16, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care, Nebraska DHHS
PO Box 95026
Lincoln, Ne 68509

Dear Ms. Miller,

LeadingAge Nebraska is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' (CMS) goal of increasing access to non-institutional long-term services and supports

LeadingAge Nebraska represents a variety of not-for profit senior housing providers throughout the state of Nebraska. LeadingAge Nebraska is affiliated nationally with LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging. Our Members know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes.

LeadingAge Nebraska values empowerment, ease of access, quality, innovation and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict free case management, and development and use of a standardized assessment instrument.

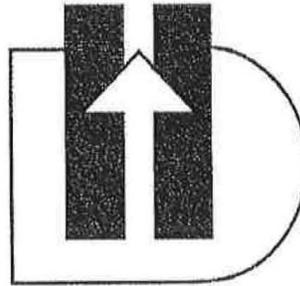
LeadingAge Nebraska encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP grant. If you have any questions, please do not hesitate to contact me at kaminskij@leadingagene.org

Sincerely,



Julie Kaminski
Executive Director

**League
of
Human
Dignity**



1701 'P' Street, Lincoln, Nebraska 68508-1799 (402) 441-7871

June 9, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

The League of Human Dignity is pleased to endorse the Nebraska Department of Health and Human Services (NDHHS) application for a Balancing Incentive Payment Program (BIP) grant. The League strongly supports Nebraska's, and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

The League of Human Dignity, which operates three Centers for Independent Living in Nebraska, has a 43 year history of providing advocacy and services to assist Nebraskans with disability to live independently in their homes and communities. We know firsthand the benefits that community based services provide to consumers, and their families who want to remain living in their homes and communities.

The League values consumer empowerment, ease of access, quality, innovation, and lifelong independent living. We will collaborate with NDHHS and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and the development and use of a standardized assessment instrument.

The League of Human Dignity encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive environment. We look forward to working collaboratively with NDHHS to meet the goals of the BIP.

Sincerely,

Michael C. Schafer
Chief Executive Officer



Received
Medicaid

JUN 26 2014

LTTC

June 24, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Ms. Miller:

Magellan Behavioral Health of Nebraska (Magellan) is pleased to endorse the Nebraska department of Health and Human services application in Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

As you know, Magellan provides management of Mental Health and Substance Use Disorder Services, under a risk contract for certain Medicaid members. As a managed care organization, we deal with the daily struggles of persons with mental illnesses and/or substance use disorders. We know firsthand the benefits that community-based services can bring families and consumers who wish to remain living in their homes.

Magellan values empowerment, ease of access, quality, innovation and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of standardized assessment instrument.

Magellan encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

Sue Mimick, CEO
Magellan Behavioral Health of Nebraska
(402) 437-4214

1721 N. Street/ Suite 700
P.O. Box 82047
Lincoln, NE 68501-2047

800/424-0331 toll
402/436-2105 fax
www.MagellanHealth.com



1005 O Street
Lincoln, NE 68508-3611
(T) 402.441.6132 (F) 402.441.7160

July 14, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Ms. Miller:

The Nebraska Association of Area Agencies on Aging (Ne4A) offers our support for the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. The Ne4A supports the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

The Mission of our Agency members is: To advocate for the continued development of a community services delivery system of area agencies on aging for older Nebraskans. Advocacy efforts include negotiations with state agencies, legislative advocacy and coordination with related statewide agencies and organizations. Approval of this application will enhance Nebraska's Area Agencies on Aging mission of serving older Nebraskan's wherever they wish to live.

The members of the Ne4A value empowerment, ease of access, quality, innovation, and lifelong communities. We will collaborate with the Department and its partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management and development and use of a standardized assessment instrument.

Ne4A encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

A handwritten signature in cursive script that reads 'June Pederson'.

June Pederson, 2013-14 Chair
Nebraska Association of Area Agencies on Aging

Aging Office of Western Nebraska
Scottsbluff, NE

Blue Rivers Area Agency on Aging
Beatrice, NE

Eastern Nebraska Office on Aging
Omaha, NE

Aging Partners
Lincoln, NE

Midland Area Agency on Aging
Hastings, NE

Northeast Nebraska Area Agency on Aging
Norfolk, NE

South Central Nebraska Area Agency on Aging
Kearney, NE

West Central Nebraska Area Agency on Aging
North Platte, NE



Nebraska Association of Home & Community Health Agencies

June 9, 2014

Ms. Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Ms. Miller:

The Nebraska Association of Home & Community Health Agencies (NAHCHA) is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the goal shared by the State of Nebraska and the Centers for Medicare and Medicaid Services (CMS) of increasing access to non-institutional long-term services and supports.

NAHCHA's mission is to help equip its members to be valued healthcare partners and providers through advocacy, networking opportunities, education, information and support. Our home health provider members know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in the comfort and safety of their homes.

NAHCHA values delivery of high-quality, affordable healthcare services in the home; empowerment; ease of access; innovation; and sustainable and thriving communities throughout Nebraska. We will collaborate with the Nebraska Department of Health and Human Services and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

NAHCHA encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with you to meet the goals of the Balancing Incentive Payment Program.

Sincerely,

Janet Seelhoff, CAE
NAHCHA Executive Director

1633 Normandy Court, Ste A • Lincoln, NE 68512
Phone: 402.423.0718 • Fax: 402.476.6547 • Email: nahcha@assocoffice.net • Web: www.nebraskahomecare.org

Nebraska Brain Injury Advisory Council

315 W 60th Street, Ste 400
Kearney, NE 68845-1504

www.braininjury.ne.gov

July 16, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Ms. Miller,

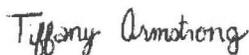
The Brain Injury Advisory Council is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

The Brain Injury Advisory Council's mission is to "advocate for the best possible system of support for individuals with brain injury by promoting prevention, awareness, education, research and effective public policy." We believe the ideal system of support includes community-based services for individuals with brain injury who need assistance but wish to remain living in their homes.

An estimated 36,527 Nebraskans are living with a brain injury related disability, and many simply want to live and work in their communities. The Council values empowerment, easy access to needed services, quality, innovation and lifelong communities. We will collaborate with the Department and its additional partners to provide a system that includes a No Wrong Door entry point system, conflict-free case management and a standardized assessment instrument.

The Council encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,



Tiffany Armstrong, Chair
Nebraska Brain Injury Advisory Council



July 9, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long Term Care
Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509-5026

Dear Ms. Miller,

The Nebraska Health Care Association (NHCA) is pleased to endorse the Balancing Incentive Program (BIP) application being submitted by the Nebraska Department of Health and Human Services (DHHS). We support the State's goal of transforming the structure of Medicaid's long-term care system by increasing the ease of consumer access to a continuum of long-term care services and improving the coordination and integration of consumer care.

NHCA is the parent association to a family of entities including the state's largest association for nursing facilities, Nebraska Nursing Facility Association (NNFA), and the state's only association dedicated specifically to assisted living facilities, Nebraska Assisted Living Association (NALA). Both NNFA and NALA represent non-propreretary, proprietary and governmental long-term care facilities.

NHCA supports Nebraskans receiving the care they need in their preferred setting, recognizing their needs and individual circumstances are likely to change over time. Therefore, NHCA feels it is important to have a long-term care system that is flexible enough for Nebraskans to have a choice of medical and non-medical care options. At the same time, we recognize the need to be wise stewards of taxpayer dollars and help sustain the Medicaid program into the future.

NHCA plans to continue working collaboratively with DHHS and our partners to help build an effective long-term care system. NHCA encourages the Centers for Medicare and Medicaid Services to approve Nebraska's BIP application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heath G. Baddy', is written over a printed name and title.

Heath G. Baddy
President and CEO

1200 Libra Drive, Suite 100, Lincoln, NE 68512 P: 402-435-3551 F: 402-475-6289 www.nehca.org

*Nebraska Nursing Facility Association • Nebraska Assisted Living Association
Nebraska Hospice and Palliative Care Association • Licensed Practical Nurse Association of Nebraska
Nebraska Health Care Learning Center • Nebraska Health Care Foundation*



DAVE HEINEMAN
GOVERNOR

STATE OF NEBRASKA

NEBRASKA PLANNING COUNCIL
ON DEVELOPMENTAL DISABILITIES
301 CENTENNIAL MALL SOUTH
P.O. Box 95026
LINCOLN, NE 68509-5026
PHONE (402) 471-2330
FAX (402) 471-0383
TDD (402) 471-9570

June 10, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509

Dear Courtney,

On behalf of the Nebraska Planning Council on Developmental Disabilities, I would like to express our support of your application for a Balancing Incentive Payment Program (BIP) grant. The Council fully supports the goal of increasing access to community based services and supports.

The focus of this grant fits in well with the mission of the Council which is to engage in advocacy, capacity building and systemic change activities that assure that individuals with developmental disabilities and their families participate in the design and have access to needed community services, individualized support, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

The BIP grant will provide Nebraska an opportunity to strengthen its structure of community based services with proposed improvements including a No Wrong Door/Single Entry Point system, conflict-free case management, and the development and use of a standardized assessment instrument. We look forward to working with the Department and its other partners on this initiative.

The Nebraska Planning Council on Developmental Disabilities encourages CMS to approve Nebraska's application for the Balancing Incentive Payment Program so that Nebraskans will have greater access to long-term services and supports in their homes and communities.

Sincerely,

Mary Gordon, Director
Nebraska Planning Council on Developmental Disabilities

PANHANDLE INDEPENDENT LIVING SERVICES
1455 11TH Street
Gering, NE 69341

June 19, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

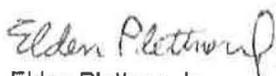
Panhandle Independent Living Services (PILS) is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

The mission of PILS is to promote the independence of persons with disabilities or other social disadvantages and help facilitate the integration and full participation of these persons in all aspects of community life. The purpose of PILS is to provide services, support and advocacy for persons with disabilities or other social disadvantages, their families, and the community at large which will enable them to live as independently as possible in the community and with their families. We know firsthand the benefits that community-based services can bring to families and consumers who wish to remain living in their homes.

PILS values empowerment, ease of access, quality, innovation, and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management, and development and use of a standardized assessment instrument.

PILS encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,



Elden Plettner, Jr.
Executive Director
Panhandle Independent Living Services

Nebraska State Legislature

SENATOR KATE BOLZ

District 29
2816 Jameson North, #1
Lincoln, Nebraska 68516
(402) 802-8312

Legislative Address:
State Capitol
PO Box 94604
Lincoln, Nebraska 68509-4604
(402) 471-2734
kbolz@leg.ne.gov



COMMITTEES

Appropriations

July 21, 2014

Julie Docter, Program Specialist
Division of Medicaid and Long Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Docter,

I am pleased that the Nebraska Department of Health and Human Services is applying for the Balancing Incentives Payment Program grant. I believe in the goal of increasing access to home and community based services for Nebraskans.

As the State Senator representing District #29 in the Nebraska Unicameral, I know the value of aging supports for my constituents. I represent many organizations that provide services to our seniors as well as many family members who care for relatives on a daily basis. For these families, the access to information through the "No Wrong Door/Single Entry Point" system is meaningful and the conflict free case management and standardized assessments will help them get the services and supports they need.

I believe that the partnerships with the Nebraska Area Agencies on Aging, Centers for Independent Living, and Community Action Agencies outlined in the grant application are positive step towards the good outcomes that collaboration and coordination provide.

As the chair of the Aging Nebraskans Task Force, I embrace the opportunities for partnership the Balancing Incentives Payment Program offers. I look forward to collaborating with the Nebraska Department of Health and Human Services to meet the goals of the grant application.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Bolz", written over a horizontal line.

Senator Kate Bolz
District #29



July 2, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

UnitedHealthcare Community Plan is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' goal of increasing access to non-institutional long-term services and supports.

UnitedHealthcare Community Plan in Nebraska is a part of the nation's largest and most experienced Medicaid managed care organization serving over 4 million Medicaid members nationwide. We have partnered with the State of Nebraska, Department of Health and Human Services for the past 18 years to meet the needs of Nebraska's Medicaid members.

UnitedHealthcare supports comprehensive health and functional status assessments to identify special care needs and arrange for services to meet these needs in order to divert nursing home placements; and to identify nursing home residents who can be transitioned back to the community. We believe this should involve care management by one care coordinator who navigates the health care system and community resources to support the individual's needs. This care coordinator works with an Interdisciplinary Team (e.g. behavioral health, pharmacists, medical director, etc.) to review the individual's care plans based on guidelines and to address barriers to meeting goals. We believe this reduces nursing home use and improves the use of HCBS services, keeping individuals in their homes, which would result in savings to the State of Nebraska and enhanced quality of life for these individuals.

We believe in serving our Medicaid members through a comprehensive and integrated care management program that supports the individual's choice to live in the least restrictive environment, maintain independence and prevent functional decline. We support providing our states with cost-effective solutions to address the escalating cost of care for the most vulnerable populations by employing proven techniques to manage cost and improve quality of care and access.

UnitedHealthcare Community Plan values empowerment, ease of access, quality, innovation and lifelong communities. We will collaborate with the Department and its other partners to provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management and development and use of a standardized assessment instrument.

UnitedHealthcare Community Plan encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,

Kathleen A. Mallatt
Plan President
UnitedHealthcare Community Plan





Where your future begins

June 11, 2014

Courtney Miller, Deputy Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

Nebraska Vocational Rehabilitation (VR) is pleased to endorse the Nebraska Department of Health and Human Services application for a Balancing Incentive Payment Program (BIP) grant. We fully support the State's and the Centers for Medicare and Medicaid Services' mutual goal and efforts to increase access to non-institutional long-term services and supports.

Our agency's mission is to help people with disabilities prepare for, obtain and maintain employment while helping businesses recruit, train and retain employees with disabilities. As a state agency that provides direct services to people in their hometowns, we understand the critical role community-based services play in assuring independence for individuals with disabilities and their families.

Nebraska VR values a high quality, accessible system of services that results in empowerment, innovation and lifelong communities for people with disabilities and their families. We will collaborate with the Department and its other partners to develop and provide a system that includes a No Wrong Door/Single Entry Point system, conflict-free case management and a standardized assessment instrument.

Nebraska VR encourages CMS to accept Nebraska's application to promote new opportunities to provide quality care to individuals in the most appropriate, least restrictive setting. We look forward to working collaboratively with the Department to meet the goals of the BIP.

Sincerely,



Mark Schultz
Director

301 Centennial Mall South • PO Box 94987 • Lincoln, Nebraska 68509-4987
402.471.3644/V/T • Toll Free 1.877.637.3422 V/TT (877 NE REHAB) • FAX 402.471.0788

Appendix 3 – Advisory Council Membership

Please see the following page for a list of the members of the BIP Advisory Council.

**BALANCING INCENTIVE PROGRAM
STAKEHOLDER ADVISORY COUNCIL**

Clients/Family Members/Caregivers

Kim Falk, parent of minor client, Ft. Calhoun

Tim Kolb, client representative, Franklin

Steve Morris, parent of adult client, Lincoln

Dani Ohlman, parent of minor client, Omaha

Advocates

Keri Bennett, Vocational Rehabilitation; serving as a representative of the Nebraska Brain Injury Advisory Council, Kearney

Michael Chittenden, The Arc of Nebraska, Lincoln

Penny Clark, State Unit on Aging Long-Term Care Ombudsman, Lincoln

Mary Gordon, Nebraska Planning Council on Developmental Disabilities, Lincoln

Kathy Hoell, Nebraska Statewide Independent Living Council, Lincoln

Mark Intermill, AARP, Lincoln

Joni Thomas, Independence Rising, Grand Island

Providers/Provider Associations

Heath Boddy, NHCA, Lincoln

Julie Kaminski, LeadingAge Nebraska, Omaha

Cheri Mundt, Immanuel, provider (PACE), Omaha

June Pederson, Nebraska Area Agencies on Aging Association (Ne4A), Lincoln

Mike Schafer, League of Human Dignity, Lincoln

Janet Seelhoff, NAHCHA, Lincoln

Managed Care Organizations

Kathleen Mallatt, UnitedHealthcare Community Plan, Omaha

Sue Mimick, Magellan Health Services of Nebraska, Inc., Lincoln

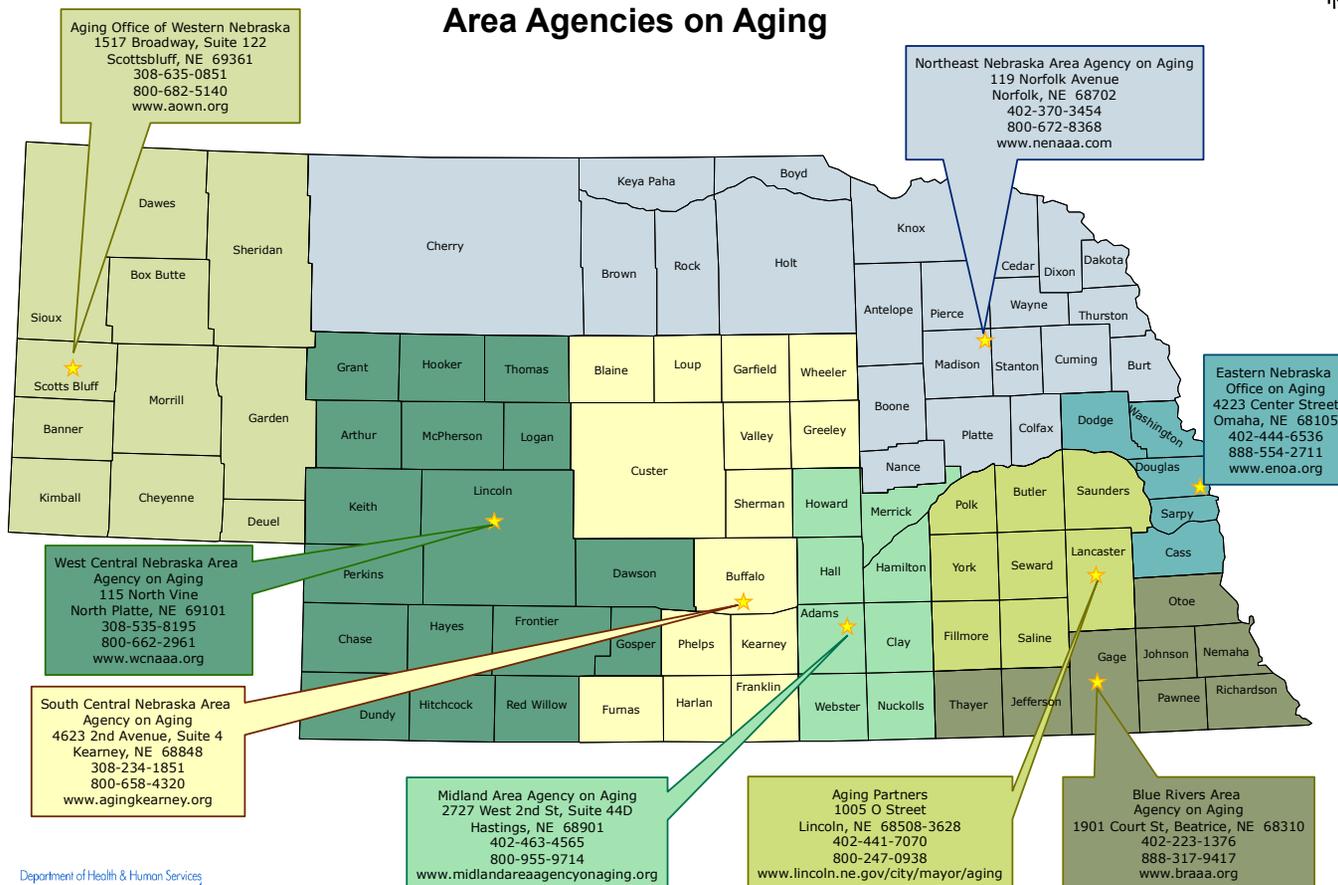
Thomas Smith, Arbor Health Plan, Omaha

Shelley Wedergren, CoventryCares of Nebraska, Omaha

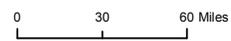
Appendix 4 – Maps of NWD/SEPs

Maps of Nebraska’s proposed NWD/SEPs are included on the following pages.

Nebraska NWD/SEP Physical Locations Area Agencies on Aging

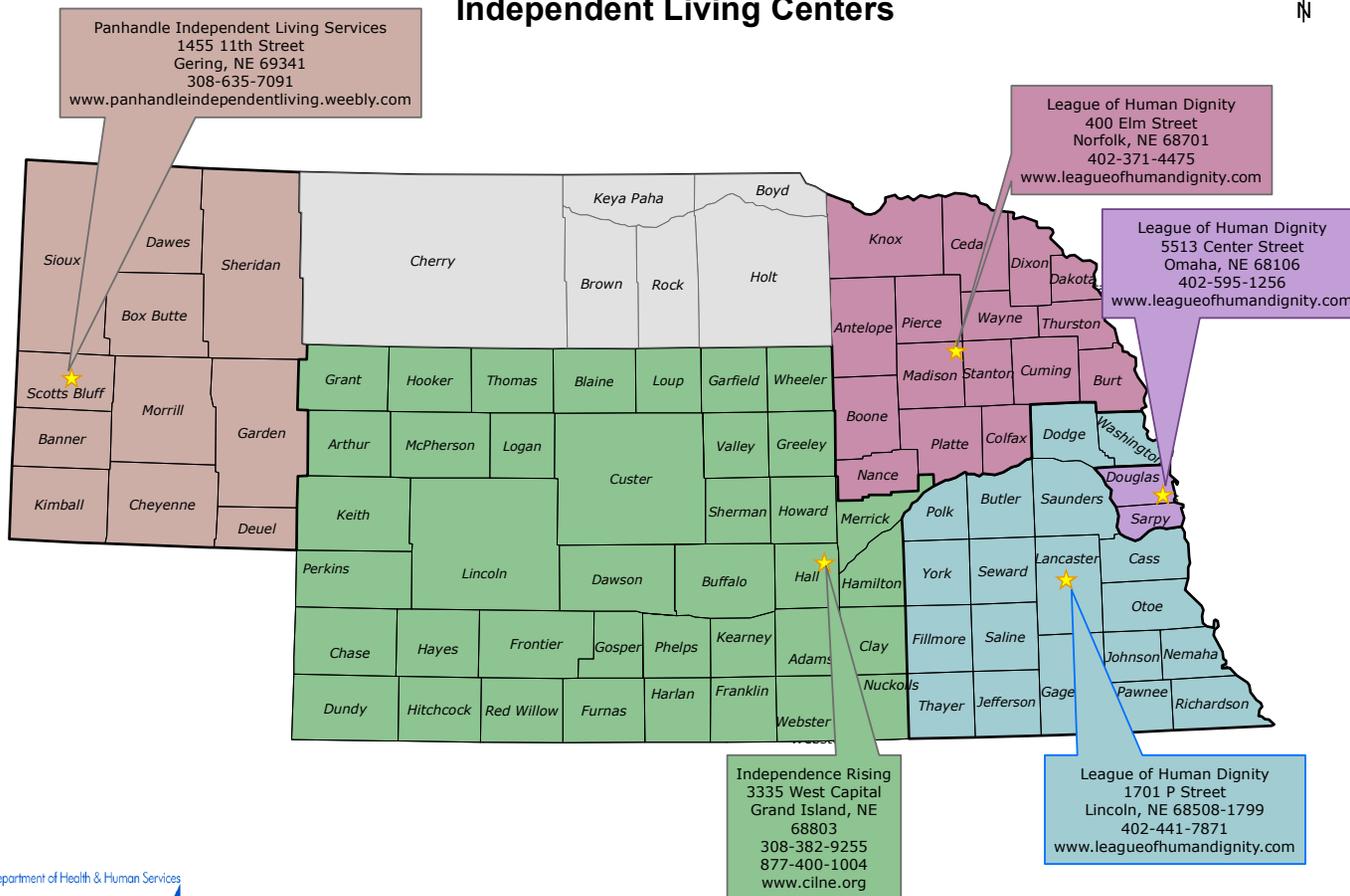


DHHS GIS
Revised 7/14



Nebraska NWD/SEP Physical Locations

Independent Living Centers



DHHS GIS
 Revised 7/14

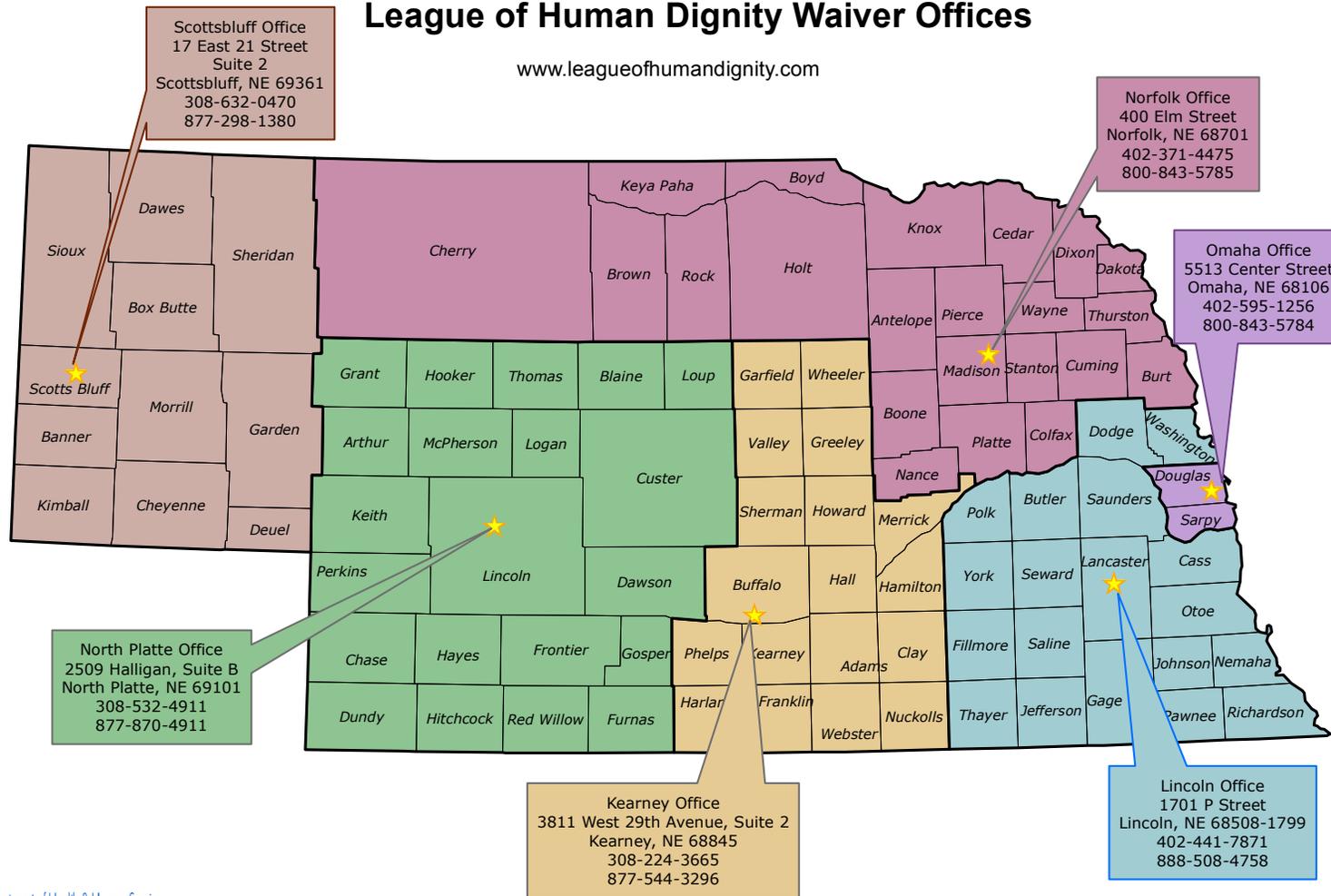


Nebraska NWD/SEP Physical Locations



League of Human Dignity Waiver Offices

www.leagueofhumandignity.com

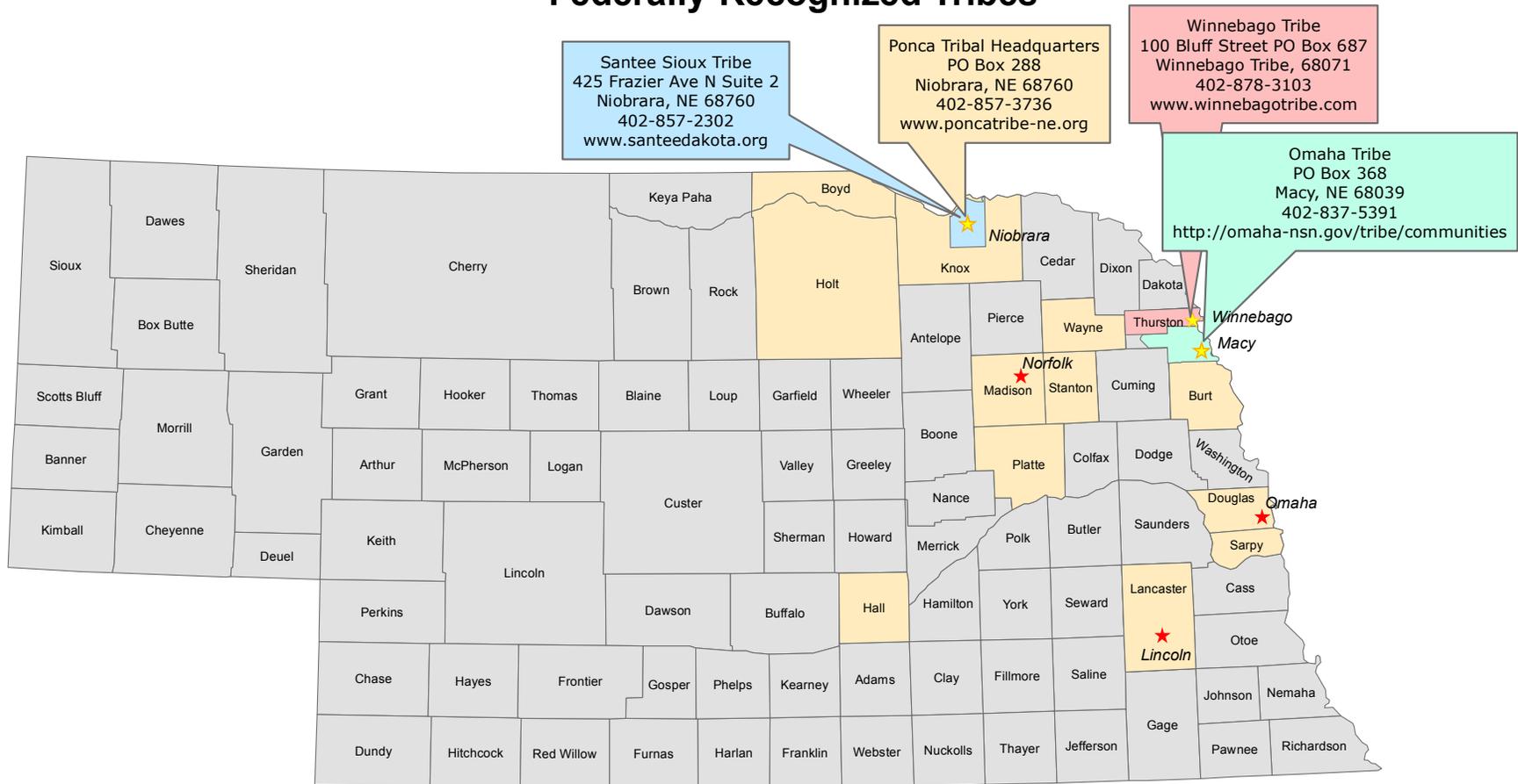


DHHS GIS
 Revised 7/14



Nebraska NWD/SEP Physical Locations

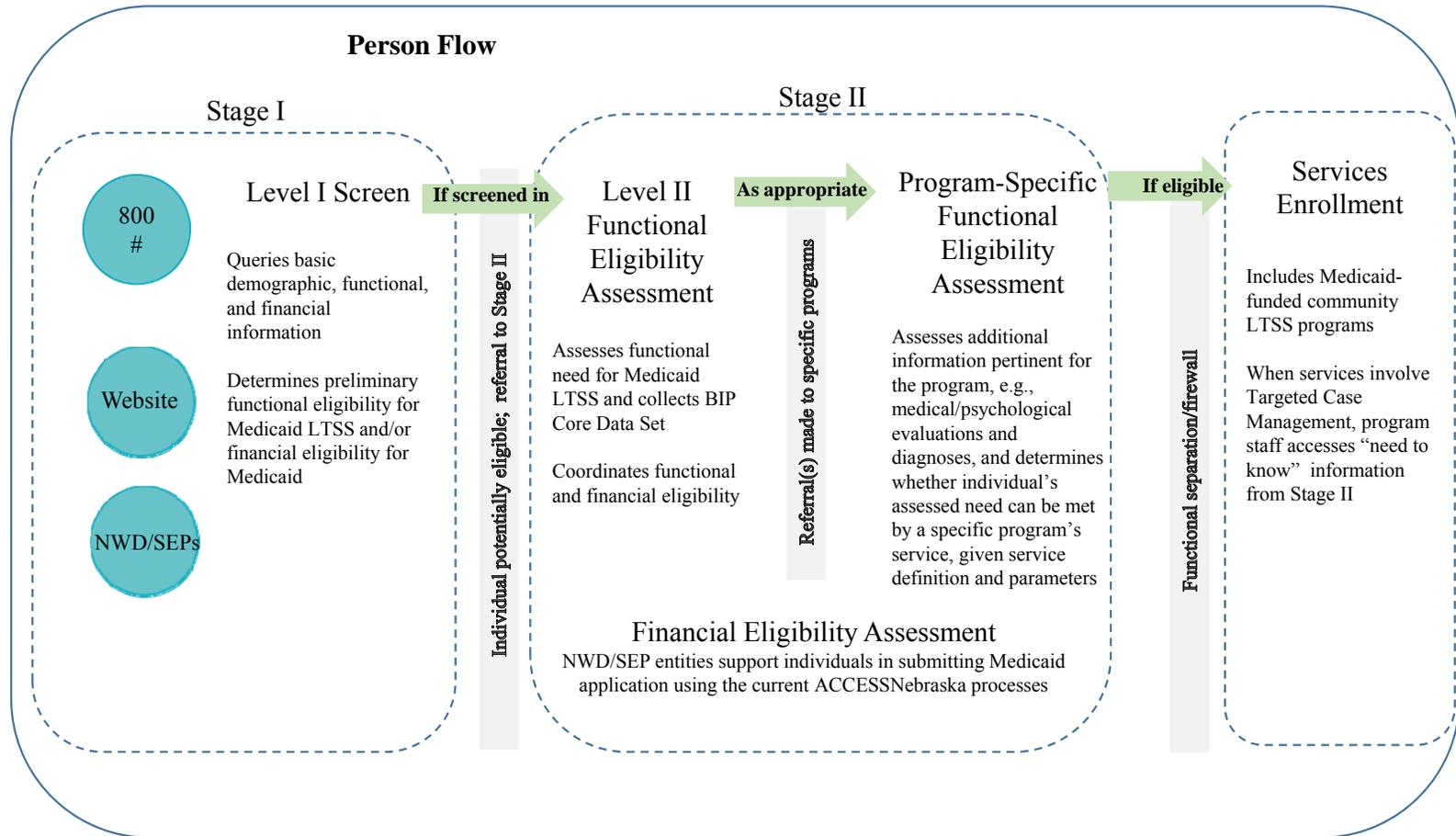
Federally-Recognized Tribes



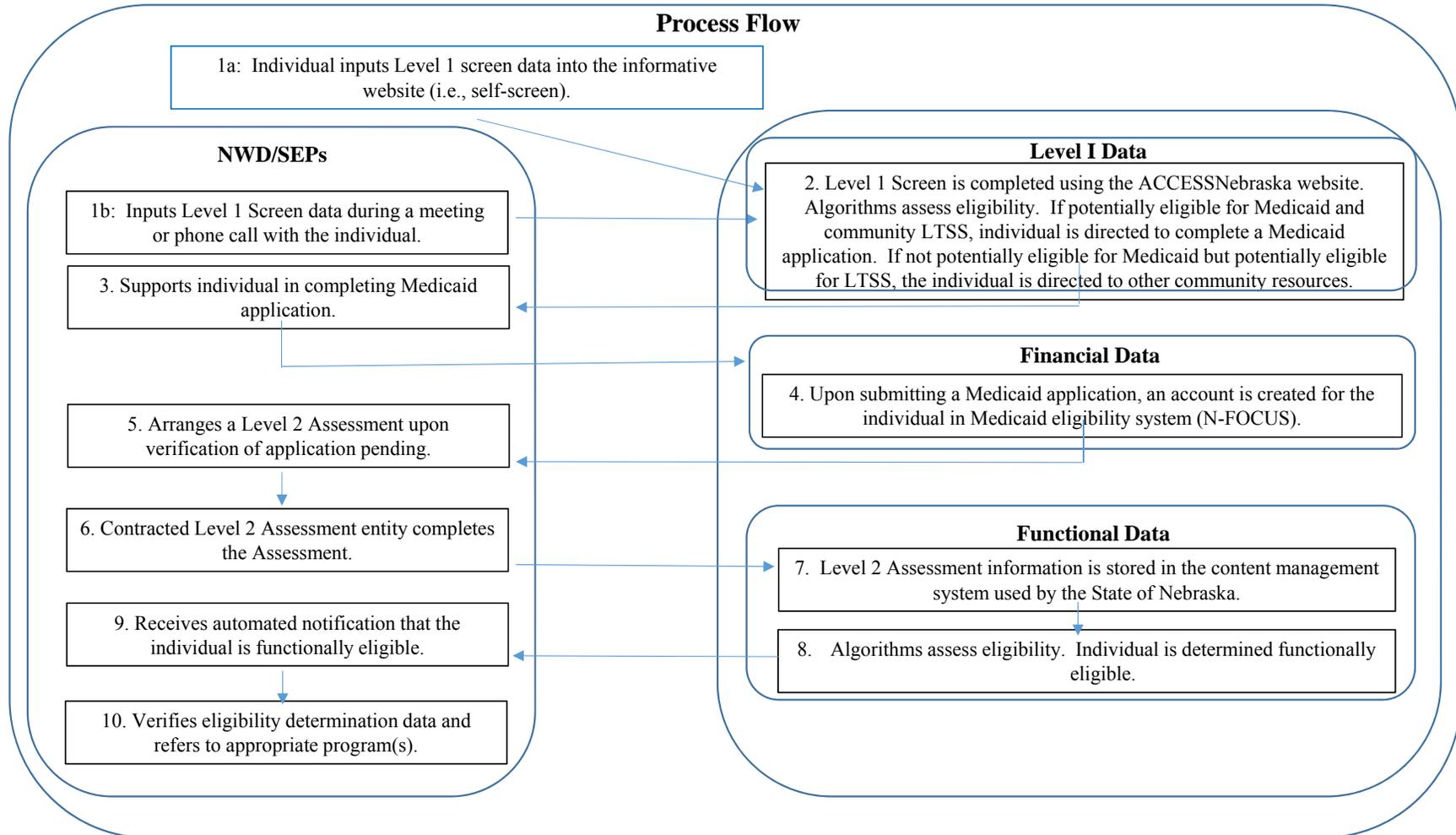
DHHS GIS
 Created 7/14

★ Additional Ponca Offices

Appendix 5 – Person Flow



Appendix 6 – Process Flow



Appendix 7 – Nebraska Legislative Bill 690

A copy of Nebraska Legislative Bill 690 is included on the following pages.

LEGISLATIVE BILL 690

Passed over the Governor's veto April 10, 2014.

Introduced by Bolz, 29; Harms, 48.

FOR A N ACT relating to health and human services; to provide duties for the Department of Health and Human Services; to require application for a federal grant as prescribed; to create and provide duties for a task force; and to provide a termination date.

Be it enacted by the people of the State of Nebraska,

Section 1. (1) The Department of Health and Human Services shall apply to the United States Department of Health and Human Services for a grant under the State Balancing Incentive Payments Program enacted in section 10202 of the federal Patient Protection and Affordable Care Act. Funds from the grant shall be used to develop a comprehensive and coordinated system of home and community-based long-term care services. The department shall file the grant application not later than July 31, 2014, and the application shall meet the requirements of section 10202 of the federal Patient Protection and Affordable Care Act.

(2) On or before December 1, 2014, the Department of Health and Human Services shall report electronically to the Health and Human Services Committee of the Legislature on the status of the grant application.

Sec. 2. (1) The Aging Nebraskans Task Force is created. The purpose of the task force is to develop and facilitate implementation of a statewide strategic plan for addressing the needs of the aging population in the state. The task force shall provide a forum for collaboration among state, local, community, public, and private stakeholders in long-term care programs.

(2) (a) The executive committee of the task force shall include as voting members the chairperson of the Health and Human Services Committee of the Legislature, a member of the Appropriations Committee of the Legislature appointed by the Executive Board of the Legislative Council, a member of the Health and Human Services Committee of the Legislature appointed by the Executive Board of the Legislative Council, a member of the Legislature's Planning Committee appointed by the Executive Board of the Legislative Council, and an at-large member appointed by the Executive Board of the Legislative Council. The voting members of the executive committee shall choose a chairperson and vice-chairperson from among the voting members.

(b) The chief executive officer of the Department of Health and Human Services or his or her designee and the Chief Justice of the Supreme Court or his or her designee shall be nonvoting, ex officio members of the

executive committee of the task force.

(c) The remaining four members of the task force shall be nonvoting members appointed by the executive committee of the task force through an application and selection process, representing stakeholders in the long-term care system and may include a representative of the Division of Medicaid and Long-Term Care Advisory Committee on Aging, representatives of health care providers, elder law attorneys, representatives of the long-term care ombudsman program, health care economists, geriatric specialists, family caregivers of seniors in at-home care, providers of services to the elderly, seniors currently or previously in institutional care, and aging advocacy organizations.

(3) The executive committee of the task force shall advise the task force regarding the interaction among the three branches of government related to long-term care programs and services. The members of the executive committee shall each represent his or her own branch of government, and no member of the executive committee shall participate in actions that could be deemed to be the exercise of the duties and prerogatives of another branch of government or that improperly delegate the powers and duties of any branch of government to another branch of government.

(4) The task force shall work with administrators of area agencies on aging, nursing home and assisted-living residence providers, hospitals, rehabilitation centers, managed care companies, senior citizen centers, community stakeholders, advocates for elder services and programs, the Center for Public Affairs Research of the College of Public Affairs and Community Service at the University of Nebraska at Omaha, and seniors statewide to establish effective community collaboration for informed decisionmaking that supports the provisions of effective and efficient long-term care services.

(5) The task force shall create a statewide strategic plan for long-term care services in Nebraska which shall consider, but not be limited to: Promotion of independent living through provision of long-term care services and support that enable an individual to live in the setting of his or her choice;

(a) Provision of leadership to support sound fiscal management of long-term care budgets so that Nebraska will be able to meet the increasing demand for long-term care services as a growing portion of the state's population reaches the age of eighty years;

(b) Expedited creation of workforce development and training programs specific to the needs of and in response to Nebraska's growing aging population;

(c) The identification of gaps in the service delivery system that contribute to the inefficient and ineffective delivery of services; and

(d) Development of a process for evaluating the quality of residential and home and community-based long-term care services and support.

Sec. 3. On or before December 15, 2014, the Aging Nebraskans Task Force shall present electronically to the Legislature a report of

recommendations for the statewide strategic plan described in section 2 of this act. The Department of Health and Human Services shall also annually report electronically to the Legislature the percentage growth of medicaid spending for people over sixty-five years of age for no fewer than five years following acceptance of the application to the State Balancing Incentive Payments Program pursuant to section 1 of this act.

Sec. 4. The Aging Nebraskans Task Force terminates on June 30, 2016, unless extended by the Legislature.

Appendix 8 – Proposed Budget

Nebraska’s proposed budget is shown on the following pages.

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) BENCHMARK TRACKER
LONG TERM SERVICES AND SUPPORTS

State					State FMAP Rate 2015	53.27%		
Agency Name					Extra Balancing Incentive Program Portion (2 or 5 %)	2.00%		
Quarter Ended					INSTRUCTIONS: PLEASE COMPLETE ONLY THE NON-SHADED CELLS - BLUE CELLS WILL AUTO-CALCULATE.			
Year of Service	FFY 2015				Projected LTSS Spending			
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2015	Year 2 FFY	Year 3 FFY	Year 4 FFY
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Case Management								
Total	\$ 30,558,477	\$ 16,278,501	\$ 14,279,976	\$ 611,170	\$ 30,558,477	\$ -	\$ -	\$ -
Homemaker								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Homemaker Basic								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Homemaker Chore Services								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home Health								
Includes Home Health Aides and Physical, Occupational & Speech Therapies. Does Not include Private Duty Nursing.								
Total	\$ 14,769,196	\$ 7,867,551	\$ 6,901,645	\$ 295,384	\$ 14,769,196	\$ -	\$ -	\$ -
Personal Care								
Personal Assistance Service	\$ 16,290,531	\$ 8,677,966	\$ 7,612,565	\$ 325,811	\$ 16,290,531	\$ -	\$ -	\$ -
Total	\$ 16,290,531	\$ 8,677,966	\$ 7,612,565	\$ 325,811	\$ 16,290,531	\$ -	\$ -	\$ -
Private Duty Nursing								
RN & LPN Nursing Services in a Home Setting	\$ 175,830	\$ 93,665	\$ 82,165	\$ 3,517	\$ 175,829.81	\$ -	\$ -	\$ -
Total	\$ 175,830	\$ 93,665	\$ 82,165	\$ 3,517	\$ -	\$ -	\$ -	\$ -
Personal Care IADLs								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care Health-Related								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care Adult Companion								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care PERS								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pers. Care Assistive Technology								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Habilitation Day								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Habilitation Behavioral								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Habilitation Prevocational								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hab. Supported Employment								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hab. Educational Services								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Respite Care								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Day Treatment / Partial Hosp.								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychosocial Rehabilitation								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Clinic Services								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other HCBS Services								
Waiver Aged and Disabled	\$ 76,558,060	\$ 40,782,479	\$ 35,775,582	\$ 1,531,161	\$ 76,558,060.21	\$ -	\$ -	\$ -
Waiver Child Developmental Disabilities	\$ 19,815,768	\$ 10,555,860	\$ 9,259,909	\$ 396,315	\$ 19,815,768.46	\$ -	\$ -	\$ -
Traumatic Brain Injury Waiver	\$ 681,801	\$ 363,195	\$ 318,605	\$ 13,636	\$ 681,800.70	\$ -	\$ -	\$ -
Developmental Disabilities Adult Comp Waiver	\$ 205,814,535	\$ 109,637,403	\$ 96,177,132	\$ 4,116,291	\$ 205,814,534.74	\$ -	\$ -	\$ -
Developmental Disabilities Adult Day Waiver	\$ 10,596,063	\$ 5,644,523	\$ 4,951,540	\$ 211,921	\$ 10,596,062.59	\$ -	\$ -	\$ -
Assisted Living Fee For Service	\$ 210,746	\$ 112,265	\$ 98,482	\$ 4,215	\$ 210,746.48	\$ -	\$ -	\$ -
Total	\$ 313,676,973	\$ 167,095,724	\$ 146,581,250	\$ 6,273,539	\$ 313,676,973.18	\$ -	\$ -	\$ -
Capitated HCBS Services								
Physical Health Managed Care	\$ 9,878,758	\$ 5,262,414	\$ 4,616,344	\$ 197,575	\$ 9,878,758	\$ -	\$ -	\$ -
Behavioral Health Managed Care	\$ 20,750,990	\$ 11,054,053	\$ 9,696,938	\$ 415,020	\$ 20,750,990	\$ -	\$ -	\$ -
PACE	\$ 34,590	\$ 18,426	\$ 16,164	\$ 692	\$ 34,590.41	\$ -	\$ -	\$ -
Total	\$ 30,664,339	\$ 16,334,893	\$ 14,329,446	\$ 613,287	\$ 30,664,338.78	\$ -	\$ -	\$ -
Health Homes								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CFC								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Money Follows the Person*								
Total	\$ 2,317,469	\$ 1,234,516	\$ 1,082,953	\$ -	\$ 2,317,469	\$ -	\$ -	\$ -
TOTALS*	\$ 408,452,815	\$ 217,582,814	\$ 190,870,000	\$ 8,122,707	\$ 408,452,815	\$ -	\$ -	\$ -

*MFP does not receive enhanced FMAP through BIP, but the expenditures do count towards the state's target spending of 50% or 25%.

*Total for Federal and State share for MFP reflect regular state share; does not calculate MFP enhanced FMAP.