

NE SUA PROGRAM INSTRUCTIONS – TABLE OF CONTENTS

Program Instructions detail procedures and methods for operationalizing program policies, add details to program regulations or policy guide requirements, and convey program guidance information on actions Area Agencies on Aging are expected or required to take.

Note: This menu contains most recent Program Instructions issued by the State Unit on Aging to the Area Agencies on Aging. Not all PIs or attachments are available electronically.

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PROGRAM INSTRUCTION

SUA-11-PI-02

July 8, 2010

TO: Directors, Area Agencies on Aging

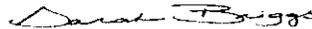
SUBJECT: Maximum Title III Funds Available July 1, 2010
to September 30, 2010

CONTENT: The amount of FY-2010 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2010 to September 30, 2010 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2010 to September 30, 2010. Since we use a combination of state and federal funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III reservation table to the total Title III funds available for the period July 1, 2010 to September 30, 2010. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2010.

Should you have any questions, please contact us.

Sincerely,



Sarah Briggs, Manager
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

PROGRAM INSTRUCTION

SUA-11-PI-01

July 1, 2010

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-11

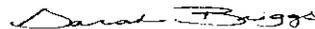
CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-11 Area Plan.

AOWN	\$45.60
BRAAA	\$37.26
ENOA	\$54.00
APAAA	\$47.00
MAAA	\$51.50
NENAAA	\$54.00
SCNAAA	\$43.06
WCNAAA	\$53.98

These initial rates are effective July 1, 2010. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Penny Clark.

Sincerely,



Sarah Briggs, Manager
Nebraska Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

DHHS-STATE UNIT ON AGING				ATTACHMENT		SUA-11-PI-02	
MAXIMUM ACCRUED EXPENDITURES							
FOR THE PERIOD JULY 1, 2010 TO SEPTEMBER 30, 2010							
AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III	
BLUE RIVERS	\$61,000	\$100,000	\$38,000	\$9,200	\$13,000	\$221,200	
EASTERN	205,000	305,000	187,000	29,000	50,000	776,000	
LINCOLN AREA	112,000	176,000	66,000	15,000	28,700	397,700	
MIDLAND	68,000	114,000	45,000	10,300	16,000	253,300	
SOUTH CENTRAL	62,000	103,000	39,000	9,500	13,200	226,700	
WESTERN (AOWN)	65,000	107,000	39,000	9,900	13,000	233,900	
NORTHEAST	102,000	174,000	78,000	14,500	28,000	396,500	
WEST CENTRAL	66,000	109,000	41,000	10,000	14,000	240,000	
TOTAL	\$741,000	\$1,188,000	\$533,000	\$107,400	\$175,900	\$2,745,300	

Program Instruction

SUA-10-PI-14

June 3, 2010

TO: Senior Companion Volunteer Programs

FROM: Sarah Briggs, Manager

SUBJECT: Senior Companion Program Update

The Nebraska Senior Companion Volunteer Program provides volunteer community service opportunities to older persons for the benefit of frail elderly. This program is an important supplement to available in-home and community support services.

In past years, we have revised annual grant documents through phone calls and e-mail exchanges. Beginning with this program update, we will use a more formal annual program and budget review.

As in past years, we are requesting a budget. This year we are also requesting a Service Narrative. This is basically an overview of the program. A Service Narrative form is attached. The Service Narrative will include a comparison between last year's and next year's numbers of senior companion volunteers and clients/hours of service. When completing #1 (Service Comparisons) provide comparisons of Fiscal Year 2010 with expected service levels in Fiscal Year 2011. Completion of #2 requires a modest description of how this program functions. During the discussion under #3 (Program/or Budget Shifts) be sure to address unspent funds from previous year. If a low level of volunteer stipend costs was the cause, outline your plans to recruit additional volunteers.

Our preservation of this important support service will require full use of the modest funds available. Please return your Service Narrative and Budget by June 19, 2010. If you have any questions regarding this Program Instruction, give Gary Richards a call at (402) 471-4555.

FY – 11 Service Narrative

Service:

1. Number of Service Units	Actual FY 2010	Projected 2011
a. Clients/Hours	/	/
b. Volunteers		
1. Stipended		
2. Non-stipended		

2. Describe the types of supports as well as how the service is provided to the clients.

3. Describe program and budgetary shifts from current to projected year (must address unspent funds in current year).

PROGRAM INSTRUCTION

SUA-10-PI-13

April 19, 2010

TO: Area Agency on Aging Directors and Nutrition Coordinators

FROM: Sarah Briggs, Manager

SUBJECT: Additional Clarification on Funding Block Grant Meals

CONTENT: SUA-10-PI-12 issued guidance stating Block Grant Meals could not receive support through Nutrition Services Incentive Program dollars. Although not explicitly define in the SUA-10-PI-12, the intent of this PI was to include prohibiting Title C dollars as well, from subsidizing Block Grant Meals. OAA Section 315(b)(3) states, PROHIBITED ACTS.—“The area agency on aging and service provider shall not means test for any service for which contributions are accepted or deny services to any individual who does not contribute to the cost of the service.” Therefore, OAA dollars can not be used to help defray/support the cost of Block Grant meals.

Please contact the SUA with questions and concerns.

Sincerely,



Sarah Briggs, Manager
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

PROGRAM INSTRUCTION

SUA-10-PI-12

March 18, 2010

TO: Area Agency on Aging Directors and Nutrition Coordinators

FROM: Sarah Briggs, Manager

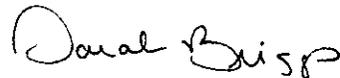
SUBJECT: Block Grant Meals

CONTENT: Due to recent communication from the Administration on Aging, current practice surrounding what constitutes an eligible meal for the Nutrition Service Incentive Program (NSIP) will need to be refined. SUA-07-PI-03 states that meals funded through programs which require that clients be "means tested" are not eligible NSIP meals. This guideline had been applied previously, with consensus, that NSIP reimbursement was appropriate for these meals. For Block Grant (Title XX) recipients, some AAAs had understood that these meals remained eligible for NSIP reimbursement because the means testing was done by an outside entity, not the AAA. This week, clarification has been provided from AoA which precludes counting Block Grant meals as eligible NSIP meals. Because participation in the Block Grant program is not solely based on age but also requires an income eligibility component, these meals are to be excluded from receiving Older Americans Act support/subsidy (regardless of who determines the eligibility.)

The expectation for implementation of this new guidance is July 1, 2010. Your 2011 Annual Plan will need to reflect the new standard of practice.

Please contact the SUA with questions and concerns.

Sincerely,



Sarah Briggs, Manager
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

Scholz, Tammie

From: Votava, Kathleen (AoA/REG 5) [Kathleen.Votava@AoA.hhs.gov]
Sent: Wednesday, March 17, 2010 9:41 AM
To: Scholz, Tammie
Subject: RE: OAA Meals

Good morning, Tammie

Please see my answer in red below. Regarding our conversation yesterday, I have the answer to one of your questions. Meals paid through other fund sources (not OAA) can count towards NSIP as long as the eligibility for that meal program/service is exactly the same as OAA which is solely age eligibility. So the meals paid through Nebraska Block Grant (formerly Title 20) would not count towards NSIP because eligibility for that program (regardless of who determines the eligibility) is based on income as well as age.

Please let me know if you have further questions. Have a great day

Kathleen Votava
Aging Services Program Specialist
U.S. Administration on Aging
Chicago Regional Support Center
133 N. Michigan Ave., Suite 790
Chicago, IL 60601
P: 312.886.8537
F: 312.886.8533
kathleen.votava@aoa.hhs.gov

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http://www.aoa.gov/AoARoot/Press_Room/Enews/index.aspx

From: Scholz, Tammie [mailto:Tammie.Scholz@nebraska.gov]
Sent: Wednesday, March 17, 2010 9:11 AM
To: Votava, Kathleen (AoA/REG 5)
Subject: OAA Meals

Kathleen,

Here's one more spin on the question I posed yesterday. If individuals being served through the block grant were authorized to pay for, say 3 meals per week, could these same individuals then be allowed on the days not covered by the block grant to be able to receive an OAA meal? As long as the individuals meet OAA eligibility (age 60) and, of course, have a need for the service/meals, then yes.

Let me know if you need further clarification on this.

Thank you for stewardship.

Tammie

Please note my new email address:
Tammie.Scholz@nebraska.gov

Tammie Scholz, MS, RD, LMNT
Department of Health & Human Services
Division of Medicaid & Long-Term Care--State Unit on Aging
402)471-4624

SUA-09-2F-06

03/17/2010

PROGRAM INSTRUCTION

SUA-10-PI-11

March 5, 2010

TO: Experience Works

SUBJECT: Senior Community Service Employment Program (SCSEP)
Budget & Plan Format for PY 2010

CONTENT: The State Unit on Aging requests a plan of operation and a budget for nine positions available to Experience Works for PY 2010. The appropriation levels for PY 2010 are:

	Admin	OEC	Wages & Fringe	Total
Experience Works	10,000	9,578	65,700	85,278

The Plan Format is attached. Your completed Plan of Operation and Budget should be submitted by May 1, 2010. If you have questions regarding these instructions, call Gary Richards at (402) 471-4555.

Sincerely,



Sarah Briggs
Manager
State Unit on Aging

PROGRAM INSTRUCTION

SUA-10-PI-10

February 23, 2010

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

FROM: Sarah Briggs, Manager

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 2010. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 2010 and ending June 30, 2012.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted, and the review criteria, which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

The State Unit on Aging must receive the application for recertification, 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by March 31, 2010.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

In addition, the following information should be included:

1. Procedure of Obtaining Public Input. (006.01B)
2. Description of how the care management unit will be operated separately from any direct care program of the Area Agency on Aging. (006.01D)
3. Criteria for use in determining priority of service in the event of insufficient funds. (006.01F)
4. Grievance Procedure. (006.01G)
5. Personnel Policies and Procedures. (006.02A)
6. Organization Chart. (006.02A2, 006.02D1, and 006.02D2)
7. Statement of Client Rights. (006.02E)
8. Procedures Governing Confidentiality of Case Records and Information. (006.02F)
9. Policies and Procedures for Establishment of Client Files. (006.03)
10. Position descriptions for all staff positions. (006.02A)
11. Any other section of the Plan of Operation.

We are not requesting submission of budget or staffing information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Penny Clark.

PROGRAM INSTRUCTION

SUA-10-PI-09

February 19, 2010

TO: Area Agency on Aging Directors

FROM: Sarah Briggs, Manager

SUBJECT: Reservation Table for FY-11

CONTENT: Enclosed please find the Reservation Table for FY-11, for use in preparing the Annual Plan and Budget. These amounts include the additional state funds awarded by the Legislature.

Please contact the State Unit on Aging if you have any questions.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG TERM CARE-STATE UNIT ON AGING
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS INFORMATION ONLY SUA-2010-PI-09 0
 FISCAL YEAR 2011 LESS FISCAL YEAR 2010 ND0a 2010-PI-04 #####

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$0	\$12,225	\$9,097	\$0	(\$426)	\$4,791	\$25,687	\$723	\$0
EASTERN	0	50,766	37,779	0	(1,771)	17,938	104,712	2,949	0
LINCOLN AREA	0	28,673	21,338	0	(1,001)	11,074	60,084	1,627	0
MIDLAND	0	14,722	10,956	0	(513)	5,635	30,800	823	0
SOUTH CENTRAL	0	12,760	9,496	0	(445)	4,773	26,584	740	0
WESTERN (AOWI)	0	11,957	8,898	0	(417)	4,275	24,713	834	0
NORTHEAST	0	27,730	20,636	0	(967)	10,083	57,482	1,510	0
WEST CENTRAL	0	13,167	9,800	0	(460)	4,677	27,184	678	0
TOTAL	\$0	\$172,000	\$128,000	\$0	(\$6,000)	\$63,246	\$357,246	\$9,884	\$0

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	0	0	0
EASTERN	0	0	0
LINCOLN AREA	0	0	0
MIDLAND	0	0	0
SOUTH CENTRAL	0	0	0
WESTERN (AOWI)	0	0	0

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG TERM CARE-STATE UNIT ON AGING
RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
FOR THE YEAR ENDING JUNE 30, 2011

SUA-2010-PI-09
February 19, 2010

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,733	\$245,056	\$97,614	\$11,513	\$76,999	\$392,876	\$1,009,791	\$148,724	\$0
EASTERN	595,144	800,516	362,773	36,250	306,272	1,470,831	\$3,571,786	606,591	28,645
LINCOLN AREA	318,719	430,663	200,685	19,331	171,651	908,080	\$2,049,129	334,581	19,000
MIDLAND	209,178	277,248	114,055	12,914	91,625	462,076	\$1,167,096	169,358	0
SOUTH CENTRAL	191,165	252,457	101,239	11,840	80,167	391,314	\$1,028,182	152,262	40,000
WESTERN (AOWN)	199,406	261,555	99,768	12,425	76,673	350,464	\$1,000,291	171,570	0
NORTHEAST	300,403	406,841	192,188	18,181	165,404	826,826	\$1,909,843	310,583	33,271
WEST CENTRAL	202,252	266,664	105,678	12,546	83,109	383,501	\$1,053,750	139,454	0
TOTAL	\$2,202,000	\$2,941,000	\$1,274,000	\$135,000	\$1,051,900	\$5,185,968	\$12,789,868	\$2,033,123	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS	IN-HOME	LEGAL SERVICES
	15%	15%	2%
BLUE RIVERS	27,860	27,860	3,715
EASTERN	89,272	89,272	11,903
LINCOLN AREA	47,808	47,808	6,374
MIDLAND	31,377	31,377	4,184
SOUTH CENTRAL	28,675	28,675	3,823
WESTERN (AOWN)	29,911	29,911	3,988
NORTHEAST	45,060	45,060	6,008
WEST CENTRAL	30,338	30,338	4,045

NOTES

CASA and Care Management prepared using 2000 Census
Title III prepared using 2000 Census

PROGRAM INSTRUCTION

SUA-10-PI-08

February 19, 2010

TO: Area Agency on Aging Directors

FROM: Sarah Briggs, Manager

SUBJECT: Direct Service Waiver for Caregiver Services

CONTENT: Section 307(8)(A) of the Older Americans Act addresses the provisions surrounding Direct Delivery of Services. Within this section, supportive services are identified as requiring a waiver if to be provided directly. Subsequent consultation with the Administration on Aging has led to the determination that several III-E Caregiver taxonomy services should be included in a Direct Service Waiver request. The form is located on page A-2-12 of the FY2011 Annual Plan Instructions. The Caregiver Services which require a waiver are:

- Counseling
- Respite Care
- Supplemental Services (example, home modifications, assistive technology, emergency response).

If you have any questions please feel free to contact the State Unit on Aging.

PROGRAM INSTRUCTION

SUA-10-PI-07

February 19, 2010

TO: Eastern Nebraska Office on Aging

SUBJECT: Senior Community Service Employment Program's (SCSEP)
Discretionary Grant & Budget Revision

CONTENT: The State Unit on Aging applied for and received US Department of Labor funding to expand ENOA's Senior Community Service Employment Program. This grant provides \$330,000 of additional funds which will be available through June 30, 2011.

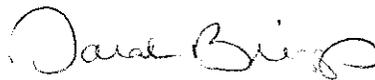
Please submit a budget for these additional funds. The usual US DOL regulations apply for these funds (including a maximum of 13.5% for administration and a minimum of 75% for wages and fringe benefits). ENOA's budget levels for this grant are:

	Admin	OEC	Wages & Fringe	Total
ENOA	41,250	34,750	254,000	330,000

Program performance and expenditures for these funds will be separate from the regular SCSEP grant and the American Recovery and Reinvestment Act. Please submit a budget for these additional funds by March 5, 2010.

If you have questions regarding these revisions, call Gary Richards at (402) 471-4555.

Sincerely,



Sarah Briggs
Manager
State Unit on Aging

PROGRAM INSTRUCTION

SUA-10-PI-06

February 2, 2010

TO: Director, Area Agency on Aging

SUBJECT: Update to Annual Plan & Budget

CONTENT: The information and forms needed to update your one-year area plans and to apply for Fiscal Year 2010-2011 funding are enclosed. Your completed plans should be on file with the Health & Human Services - State Unit on Aging by May 1, 2010. If you cannot meet this deadline, please contact the State Unit on Aging Manager by April 14, 2010.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver must be submitted to the Health & Human Services - State Unit on Aging by March 31, 2010. The earlier deadline is needed to allow the State Unit on Aging an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made this year to these instructions are underlined and shaded in grey. Plans submitted without following these instructions, will be returned.

A few of the more significant changes in this year's instructions are:

- Projected units of service for FY 2009-2010 will be reviewed against actual NAMIS units of service for FY 2008-2009.
- Title III-D funds are for Disease Prevention and Health Promotion. Each Area Agency on Aging must spend 26.16% * of your Preventive Health funds "for the purpose of providing activities related to medication management, screening and education to prevent incorrect medication and adverse drug reactions", pursuant to the Consolidated Appropriations Act, 2001 (P.L. 106-554). *This figure represents the current percentage established by the AoA and may be subject to change.

The Annual Plan should include information about all funding sources utilized by the Area Agency on Aging and all services that will be provided.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark.

If you have questions or would like technical assistance in developing the plan, please contact Sarah Briggs, Manager at the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

The following items should be included with this Program Instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V; and
- Attachment 5: Assurances.

Sincerely,



Sarah Briggs, Manager
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

PROGRAM INSTRUCTION

SUA-10-PI-05

October 15, 2009

TO: Eastern Nebraska Office on Aging, Lincoln Area Agency
on Aging & Experience Works

SUBJECT: Senior Community Service Employment Program (SCSEP)
Budget Revision

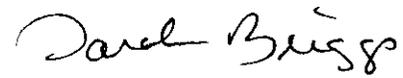
CONTENT: Additional funds are available during FY 2010 to
Nebraska's Senior Community Service Employment Programs as the
result of unspent FY 2009 funds and US Department of Labor funds
to cover the increased minimum wage program costs. The adjusted
appropriation levels for FY 2010 are:

	Admin	OEC	Wages & Fringe	Special Award	Total
ENOA	83,300	83,677	547,500	83,270.44	797,747.44
LAAA	6,700	6,352	43,800	18,403.45	75,255.45
Experience Works	10,000	9,578	65,700	20,454.42	105,732.42
SUA	15,000				15,000
Totals	115,000	99,607	657,000	122,128.31	993,735.31

The Special Award funds must be spent by December 31, 2009.
While US DOL recommends that these Special Award funds should be
spent for Enrollee Wages & Fringe Benefits, it is not a current
requirement. Please submit budget revisions incorporating these
additional funds by November 2, 2009.

If you have questions regarding these revisions, call Gary Richards at (402) 471-4555.

Sincerely,

A handwritten signature in black ink that reads "Sarah Briggs". The signature is written in a cursive style with a prominent loop at the end of the last name.

Sarah Briggs
Manager
State Unit on Aging

PROGRAM INSTRUCTION

SUA-10-PI-04

September 3, 2009

TO: Area Agency on Aging Directors

FROM: Sarah Brigs, Manager

SUBJECT: Revised Reservation Table for FY-10

CONTENT: Enclosed please find the Revised Reservation Table for FY-10, which includes the additional Federal funds that have been awarded.

Please include these new amounts in your next revision.

If you have any questions please feel free to contact the State Unit on Aging.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG TERM CARE-STATE UNIT ON AGING
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2010

SUA-2010-PI-04
 September 3, 2009

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,733	\$232,831	\$88,517	\$11,513	\$77,425	\$388,085	\$984,104	\$148,001	\$0
EASTERN	595,144	749,750	324,994	36,250	308,043	1,452,893	\$3,467,074	603,642	28,645
LINCOLN AREA	318,719	401,990	179,347	19,331	172,652	897,006	\$1,989,045	332,954	19,000
MIDLAND	209,178	262,526	103,099	12,914	92,138	456,441	\$1,136,296	168,535	0
SOUTH CENTRAL	191,165	239,697	91,743	11,840	80,612	386,541	\$1,001,598	151,522	40,000
WESTERN (AOWN)	199,406	249,598	90,870	12,425	77,090	346,189	\$975,578	170,736	0
NORTHEAST	300,403	379,111	171,552	18,181	166,371	816,743	\$1,852,361	309,073	33,271
WEST CENTRAL	202,252	253,497	95,878	12,546	83,569	378,824	\$1,026,566	138,776	0
TOTAL	\$2,202,000	\$2,769,000	\$1,146,000	\$135,000	\$1,057,900	\$5,122,722	\$12,432,622	\$2,023,239	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS	IN-HOME	LEGAL SERVICES
	15%	15%	2%
BLUE RIVERS	27,860	27,860	3,715
EASTERN	89,272	89,272	11,903
LINCOLN AREA	47,808	47,808	6,374
MIDLAND	31,377	31,377	4,184
SOUTH CENTRAL	28,675	28,675	3,823
WESTERN (AOWN)	29,911	29,911	3,988
NORTHEAST	45,060	45,060	6,008
WEST CENTRAL	30,338	30,338	4,045

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION

SUA-10-PI-03

August 3, 2009

TO: Area Agency on Aging Directors

FROM: Sarah Brigs, Manager

SUBJECT: Revised Reservation Table for FY-10

CONTENT: Enclosed please find the Revised Reservation Table for FY-10, which includes the additional CASA and Care Management funds the Legislature has awarded.

Please note that the CASA funds are limited to this Reservation Table for both the traditional budget and the ARRA plans. If you have used any CASA funds as match on the ARRA plans, you will need to account for this on the traditional budgets. Please include these new amounts in your next revision.

Please contact the State Unit on Aging if you have any questions.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG TERM CARE-STATE UNIT ON AGING
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2010

SUA-2010-PI-03
 August 3, 2009

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$11,513	\$77,425	\$388,085	\$975,790	\$148,001	\$0
EASTERN	593,668	726,139	315,550	36,250	308,043	1,452,893	\$3,432,543	603,642	28,645
LINCOLN AREA	317,885	388,653	174,012	19,331	172,652	897,006	\$1,969,539	332,954	19,000
MIDLAND	208,750	255,678	100,360	12,914	92,138	456,441	\$1,126,281	168,535	0
SOUTH CENTRAL	190,794	233,762	89,369	11,840	80,612	386,541	\$992,918	151,522	40,000
WESTERN (AOWN)	199,058	244,036	88,645	12,425	77,090	346,189	\$967,443	170,736	0
NORTHEAST	299,597	366,214	166,393	18,181	166,371	816,743	\$1,833,499	309,073	33,271
WEST CENTRAL	201,870	247,372	93,428	12,546	83,569	378,824	\$1,017,609	138,776	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$135,000	\$1,057,900	\$5,122,722	\$12,315,622	\$2,023,239	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION

SUA-10-PI-02

July 17, 2009

TO: Directors, Area Agencies on Aging

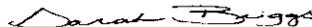
SUBJECT: Maximum Title III Funds Available July 1, 2009
to September 30, 2009

CONTENT: The amount of FY-2009 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2009 to September 30, 2009 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2009 to September 30, 2009. Since we use a combination of state and federal funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III reservation table to the total Title III funds available for the period July 1, 2009 to September 30, 2009. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2009.

Should you have any questions, please contact us.

Sincerely,



Sarah Briggs, Manager
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

DHHS-STATE UNIT ON AGING			ATTACHMENT		DHHS-SUA-10-PI-02	
MAXIMUM ACCRUED EXPENDITURES						
FOR THE PERIOD JULY 1, 2009 TO SEPTEMBER 30, 2009						
	TITLE	TITLE	TITLE	TITLE	TITLE	TOTAL
AREA AGENCY	III-B	III-C(1)	III-C(2)	III-D	III-E	TITLE III
BLUE RIVERS	\$46,000	\$85,000	\$37,000	\$9,700	\$11,400	\$189,100
EASTERN	167,000	289,000	136,000	30,600	50,000	672,600
LINCOLN AREA	85,000	151,000	58,000	16,000	25,000	335,000
MIDLAND	51,000	96,000	45,000	10,900	13,000	215,900
SOUTH CENTRAL	46,000	86,000	42,000	10,000	12,000	196,000
WESTERN (AOWN)	50,000	92,000	39,000	10,500	11,000	202,500
NORTHEAST	83,000	147,000	75,000	15,000	25,000	345,000
WEST CENTRAL	50,000	93,000	40,000	11,000	12,000	206,000
TOTAL	\$578,000	\$1,039,000	\$472,000	\$113,700	\$159,400	\$2,362,100

PROGRAM INSTRUCTION

SUA-10-PI-01

July 1, 2009

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-10

CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-10 Area Plan.

AOWN	\$43.88
BRAAA	\$30.90
ENOA	\$54.00
LAAA	\$46.50
MAAA	\$36.75
NENAAA	\$54.00
SCNAAA	\$42.16
WCNAAA	\$51.31

These initial rates are effective July 1, 2009. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Penny Clark.

Sincerely,



Sarah Briggs, Manager
Nebraska Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-09-PI-10

April 30, 2009

TO: Eastern Nebraska Office on Aging, Lincoln Area Agency
on Aging & Experience Works

SUBJECT: Stimulus Award for Senior Community Service Employment
Program

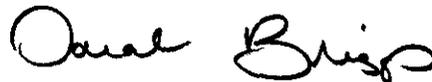
CONTENT: The USDOL Senior Community Service Employment Program
has awarded American Recovery and Reinvestment Act to the State
of Nebraska. These funds represent a supplement to our current
older worker initiative. These Recovery Act appropriation levels
are available through June 30, 2010.

	Admin	OEC	Wages & Fringe	Total
ENOA	21,200	17,415	120,600	159,215
LAAA	1,400	1,300	8,700	11,400
Experience Works	1,400	1,300	8,700	11,400
SUA				
Totals	24,000	20,015	138,000	182,015

The funding levels for Administration are the **maximum** allowed
while those for Wages & Fringe Benefits are the **minimum** allowed.
Please submit a separate budget for these Recovery Act funds by
May 15, 2009.

If you have questions regarding these revisions, call Gary
Richards at (402) 471-4555.

Sincerely,



Sarah Briggs
Administrator
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-09-PI-09

March 20, 2009

TO: Fiscal Manager, Area Agencies on Aging
Directors, Area Agencies on Aging

FROM: Tammie Scholz

SUBJECT: Meal Report/Request for NSIP Cash-In-Lieu of Commodities

In order to standardize the reimbursement request format and provide a more effective and efficient process for reimbursement for NSIP meals, two changes are being made.

- An updated master template for the reimbursement document has been created and is attached. It should be submitted with complete information and should be unaltered. Each Area Agency will be responsible for completing the attached form in its entirety.
- Starting in April, submission for the March NSIP eligible meals must be submitted electronically to tammie.scholz@nebraska.gov by April 20th. Each month thereafter, submission for NSIP reimbursement must be completed by the 20th day of the month.

The rate of reimbursement for NSIP meals is currently \$.57 per eligible meal. This value represents the current rate established by the Nebraska State Unit on Aging and may be subject to change. The rate is based on a performance incentive model. State agencies on Aging receive NSIP funding based on the number of meals served in the prior federal fiscal year in proportion to all other States and tribes and the available appropriation.

Program Objective

The US Administration on Aging supplies funding to supplement meals provided under Title III C of the Older American's Act. This supplement is intended to promote the use of U.S grown agricultural products in various domestic nutrition programs. The purpose of the Nutrition Services incentive Program is to reward states for effective performance in the efficient delivery of nutritious meals to older individuals through the use of cash or commodities.

PROGRAM INSTRUCTION

NDoA-09PI-08

March 4, 2009

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2009 are as follows:

Poverty Guideline		
Size of Family	100%	125%
1	\$10,830	13,538
2	14,570	18,213
3	18,310	22,888
4	22,050	27,563
5	25,790	32,238
6	29,530	36,913
7	33,270	41,588
8	37,010	46,263
For each additional Family member add	3,740	4,675

The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

0 - 1,353	0%
1,354 - 1,506	10%
1,507 - 1,651	20%
1,652 - 1,804	30%
1,805 - 1,957	40%
1,958 - 2,102	50%
2,103 - 2,255	60%
2,256 - 2,409	70%
2,410 - 2,553	80%
2,554 - 2,707	90%
2,708 - above	100%

Two-Person Household

0 - 1,820	0%
1,821 - 2,027	10%
2,028 - 2,221	20%
2,222 - 2,427	30%
2,428 - 2,634	40%
2,635 - 2,828	50%
2,829 - 3,034	60%
3,035 - 3,241	70%
3,242 - 3,435	80%
3,436 - 3,642	90%
3,643 - above	100%

Three-Person Household

0 - 2288	0%
2289 - 2547	10%
2548 - 2791	20%
2792 - 3051	30%
3052 - 3310	40%
3311 - 3554	50%
3555 - 3814	60%
3815 - 4073	70%
4074 - 4317	80%
4318 - 4577	90%
4578 - above	100%

Four-Person Household

0 - 2755	0%
2756 - 3068	10%
3069 - 3362	20%
3363 - 3674	30%
3675 - 3986	40%
3987 - 4280	50%
4281 - 4593	60%
4594 - 4905	70%
4906 - 5199	80%
5200 - 5512	90%
5513 - above	100%

Five-Person Household

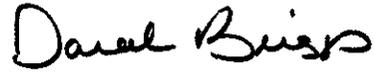
0 - 3223	0%
3224 - 3588	10%
3589 - 3932	20%
3933 - 4297	30%
4298 - 4663	40%
4664 - 5007	50%
5008 - 5372	60%
5373 - 5737	70%
5738 - 6081	80%
6082 - 6447	90%
6448 - above	100%

Six-Person Household

0 - 3690	0%
3691 - 4109	10%
4110 - 4502	20%
4503 - 4921	30%
4922 - 5339	40%
5340 - 5733	50%
5734 - 6151	60%
6152 - 6569	70%
6570 - 6963	80%
6964 - 7382	90%
7383 - above	100%

The revised sliding fee scale will be effective July 1, 2009. It should be used in the development of your Fiscal Year 2010 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,

A handwritten signature in black ink that reads "Sarah Briggs". The signature is written in a cursive style with a large initial "S".

Sarah Briggs, Administrator
State Unit on Aging

PROGRAM INSTRUCTION

SUA-09-PI-07

February 6, 2009

TO: Area Agency on Aging Directors

FROM: Sarah Brigs, Manager

SUBJECT: Reservation Table for FY-10

CONTENT: Enclosed please find the Reservation Table for FY-10, which can be used in preparing the Annual Plan and Budget. These amounts are subject to change once the final information on the FY 09 federal funds are received and the Legislature has awarded any additional state funds.

An amended Reservation Table will be provided when we receive the final awards for FY 09.

Please contact the State Unit on Aging if you have any questions.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG TERM CARE-STATE UNIT ON AGING
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2010

NDOA-2009- PI-07
 February 4, 2009

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$11,513	\$77,425	\$375,076	\$962,781	\$145,814	\$0
EASTERN	593,668	726,139	315,550	36,250	308,043	1,404,192	\$3,383,842	594,721	28,645
LINCOLN AREA	317,885	388,653	174,012	19,331	172,652	866,938	\$1,939,471	328,034	19,000
MIDLAND	208,750	255,678	100,360	12,914	92,138	441,141	\$1,110,981	166,044	0
SOUTH CENTRAL	190,794	233,762	89,369	11,840	80,612	373,584	\$979,961	149,283	40,000
WESTERN (AOWN)	199,058	244,036	88,645	12,425	77,090	334,585	\$955,839	168,213	0
NORTHEAST	299,597	366,214	166,393	18,181	166,371	789,365	\$1,806,121	304,506	33,271
WEST CENTRAL	201,870	247,372	93,428	12,546	83,569	366,125	\$1,004,910	136,725	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$135,000	\$1,057,900	\$4,951,006	\$12,143,906	\$1,993,340	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION

SUA-09-PI-06

January 23, 2009

TO: Nutrition Coordinators
Directors, Area Agencies on Aging

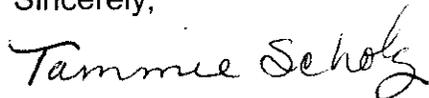
FROM: Tammie Scholz, Program Specialist

SUBJECT: Guidance on Interpretation of Older Americans Act Nutrition
Program Regulations

Content: Question and Answer Format on Older Americans Act Nutrition
Program Regulations and State Unit on Aging Guidance on
Contribution Standards.

If you have any questions, please don't hesitate to contact Tammie Scholz at
(402) 471-4624.

Sincerely,



Tammie Scholz, MS, RD, LMNT
Nutrition & Health Specialist

Who may participate in the Older Americans Act Nutrition Program?

Section 339(2)(H),(I) provide for the following:

- A person aged 60 years of age and older;
- A spouse of any age;
- Disabled individuals, who reside in housing facilities for the elderly where a congregate site exists, are eligible for congregate meals.
- AAAs may establish procedures to allow a senior center to offer a meal to an individual who provides volunteer service during meal hours.
- AAAs may establish procedures to allow a senior center to offer a meal to a disabled individual who resides at home with an older adult (both congregate and home delivered meals).

Are family caregivers eligible for home delivered meals (HDMs)?

Who the caregiver is will define how the service can be paid for. In general, the following principles apply:

- If the caregiver is a spouse of an eligible client (Section 339(2)(I)), the caregiver may receive HDMs under Title III C-2 and have that meal counted for NSIP.
- If the family caregiver is another member of the family and is over 60, but not homebound, HDMs may be provided to the family caregiver through Title III-E Section 373(b)(5). This meal would NOT be eligible for NSIP (it does not meet the requirements for C-2 of the OAA and its regulations).
- If the caregiver, is not a spouse (but could be another family member) and is under 60, HDMS may be provided to the caregiver through Title III-E Section 373(b)(5). This meal would NOT be eligible for NSIP (it does not meet the requirements for C-2 of the OAA and its regulations).

Who may not participate in the OAA Nutrition Program?

- Homebound disabled individual living alone who have not attained the age of sixty may not participate in the Part C-2 Program (home-delivered meals).
- Spouses (under the age of 60) of non-Title III-C participating individuals may not receive eligible meals. Eligibility for the under-60 spouse is based on the age 60+ spouse's participation in the nutrition program.
- Guests of eligible participants may receive a meal for the full cost of the meal provided all participants have received the service. These meals are not counted as eligible meals to be included on the State Program Report (SPR). Guests should receive meals only upon availability.
- Guests include children, staff and any non-participating person. The full cost of the meal must be charged because Title III-C funds are not intended for these populations.

What are the eligibility criteria for meals to be served in OAA nutrition Programs?

Section 339(2)(A)(I)(II) provides the following:

- Meals must comply with the most recent Dietary Guidelines for Americans.
- Meals must provide at least 1/3rd of the Dietary Reference Intakes (DRIs).
- Meals must be served in compliance with State and local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service and delivery of meals to an older individual.

Section 315(b)(3) Means Testing

- Meals served to means-tested individuals in means-tested programs are not Title III-C eligible meals. Meals served to individuals in nursing homes, adult care homes or assisted living facilities where the meal is a part of the per diem rate are not eligible.

A number of factors are increasing the cost of meals. Are there ways to work within the Dietary Reference Intakes(DRIs) and Dietary Guidelines(DGIs) for Americans and meet these challenges?

The DGAs can be implemented by following two different meal patterns (the United State Department of Agriculture's Food Guide or My Pyramid, and the Dietary Approaches to Stop Hypertension or DASH diet) and suggested caloric levels which determine portion sizes to best meet the needs of older adults being served.

Implementation of the DRIs and DGAs do not require the production of high cost meals, however; the translation of these requirements into low-cost meals is a technical skill that may require the expertise of a registered dietitian or individual with comparable education and training.

Guidance on the Older Americans Act (OAA) Nutrition Program can be found at http://nutritionandaging.fiu.edu/OANP_Toolkit/.

Recommendations for implementation including flexibility recommendations are found in the Dietary Guidelines for Americans 2005 Nutrition Service Providers Guide found at http://nutritionandaging.fiu.edu/DRI_and_DGs/dg_resources.asp.

Are "Carry-Out"/"Take-Out" meals considered eligible meals?

- Part C Subparts 1 and 2 of the OAA authorize two nutrition services— Congregate Nutrition Services and Home-Delivered Nutrition Services respectively. No provisions are made for carry-out or take-out settings. The OAA states the meals shall be provided in a congregate setting or delivered to the person's home. Congregate meal service allows clients to receive socialization, information and assistance, and many other education and health-related services, to name a few. The OAA requires that services are to be targeted and persons participating should be in need of these related services and not just the meal.

Can meals served to recipients of Medicaid waiver meals who are 60 years or over, or disabled under 60 years be reported as eligible Title III-C meals?

- No. In order to participate in the Medicaid program, clients are evaluated for income status and services are provided accordingly. Means-tested services are not allowable in OAA programs.
A meal may be provided through the Medicaid waiver program. Usually a negotiated per diem rate is contractually entered into with the State Medicaid agency and the Title III-C provider. The rate should cover the full cost of the meal. These meals are not reported to AoA for the Nutrition Services Incentive Program (NSIP) meal count.

Source: Older Americans Act Frequently Asked Questions, AoA Website
http://www.aoa.gov/oa2006/Main_Site/resources/faqs.aspx

Contribution Standards:

- The actual cost, as defined by the AAA and reported to the State, of a congregate meal shall be posted at the nutrition site. Suggested contribution and actual cost shall be posted in a prominent conspicuous location.
- Each eligible participant shall have an opportunity to voluntarily and anonymously contribute toward the cost of a provided meal service.
- Each AAA shall establish and implement procedures which will protect the privacy of the client's decision to contribute or not contribute toward the meal service rendered.
- Under no circumstances may an eligible client be denied service(s) by a provider who received funds from the AAA (for that service) because of the client's decision not to contribute for services rendered.
- AAAs shall have each provider post suggested contributions and fees (actual costs of meal) for nutrition services in a prominent conspicuous location.
- There shall be a locked contribution box, placed away from the ticket and change table, which shall not be monitored for contributions, in order to assure the confidentiality of the donation.
- Participant contributions shall be counted by two persons, and both individuals shall sign a form attesting to the correct count. A copy of such signed documentation shall be kept on file.
- Daily sign-in sheet or other acceptable documentation identifying participants, guests, volunteers and staff.
- A separate lock box should be used for collecting non-eligible meal cost fees.
- A receipt should be given to an individual who has purchased a non-eligible meal and a copy of this receipt should be attached to the sign-in sheet.

Site Contribution Monitoring Should Include:

- 1) How contributions are collected.
- 2) The average contribution at the site.
- 3) How confidentiality is assured.
- 4) How the money is deposited.
- 5) How the money is handled for ineligible meals.

PROGRAM INSTRUCTION

SUA-09-PI-05

February 3, 2009

TO: Director, Area Agency on Aging

SUBJECT: Update to Annual Plan & Budget

CONTENT: The information and forms needed to update your one-year area plans and to apply for Fiscal Year 2009-2010 funding are enclosed. Your completed plans should be on file with the Health & Human Services - State Unit on Aging by May 1, 2009. If you cannot meet this deadline, please contact the State Unit on Aging Manager by April 14, 2009.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver must be submitted to the Health & Human Services - State Unit on Aging by March 31, 2009. The earlier deadline is needed to allow the State Unit on Aging an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made this year to these instructions are underlined and shaded in grey. Plans submitted without following these instructions, will be returned.

A few of the more significant changes in this year's instructions are:

- Projected units of service for FY 2009-2010 will be reviewed against actual NAMIS units of service for FY 2008-2009. If the variance between projected units of service and actual NAMIS units are greater than 5% for any service, an explanation for this discrepancy is required;
- Title III-D funds are for Disease Prevention and Health Promotion. Each Area Agency on Aging must spend 25.7% * of your Preventive Health funds "for the purpose of providing activities related to medication management, screening and education to prevent incorrect medication and adverse drug reactions", pursuant to the Consolidated Appropriations Act,

2001 (P.L. 106-554). *This figure represents the current percentage established by the AoA and may be subject to change.

- A separate line has been added to the budget forms for CASA (Used as Match) (17b). As stated in NDoA-01-PI-08; if you do not have enough local match, you may use CASA funds to make up the difference.
- We have also added a separate budget form for Title VII, which is to be used for Ombudsman and Elder Abuse funding.

The Annual Plan should include information about all funding sources utilized by the Area Agency on Aging and all services that will be provided.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark.

If you have questions or would like technical assistance in developing the plan, please contact Sarah Briggs, Manager at the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

The following items should be included with this Program Instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V; and
- Attachment 5: Assurances.

Sincerely,



Sarah Briggs, Manager
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

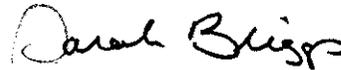
PROGRAM INSTRUCTION

ND0A-09-PI-04

December 18, 2008

TO: Area Agency on Aging Directors

FROM: Sarah Brigs, Manager



SUBJECT: Revised Reservation Amount for IIID-FY-09

CONTENT: Please find enclosed a revised reservation table for year ending June 30, 2009, which includes additional III D funds based on the FY-08 amounts. All other funds remain the same.

Please revise your III D budgets as soon as you can so you may start utilizing these funds. We hope that this will help you plan the remainder of the year.

Please share this information with your fiscal staff. If you have any questions, please contact the State Unit on Aging.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID & LONG TERM CARE-STATE UNIT ON AGING
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2009

NDOA-2009- PI-04
 December 18, 2008

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$11,513	\$77,425	\$375,076	\$962,781	\$145,814	\$0
EASTERN	593,668	726,139	315,550	36,250	308,043	1,404,192	\$3,383,842	594,721	28,645
LINCOLN AREA	317,885	388,653	174,012	19,331	172,652	866,938	\$1,939,471	328,034	19,000
MIDLAND	208,750	255,678	100,360	12,914	92,138	441,141	\$1,110,981	166,044	0
SOUTH CENTRAL	190,794	233,762	89,369	11,840	80,612	373,584	\$979,961	149,283	40,000
WESTERN (AOWN)	199,058	244,036	88,645	12,425	77,090	334,585	\$955,839	168,213	0
NORTHEAST	299,597	366,214	166,393	18,181	166,371	789,365	\$1,806,121	304,506	33,271
WEST CENTRAL	201,870	247,372	93,428	12,546	83,569	366,125	\$1,004,910	136,725	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$135,000	\$1,057,900	\$4,951,006	\$12,143,906	\$1,993,340	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION

NDoA-09-PI-03

November 25, 2008

TO: Eastern Nebraska Office on Aging, Lincoln Area Agency
on Aging & Experience Works

SUBJECT: Special Award Budget Revision

CONTENT: The USDOL Senior Community Service Employment Program has allowed us to utilize unspent PY 2007 (FY 2008) funds during the first three months of this year. Please submit a revision by December 19th incorporating these funds into the Special Award line of the budget form. The adjusted appropriation levels for FY 2008-2009 are:

	Admin	OEC	Wages & Fringe	Total
ENOA	75,000	79,116	521,684 SA- 27,684	675,800
LAAA	6,300	6,639	39,000	51,939
Experience Works	9,400	8,746	62,600 SA- 2,600	80,746
SUA	13,000			13,000
Totals	103,700	94,501	623,284	821,485

Please note that these Special Award funds may only be spent for Enrollee Wages & Fringe Benefits.

If you have questions regarding these revisions, call Gary Richards at (402) 471-4555.

Sincerely,



Sarah Briggs
Manager
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-09-PI-02

July 1, 2008

TO: Directors, Area Agencies on Aging

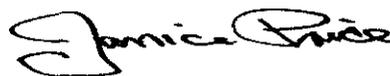
SUBJECT: Maximum Title III Funds Available July 1, 2008
to September 30, 2008

CONTENT: The amount of FY-2008 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2008 to September 30, 2008 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2008 to September 30, 2008. Since we use a combination of state and federal funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III reservation table to the total Title III funds available for the period July 1, 2008 to September 30, 2008. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2008.

Should you have any questions, please contact us.

Sincerely,



Janice Price, Interim Administrator
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

DHHS-STATE UNIT ON AGING			ATTACHMENT		HHS-NDOA-09-PI-02	
MAXIMUM ACCRUED EXPENDITURES						
FOR THE PERIOD JULY 1, 2008 TO SEPTEMBER 30, 2008						
	TITLE	TITLE	TITLE	TITLE	TITLE	TOTAL
AREA AGENCY	III-B	III-C(1)	III-C(2)	III-D	III-E	TITLE III
BLUE RIVERS	\$34,000	\$72,000	\$28,000	\$9,500	\$9,000	\$152,500
EASTERN	111,000	232,000	104,000	31,000	36,000	514,000
LINCOLN AREA	65,000	128,000	44,000	16,500	20,000	273,500
MIDLAND	52,000	61,000	32,000	11,000	11,000	167,000
SOUTH CENTRAL	31,000	84,000	27,000	10,000	9,000	161,000
WESTERN (AOWN)	34,000	83,000	29,000	10,500	9,000	165,500
NORTHEAST	56,000	117,000	55,000	15,000	19,000	262,000
WEST CENTRAL	38,000	79,000	31,000	10,500	9,000	167,500
TOTAL	\$421,000	\$856,000	\$350,000	\$114,000	\$122,000	\$1,863,000

PROGRAM INSTRUCTION

NDoA-09-PI-01

July 1, 2008

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-09

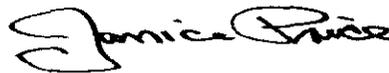
CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-09 Area Plan.

AOWN	\$43.88
BRAAA	\$30.90
ENOA	\$54.00
LAAA	\$46.50
MAAA	\$36.75
NENAAA	\$54.00
SCNAAA	\$42.16
WCNAAA	\$51.31

These initial rates are effective July 1, 2008. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Janice Price, Interim Administrator
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-08-PI-07

April 11, 2008

TO: Directors, Area Agency on Aging

FROM: Janice Price, Interim Administrator, DHHS-State Unit on Aging

SUBJECT: FY 09 Amended Reservation Table

Please find enclosed the amended FY 09 Reservation Table which includes the additional Community Aging Services Act money which was approved by the Legislature in LB 959. We strongly urge that this new money be used for any of the first fourteen core services in the Taxonomy. Please indicate in your area plan or your budget revision how this additional money will be used.

If you have any questions, please feel free to contact me.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2009

NDOA-2008 -PI-07
 April 11, 2008

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$10,973	\$77,425	\$375,076	\$962,241	\$145,814	\$0
EASTERN	593,668	726,139	315,550	34,007	308,043	1,404,192	\$3,381,599	594,721	28,645
LINCOLN AREA	317,885	388,653	174,012	18,064	172,652	866,938	\$1,938,204	328,034	19,000
MIDLAND	208,750	255,678	100,360	12,263	92,138	441,141	\$1,110,330	166,044	0
SOUTH CENTRAL	190,794	233,762	89,369	11,276	80,612	373,584	\$979,397	149,283	40,000
WESTERN (AOWN)	199,058	244,036	88,645	11,897	77,090	334,585	\$955,311	168,213	0
NORTHEAST	299,597	366,214	166,393	16,956	166,371	789,365	\$1,804,896	304,506	33,271
WEST CENTRAL	201,870	247,372	93,428	11,964	83,569	366,125	\$1,004,328	136,725	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$127,400	\$1,057,900	\$4,951,006	\$12,136,306	\$1,993,340	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS	IN-HOME	LEGAL SERVICES
	15%	15%	2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION

ND0A-08PI-076

April 8, 2008

TO: Eastern Nebraska Office on Aging &
Lincoln Area Agency on Aging
Experience Works

SUBJECT: Supplemental Title V Funds

CONTENT: Senior Community Service Employment Program funds were increased by US DOL to cover the adjustment to the minimum wage. Please submit a budget revision by April 30th incorporating these additional funds. The adjusted appropriation levels for FY 2007-2008 are:

	Admin	OEC	Wages & Fringe	Total
ENOA	68,200	58,455	435,665	562,320
LAAA	5,600	4,810	35,810	46,220
Experience Works	13,100	18,950	83,525	115,575

Please note that figures for Administration are the maximum allowed and Wages & Fringe are minimum allowed.

If you have questions regarding these revisions, call Gary Richards at (402) 471-4555.

Sincerely,



Janice Price, Interim Administrator
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-08PI-06

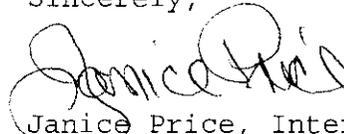
March 14, 2008

TO: Eastern Nebraska Office on Aging &
Lincoln Area Agency on Aging

SUBJECT: Area Plan Format for Title V Program

CONTENT: Please find enclosed the FY 2009 Area Plan Format
and the Reservation Table for the Title V Program. If you have
questions, please feel free to contact me..

Sincerely,



Janice Price, Interim Administrator
State Unit on Aging

PROGRAM INSTRUCTION

NDOA 08-PI-05

February 28, 2008

TO: Area Agency on Aging Directors

FROM: Janice Price,  Interim Administrator, DHHS-State Unit on Aging

SUBJECT: FY 09 Reservation Table

Please find enclosed the FY 09 Reservation Table. As previously discussed, all of the FY 08 III-D dollars are being made available in the FY 09 Reservation Table to make your program planning more effective. Remember the medication management requirement must be met in FY 09.

If you have any questions please feel free to contact me.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2009

NDOA-2008 -PI-05
 February 28, 2008

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$10,973	\$77,425	\$318,258	\$905,423	\$145,814	\$0
EASTERN	593,668	726,139	315,550	34,007	308,043	1,191,479	\$3,168,886	594,721	28,645
LINCOLN AREA	317,885	388,653	174,012	18,064	172,652	735,610	\$1,806,876	328,034	19,000
MIDLAND	208,750	255,678	100,360	12,263	92,138	374,315	\$1,043,504	166,044	0
SOUTH CENTRAL	190,794	233,762	89,369	11,276	80,612	316,992	\$922,805	149,283	40,000
WESTERN (AOWN)	199,058	244,036	88,645	11,897	77,090	283,901	\$904,627	168,213	0
NORTHEAST	299,597	366,214	166,393	16,956	166,371	669,788	\$1,685,319	304,506	33,271
WEST CENTRAL	201,870	247,372	93,428	11,964	83,569	310,663	\$948,866	136,725	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$127,400	\$1,057,900	\$4,201,006	\$11,386,306	\$1,993,340	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
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WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census



PROGRAM INSTRUCTION

NDoA-08PI-04

February 5, 2008

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2008 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$10,400	13,000
2	14,000	17,500
3	17,600	22,000
4	21,200	26,500
5	24,800	31,000
6	28,400	35,500
7	32,000	40,000
8	35,600	44,500
For each additional Family member add	3,600	4,500

The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

0 - 1,299	0%
1,300 - 1,446	10%
1,447 - 1,585	20%
1,586 - 1,732	30%
1,733 - 1,880	40%
1,881 - 2,018	50%
2,019 - 2,166	60%
2,167 - 2,313	70%
2,314 - 2,452	80%
2,453 - 2,599	90%
2,600 - above	100%

Two-Person Household

0 - 1,749	0%
1,750 - 1,947	10%
1,948 - 2,134	20%
2,135 - 2,332	30%
2,333 - 2,532	40%
2,532 - 2,717	50%
2,718 - 2,916	60%
2,917 - 3,114	70%
3,115 - 3,301	80%
3,302 - 3,499	90%
3,500 - above	100%

Three-Person Household

0 - 2199	0%
2200 - 2448	10%
2449 - 2683	20%
2684 - 2932	30%
2933 - 3182	40%
3183 - 3416	50%
3417 - 3666	60%
3667 - 3915	70%
3916 - 4150	80%
4151 - 4399	90%
4400 - above	100%

Four-Person Household

0 - 2649	0%
2650 - 2949	10%
2950 - 3232	20%
3233 - 3532	30%
3533 - 3833	40%
3834 - 4115	50%
4116 - 4416	60%
4417 - 4716	70%
4717 - 4999	80%
5000 - 5299	90%
5300 - above	100%

Five-Person Household

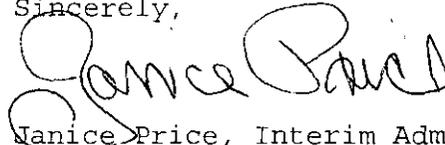
0 - 3099	0%
3100 - 3450	10%
3451 - 3781	20%
3782 - 4132	30%
4133 - 4484	40%
4485 - 4814	50%
4815 - 5166	60%
5167 - 5517	70%
5518 - 5848	80%
5849 - 6199	90%
6200 - above	100%

Six-Person Household

0 - 3549	0%
3550 - 3951	10%
3952 - 4330	20%
4331 - 4732	30%
4733 - 5135	40%
5136 - 5513	50%
5514 - 5916	60%
5917 - 6318	70%
6319 - 6697	80%
6698 - 7099	90%
7100 - above	100%

The revised sliding fee scale will be effective July 1, 2008. It should be used in the development of your Fiscal Year 2009 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read "Janice Price". The signature is written in a cursive style with a large initial "J".

Janice Price, Interim Administrator
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-08-PI-03

February 7, 2008

TO: Director, Area Agency on Aging

SUBJECT: Update to Annual Plan & Budget

CONTENT: The information and forms needed to update your one-year area plans and to apply for Fiscal Year 2008-2009 funding is enclosed. Your completed plans should be on file with the Health & Human Services - State Unit on Aging by May 1, 2008. If you cannot meet this deadline, please contact the State Unit on Aging Administrator by April 14, 2008.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver must be submitted to the Health & Human Services - State Unit on Aging by March 31, 2008. The earlier deadline is needed to allow the State Unit on Aging an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made this year to these instructions are underlined and shaded in grey. Plans submitted without following these instructions, will be returned.

The Annual Plan should include information about all funding sources utilized by the Area Agency on Aging and all services that will be provided.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark. If you have questions or would like technical assistance in developing the plan please contact the State Unit on Aging.

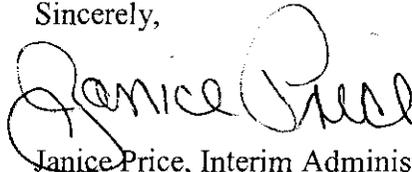
A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

Attachment 4: Title V Grant Application Information will be mailed in the next few days. It is not included in these instructions.

The following items should be included with this Program Instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 5: Assurances; and
- CD containing all of the above.

Sincerely,

A handwritten signature in black ink that reads "Janice Price". The signature is written in a cursive style with a large, looping initial "J".

Janice Price, Interim Administrator
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-08-PI-02

December 18, 2007

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 2008. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 2008 and ending June 30, 2010.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted, and the review criteria, which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

The State Unit on Aging must receive the application for recertification, 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by March 31, 2008.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

In addition, the following information should be included:

1. Procedure of Obtaining Public Input. (006.01B)
2. Description of how the care management unit will be operated separately from any direct care program of the Area Agency on Aging. (006.01D)
3. Criteria for use in determining priority of service in the event of insufficient funds. (006.01F)

4. Grievance Procedure. (006.01G)
5. Personnel Policies and Procedures. (006.02A)
6. Organization Chart. (006.02A2, 006.02D1, and 006.02D2)
7. Statement of Client Rights. (006.02E)
8. Procedures Governing Confidentiality of Case Records and Information. (006.02F)
9. Policies and Procedures for Establishment of Client Files. (006.03)
10. Position descriptions for all staff positions. (006.02A)
11. Any other section of the Plan of Operation.

We are not requesting submission of budget or staffing information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Janice Price.

Sincerely,



Joann Weis, Administrator
Department of Health & Human Services
Division of Medicaid & Long Term Care
State Unit on Aging

PROGRAM INSTRUCTION**NDoA-08-PI-01****August 10, 2007**

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-08

CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-08 Area Plan.

AOWN	\$44.55
BRAAA	\$30.90
ENOA	\$54.00
LAAA	\$46.00
MAAA	\$44.45
NENAAA	\$54.00
SCNAAA	\$40.03
WCNAAA	\$42.62

These initial rates were effective July 1, 2007. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

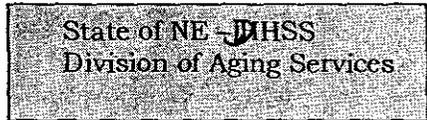
Sincerely,



Joann Weis, Administrator
State Unit on Aging

Revised

HHS-N00A-07-PI-10



Fax

To: AAA Directors

From: Joann - SAA

Fax: _____

Pages: 2 w/ cover

Phone: _____

Date: 10-16-07

Re: Revised Map

Phone (402) 471-2307 4623

Expend. allowed through 9-30-07

DoA Fax: (402) 471-4619

Urgent For Review Please Comment Please Reply Please Recycle

Sent 10/16/07 @ 9am Als

Comments:

The LAAA generously let me know they would be willing to reduce their 07 "Maximum funds" available to allow some of the other agencies to be able to draw down more. I am sending a revised form for your review. We will hope the 08 funds will not be as long in coming as before. 50% of Casa may now be requested since we are in 2nd quarter of state year -

NOTICE

This message is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential or protected by law. All others are hereby notified that the receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at the above telephone number.

Revised 9/4/07

FOR THE PERIOD JULY 1, 2007 TO SEPTEMBER 30, 2007 revised 9/30/07

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$63,293	\$97,849	\$38,586	\$4,500	\$30,537	\$234,766
EASTERN	110,000	235,000	90,000	6,700	78,500	520,200
LINCOLN AREA	50,000	105,000	40,000	5,000	46,000	246,000
MIDLAND	71,000	68,000	24,000	8,000	25,000	196,000
* SOUTH CENTRAL	60,000	110,700	35,000	5,696	28,000	239,396
WESTERN (AOV)	53,200	108,000	36,000	8,900	25,000	231,100
NORTHEAST	80,000	140,000	54,000	17,600	50,000	341,600
WEST CENTRAL	55,000	84,000	25,000	7,400	24,000	195,400
TOTAL	\$542,493	\$948,549	\$342,586	\$63,796	\$307,037	\$2,204,462



Date: August 29, 2007

To: AAA Directors

From: Joann Weis, Administrator-SUA

Subject: Revised Maximum Expenditures from DOA-07-PI-10

With 7 of the 8 AAA finals received I have revised the maximum amount of Federal funds your Agency can utilize through your Sept. 30 report. Hopefully this will help on your August reports. If you have any questions, please let me know.

Please share this information with your Fiscal Directors.

FOR THE PERIOD JULY 1, 2007 TO SEPTEMBER 30, 2007

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$54,074	\$93,281	\$36,566	\$4,500	\$28,628	\$217,049
EASTERN	110,000	235,000	90,000	6,700	78,500	520,200
LINCOLN AREA	75,000	130,000	45,000	3,000	46,000	299,000
MIDLAND	68,000	60,000	22,000	4,000	25,000	179,000
SOUTH CENTRAL	55,000	105,700	30,000	4,000	23,000	217,700
WESTERN (AOW)	50,000	100,000	33,000	11,750	23,000	217,750
NORTHEAST	75,000	135,000	54,000	13,000	47,000	324,000
WEST CENTRAL	42,000	85,000	25,000	4,400	20,000	176,400
TOTAL	\$529,074	\$943,981	\$335,566	\$51,350	\$291,128	\$2,151,099

PROGRAM INSTRUCTION

NDOA-07-PI-10

July 19, 2007

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 1, 2007 to
September 30, 2007.

CONTENT: The amount of FY-2007 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2007 to September 30, 2007 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2007 to September 30, 2007. Since we use a combination of state and federal funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule..

The limits were determined by the ratio of Title III reservation table to the total Title III funds available for the period July 1, 2007 to September 30, 2007. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2007.

Should you have any questions, please contact me.

Sincerely,



Joann Weis, Administrator
DHSS-State Unit on Aging
Medicaid & Long Term Care

FOR THE PERIOD JULY 1, 2007 TO SEPTEMBER 30, 2007

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$29,542	\$75,260	\$31,000	\$2,743	\$18,785	\$157,329
EASTERN	66,000	200,000	75,000	3,000	50,000	394,000
LINCOLN AREA	49,000	120,000	45,000	2,000	36,000	252,000
MIDLAND	47,000	55,000	20,000	2,600	20,000	144,600
SOUTH CENTRAL	34,000	80,000	20,000	3,000	18,000	155,000
WESTERN (AOV)	26,000	80,000	28,000	5,600	18,000	157,600
NORTHEAST	45,000	115,000	42,000	10,000	35,000	247,000
WEST CENTRAL	28,000	80,000	22,000	3,000	18,000	151,000
TOTAL	\$324,542	\$805,260	\$283,000	\$31,943	\$213,785	\$1,658,529



To: Area Agency on Aging Directors
From: Joann Weis, Administrator-SUA
Subject: **NDOA-2007-PI-09**
Date: June 1, 2007

A handwritten signature in black ink, consisting of the letters 'JW' with a stylized flourish.

Please find enclosed your new reservation table for **FY-08** which included the additional CASA and Care Management funds recently approved by the Legislature.

Please include these new amounts in your next revision. If you have any questions, please give me a call.



NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2008

NDOA-2007 -PI-09
 June 1, 2007

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$4,833	\$88,086	\$287,101	\$878,787	\$141,567	\$0
EASTERN	593,668	726,139	315,550	8,506	352,315	1,074,836	\$3,071,014	577,399	28,645
LINCOLN AREA	317,885	388,653	174,012	3,661	197,657	663,596	\$1,745,464	318,480	19,000
MIDLAND	208,750	255,678	100,360	4,868	104,978	337,670	\$1,012,304	161,208	0
SOUTH CENTRAL	190,794	233,762	89,369	4,867	91,740	285,960	\$896,492	144,935	40,000
WESTERN (AOWN)	199,058	244,036	88,645	5,891	87,518	256,108	\$881,256	163,313	0
NORTHEAST	299,597	366,214	166,393	3,026	190,553	604,218	\$1,630,001	295,637	33,271
WEST CENTRAL	201,870	247,372	93,428	5,348	95,053	280,250	\$923,321	132,743	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$41,000	\$1,207,900	\$3,789,739	\$11,038,639	\$1,935,282	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census



PROGRAM INSTRUCTION

NDOA-07-PI-08

April 6, 2007

To: Area Agency on Aging Directors

From: Joann Wers Administrator, HHSS-State Unit on Aging

Subject: FY-08 Reservation Table

Please find enclosed the FY-08 Reservation Table. (Finally) As previously discussed the only change from the FY-07 table is for III D which represents the funds available for the last Federal quarter of FY-07. We are assuming all area agencies will request to use all carryover funds even if in excess of 10%.

Sorry for the delay, but could not finalize until we received the annual award for FY-07.

If you have any questions, please feel free to contact me.



NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2008

NDOA-2007 -PI-08
 April 5, 2007

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$4,833	\$88,086	\$256,469	\$848,155	\$137,444	\$0
EASTERN	593,668	726,139	315,550	8,506	352,315	960,155	\$2,956,333	560,582	28,645
LINCOLN AREA	317,885	388,653	174,012	3,661	197,657	592,793	\$1,674,661	309,204	19,000
MIDLAND	208,750	255,678	100,360	4,868	104,978	301,642	\$976,276	156,513	0
SOUTH CENTRAL	190,794	233,762	89,369	4,867	91,740	255,449	\$865,981	140,713	40,000
WESTERN (AOWN)	199,058	244,036	88,645	5,891	87,518	228,782	\$853,930	158,556	0
NORTHEAST	299,597	366,214	166,393	3,026	190,553	539,750	\$1,565,533	287,026	33,271
WEST CENTRAL	201,870	247,372	93,428	5,348	95,053	250,348	\$893,419	128,877	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$41,000	\$1,207,900	\$3,385,388	\$10,634,288	\$1,878,915	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION

NDoA-07PI-07

February 5, 2007

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2007 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$10,210	12,763
2	13,690	17,113
3	17,170	21,463
4	20,650	25,813
5	24,130	30,163
6	27,610	34,513
7	31,090	38,863
8	34,570	43,213
For each additional Family member add	3,480	4,350

The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

0 - 1,275	0%
1,276 - 1,420	10%
1,421 - 1,556	20%
1,557 - 1,701	30%
1,702 - 1,845	40%
1,846 - 1,982	50%
1,983 - 2,126	60%
2,127 - 2,270	70%
2,271 - 2,407	80%
2,408 - 2,552	90%
2,553 - above	100%

Two-Person Household

0 - 1,710	0%
1,711 - 1,904	10%
1,905 - 2,087	20%
2,088 - 2,281	30%
2,282 - 2,475	40%
2,476 - 2,657	50%
2,658 - 2,851	60%
2,852 - 3,045	70%
3,046 - 3,228	80%
3,229 - 3,422	90%
3,423 - above	100%

Three-Person Household

0 - 2145	0%
2146 - 2388	10%
2389 - 2617	20%
2618 - 2861	30%
2862 - 3104	40%
3105 - 3333	50%
3334 - 3576	60%
3577 - 3819	70%
3820 - 4048	80%
4049 - 4292	90%
4293 - above	100%

Four-Person Household

0 - 2580	0%
2581 - 2873	10%
2874 - 3148	20%
3149 - 3441	30%
3442 - 3733	40%
3734 - 4009	50%
4010 - 4301	60%
4302 - 4594	70%
4595 - 4869	80%
4870 - 5162	90%
5163 - above	100%

Five-Person Household

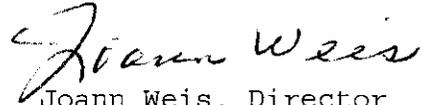
0 - 3015	0%
3016 - 3357	10%
3358 - 3679	20%
3680 - 4021	30%
4022 - 4363	40%
4364 - 4684	50%
4685 - 4926	60%
5027 - 5368	70%
5369 - 5690	80%
5691 - 6032	90%
6033 - above	100%

Six-Person Household

0 - 3450	0%
3451 - 3841	10%
3842 - 4210	20%
4211 - 4601	30%
4602 - 4992	40%
4993 - 5360	50%
5361 - 5751	60%
5752 - 6142	70%
6143 - 6510	80%
6511 - 6902	90%
6903 - above	100%

The revised sliding fee scale will be effective July 1, 2007. It should be used in the development of your Fiscal Year 2008 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis". The signature is written in dark ink and is positioned above the typed name.

Joann Weis, Director
State Unit on Aging



PROGRAM INSTRUCTION

NDoA-07-PI-06

January 31, 2007

TO: Directors, Area Agencies on Aging

SUBJECT: Update to Four-Year Plan

CONTENT: The instructions for the four-year area plan are enclosed. Your completed plan should be on file with the Health & Human Services State Unit on Aging by June 1, 2007. If you cannot meet this deadline, please contact the State Unit on Aging staff by May 1, 2007.

If you have questions or would like technical assistance in developing the plan, please contact the State Unit on Aging

Sincerely,

Joann Weis, Administrator
Health & Human Services
State Unit on Aging

Four-Year Area Plan Instructions

The four-year area plan is a document that provides information for the sections covering the Description of the Area Agency on Aging, Planning Process, Program Goals, Objectives, and Strategies. A four-year timeframe has been established for the required revision and submittal of the following sections. Currently the four-year period is from July 1, 2003 through June 30, 2007. The updated four-year plan will be for the period from July 1, 2007 through June 30, 2011.

Area Plan Content

Section A - Description of the Area Agency on Aging

- Review the information in the previous plan and update it as needed. Include the area agency's mission statement, a brief history, and other information that will enhance understanding of the role of your agency.
- Provide demographic information that describes the population residing in the planning and service area that is eligible for services.
- Describe which services are available throughout the planning and service area and which services are provided directly by your Area Agency on Aging (Direct Services).
- Include an Organization Chart and descriptions of staffing, the Board, and the Advisory Council.

Section B - Planning Process

- Provide an overview of your agency's process for developing a plan to address the support needs of older persons within your service area. This overview should include needs determination efforts and the process used to develop initiatives to address these needs.
- Briefly describe the processes (such as needs assessments, surveys, or focus groups) used by the Area Agency on Aging to determine the extent of services needed in order to establish a comprehensive and coordinated system of services within the area.
- Describe how consideration was given to the following populations in the area:
 - older individuals with low income;
 - older individuals who have greatest economic need (with particular attention to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - older individuals who are Native American Indians;
 - older individuals with greatest social need (with particular attention to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - older individuals with self-care limitations;
 - older individuals with Alzheimer's disease or related disorders; and

- older individuals at risk for institutional placement.
- Describe how your Area Agency on Aging establishes its priorities. Describe any shifts in focus or priorities and the effect upon your resource allocations.
- Integrate current service utilization into the planning process.
- Provide a description of your Area Agency on Aging's cooperative efforts with organizations (especially voluntary organizations) within the service area to address the critical support needs of older persons living in your service area.
- Describe how your Area Agency on Aging will establish implementation of evidence-based health promotion/disease prevention programs, including an assurance that the Area Agency on Aging will confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia. It is recognized that significant and perhaps primary responsibility for this activity may lie with public health departments and the medical community, but it is important as a fundamental health promotion/disease prevention practice, especially for seniors.
- Describe how your Area Agency on Aging will assist older individuals in your area with the benefits available to them under the Medicare Modernization Act (MMA). The MMA provides significant benefits, especially to elderly beneficiaries with limited income. Elderly beneficiaries in all economic groups have required assistance in preparing for enrollment decisions to ensure they select plans that are appropriate to their needs.
- Describe the strategies your Area Agency on Aging will use in planning for the population increase of older adults and the recommended actions that will be needed to meet the needs of older persons living in your service area.

In partnership with the Federal Transit Administration, AoA has developed a toolkit (www.aoa.gov/prof/transportation/transportation.asp) for State and local planners to help them assess the transportation needs of elderly individuals and to coordinate transportation services for elderly individuals in communities. Please describe how your Area Agency on Aging will address how you will apply the tools that have been provided specifically in the following two areas:

- assessing the needs of the elderly for transportation services; and
- the coordination of transportation services to assist elderly individuals in communities.

Section C - Program Goals, Objectives, and Strategies

We are asking the Area Agency on Aging to address the following four program goals and to develop objectives and strategies for implementing these four goals. Please list the taxonomy services you plan to use to facilitate achievement of these goals.

The four program goals are:

- Increase the number of older people who have access to an integrated array of health and social supports;

- Increase the number of older people who stay active and healthy;
- Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community; and
- Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.

These program goals are replacing the 1997 outcomes that were developed at the Halsey retreat.

Section D - Disaster Plans

Please submit a copy of the current plan for services to the elderly during disasters, including, but not limited to, tornado (high winds), chemical, nuclear, flood, and blizzards. As part of the plan for services to the elderly during disasters, you will need to include the Pandemic Flu Plan, showing how your agency will recognize the different disaster response strategies to an infectious disease occurrence vs. a response to a natural disaster. It is important to ensure that the Pandemic Flu Plan address issues such as communication, assessment, surveillance, staff training, and the coordination of resources. The plan will show the coordination with Civil Defense and Red Cross and its pyramid alert system, including notification of the disaster coordinator.



Date: February 5, 2007

To: Area Agency on Aging Directors

From: Joann Weis, Administrator *JW*

Subject: NDoA-07-PI-05
Revised Area Plan Instructions (Service Narrative)

The following instructions for the FY08 Service Narrative have been revised and will replace the instructions for Service Narratives from page A-1-3. The changes are underlined and shaded in grey. Enclosed is an updated form for the FY08 Service Narrative and a copy of the Service Breakout Explanation. If you have any questions please contact the State Unit on Aging.

Service Narratives

Provide ONE narrative for each service listed on the Units of Service Composite Form. The services listed on the Units of Service Composite form are from the taxonomy (see Attachment 3). Please note a new form, Service Breakout Explanation, should be used if you wish to provide a breakout of how the service is provided, or to show the various funding sources that are used.

Include in each Service Narrative:

- Line 1 - The actual number of units of service provided for at least the first 6 months of FY07 (from NAMIS);
- Line 2 - The projected number of units of service to be provided for the remaining months of FY07;
- Line 3 - The total number of units for FY07, this would be line 1 + line 2;
- Line 4 - The projected number of units of service for FY08;
- Line 5 - The percentage of change will be calculated by the total units of service, line 3; and the projected units of service for FY08;
- A description of how the service will be delivered;
- Explanation of any changes in units of service for services 1-14, which would be from Cluster 1, 2, and 3 of the taxonomy services;
- Explanation of a significant change in units of service for services 15-36, which would be from Cluster 4 of the taxonomy services. A variance + or - of 10% or more would be considered significant changes;
- Explanation of a significant change should be a detailed explanation of why such change occurred or will occur;

- Cost itemization of equipment with an acquisition cost of \$5,000 or more; capital expenditures involving purchase, renovation, construction of property; and data processing, which are allowable as a direct cost. [Equipment means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose of which it is acquired (OMB A-87 Attachment B (19).]

FY-08 Service Narrative

SERVICE:

- | | |
|--|----------------------|
| 1. Actual Number of Units of Service Provided in FY07 for at least 6 months: | <input type="text"/> |
| | plus |
| 2. Projected Number of Units of Service Provided for remainder of year FY07: | <input type="text"/> |
| | equals |
| 3. Total Units of Service Provided for FY 2007 | <input type="text"/> |
| 4. Projected Units of Service for FY 2008 | <input type="text"/> |
| 5. Percentage of Change (total units for FY-07 & projected units for FY-08) | <input type="text"/> |

Description of how service is provided:

Explanation of Significant Changes in Units of Service. For services 1-14, if there is a variance + or - in the number of units of service from current year to projected year, explanation is required. For services 15-36, if there is a variance + or - of 10% or more in the number of units of service from current year to projected year, explanation is required.

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

*Equipment means the net invoice price of equipment including any attachments, accessories, modifications or

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

FY-08 Service Narrative - Service Breakout Explanation

SERVICE:

Units of Service for 2007:

Projected Units of Service for FY 2008:

Percentage of Change:

Description of how service is provided:

Explanation of Significant Changes in Units of Service. For services 1-14, if there is a variance + or - in the number of units of service from current year to projected year, explanation is required. For services 15-36, if there is a variance + or - of 10% or more in the number of units of service from current year to projected year, explanation is required.

Equipment*/Capital Expenditures** - Provide Cost Itemization of items costing \$5,000 or more.
*Equipment means the net invoice price of equipment including any attachments, accessories, modifications
** Capital expenditures includes data processing, purchase, renovation or construction.

**PROGRAM INSTRUCTION**

NDoA-07-PI-05

January 26, 2007

TO: Director, Area Agency on Aging

SUBJECT: Update to Annual Plan & Budget

CONTENT: The information and forms needed to update your one-year area plans and to apply for Fiscal Year 2007-2008 funding is enclosed. Your completed plans should be on file with the Health & Human Services - State Unit on Aging by May 1, 2007. If you cannot meet this deadline, please contact the State Unit on Aging Administrator by April 14, 2007.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver must be submitted to the Health & Human Services - State Unit on Aging by March 31, 2007. The earlier deadline is needed to allow the State Unit on Aging an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made this year to these instructions are underlined and shaded in grey. Plans submitted without following these instructions, will be returned.

The Annual Plan should include information about all funding sources utilized by the Area Agency on Aging and all services that will be provided.

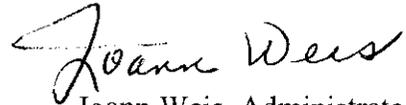
All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark. If you have questions or would like technical assistance in developing the plan please contact the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

The following items should be included with this Program Instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances; and
- CD containing all of the above.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis". The signature is written in black ink and is positioned above the printed name and title.

Joann Weis, Administrator
Health & Human Services
State Unit on Aging



Date: January 11, 2007

To: Area Agency Directors

From: Joann Weis, Administrator SUA *JW*

Subject: NDOA-2007-PI-04
Revised Reservation Amount for IIID- FY-07

Please find enclosed a revised reservation table for year ending 6/30/07 which includes additional III D funds based on the FY-06 amounts. It appears we will be on a continuing resolution for some time. All other funds remain the same.

Please revise your IIID budgets as soon as you can so you may start utilizing these funds. Sorry for the delay. Hope this will help you plan the remainder of the year.

Please share this information with your fiscal staff. If you have any questions, please give me a call.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2007

NDOA-2007 -PI-04
 January 11, 2007

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$11,654	\$88,086	\$256,469	\$854,976	\$137,444	\$0
EASTERN	593,668	726,139	315,550	36,834	352,315	960,155	\$2,984,661	560,582	28,645
LINCOLN AREA	317,885	388,653	174,012	19,661	197,657	592,793	\$1,690,661	309,204	19,000
MIDLAND	208,750	255,678	100,360	13,083	104,978	301,642	\$984,491	156,513	0
SOUTH CENTRAL	190,794	233,762	89,369	11,987	91,740	255,449	\$873,101	140,713	40,000
WESTERN (AOWN)	199,058	244,036	88,645	12,563	87,518	228,782	\$860,602	158,556	0
NORTHEAST	299,597	366,214	166,393	18,500	190,553	539,750	\$1,581,007	287,026	33,271
WEST CENTRAL	201,870	247,372	93,428	12,698	95,053	250,348	\$900,769	128,877	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$136,980	\$1,207,900	\$3,385,388	\$10,730,268	\$1,878,915	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census



PROGRAM INSTRUCTIONS

NdoA-07-PI-03

October 03, 2006

To: Director, Area Agencies on Aging
Nutrition Coordinators

Subject: When assessing meals for eligibility under the OAA, the following questions should be considered to help provide clarity.

Content:

Can a meal be counted as an eligible meal if the client does not eat everything served?

- Meals are eligible based on their nutritional content and not how much is eaten. The meal is eligible if it provides the required nutritional content and all other program requirements.

Are “Carry-out”/”Take-Out” meals considered eligible meals?

- Part C Subparts 1 and 2 of the OAA authorized two nutrition services – Congregate Nutrition services and Home-Delivered Nutrition Services respectively. No provisions are made for carry-out or take-out settings. The OAA states that meals shall be provided in a congregate setting or delivered to the person’s home. Congregate meals service allows clients to receive socialization, information and assistance, and many other education and health-related services, to name a few. The OAA requires that services are to be targeted and persons participating should be in need of these related services and not just the meal. Home-Delivered meals service like the congregate meals service provides more than just food. Meal delivery personal provide social interaction with the homebound senior and are able to monitor the health of the homebound senior to make sure they are getting the help they need.

Can a congregate meal provider provide an evening or weekend meal at a congregate site to an eligible meal participant who is identified as a high nutritional risk and can that meal be funded by Title III C-1 funds? If the meal is funded with local dollars, is the meal eligible for NSIP?

- Section 313 of the OAA authorizes congregate meal provision 5 or more days per week, so weekend meals are authorized. Section 313 also authorizes more than one meal a day so an evening meal is also acceptable. However these meals must be served in a congregate setting. If an eligible meal recipient is determined to need an additional meal to address his nutritional risk and the meal meets all Title III-C requirements, it is an eligible meal and would be included in the State's count for NSIP purposes. Local funding is a part of the match to the Title III dollar and is, therefore, an acceptable funding source.

What are the eligibility criteria for meals to be served in OAA Nutrition Programs?

- Section 316 (2)(A)(I)(II) provides the following:
 - Meals must comply with the Dietary Guidelines for Americans. Guidelines developed for other programs are not referenced in the OAA.
 - Meals must provide at least 1/3rd of the Recommended Dietary Allowances (RDA).
 - Meals must be served in compliance with State and local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service and delivery of meals to an older individual.

- Section 310(b)(3) Means Testing
 - Meals served to means-tested individuals in means-tested programs are not title III-C eligible meals. Meals served to individuals in nursing homes, adults care homes or assisted living facilities where the meal is a part of the per diem rate are not eligible.

Who may not participate in the OAA Nutrition Program?

- Homebound disabled individuals living alone who have not attained the age of sixty may not participate in the Part C-2 program (home-delivered meals).
- Spouses (under the age of 60) of non-Title III-C participating individuals may not receive eligible meals. Eligibility for the under-60 spouse is based on the age 60+ spouse's participation in the nutrition program.
- Guests of eligible participants may receive a meal for the full cost of the meal provided all participants have received the service. These meals are not counted as eligible meals to be included on the state's Stat Program Report (SPR). Guests should receive meals only upon availability.
- Guests include children, staff and any non-participating person. The full cost of the meal must be charged because Title III-C funds are not intended for these populations.

Can meals served to recipients of Medicaid waiver meals who are 60 years or over, or disabled under 60 years be reported as eligible Title III-C meals?

- No. In order to participate in the Medicaid program, clients are evaluated for income status and services are provided accordingly. Means-tested services are not allowable in OAA programs. A meal may be provided through the Medicaid waiver program. A negotiated per diem rate is contractually entered into with the State Medicaid agency and the Title III-C provider. The rate should cover the full cost of the meal.

Who may participate in the OAA Nutrition Program?

- Section 316 (2)(H)(I) provide for the following:
 - A person aged 60 years of age and older;
 - A spouse of any age;
 - Disabled individuals, who reside in housing facilities for the elderly where a congregate site exists, are eligible for congregate meals.
 - AAAs may establish procedures to allow a nutrition project to offer a meal to an individual who provides volunteer service during meal hours.
 - AAAs may establish procedures to allow a nutrition project to offer a meal to a disabled individual who resides at home with the older individual.

If you have any questions, please contact me.

Sincerely,

Tammie Scholz, MS, RD, LMNT

Tammie Scholz, MS, RD, LMNT
Nutrition & Health Specialist

PROGRAM INSTRUCTION

NDoA-07-PI-02

July 31, 2006

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-07

CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-07 Area Plan.

AOWN	\$45.75
BRAAA	\$28.87
ENOA	\$53.08
LAAA	\$45.00
MAAA	\$52.79
NENAAA	\$54.00
SCNAAA	\$49.51
WCNAAA	\$42.62

These initial rates were effective July 1, 2006. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,

Joann Weis, Director
State Unit on Aging



Joann Weis/HHSS/NEBRLN

09/26/2006 11:19 AM

To Bev Griffith/HHSS/NEBRLN@NEBRLN, Connie
Cooper/HHSS/NEBRLN@NEBRLN, Rod
Horsley/HHSS/NEBRLN@NEBRLN, Dick
cc Theresa Kirby/HHSS/NEBRLN@NEBRLN

bcc

Subject Final Maximum Expenditures of FY-06 funds

**Revised HHS-NDOS-07-PI-01- Maximum Accrued Expenditures July 1,
2006-September 30, 2006**

All of the final reports are now in and all unexpended FY-06 funds are included on the enclosed form. I would call to your attention the bottom line below the boxed numbers. These percentages represent the amount of unexpended Federal Funds for each funding source at the end of FY-06. As you review, you will notice that IIIB and IIIC-1 have a much lower percent of 06 funds available through 9/30/06 than the other Title III programs. The revised form shows the total amounts available for each agency. Many of you have already received the largest share of your agencies funds. Casa funds will need to be used to supplement your Federal funds. It obviously is going to be another tight year until we receive FY-07 Federal funds even though the new year starts next



week. Sorry is all I can say. NGA FY 2007 September, 2006.xls

NHHS-DIVISION ON AGING SERVICES
 MAXIMUM ACCRUED EXPENDITURES

ATTACHMENT

HHS-NDOA-07-PI-01

Note:

REVISED 9/22/2006

FOR THE PERIOD JULY 1, 2006 TO SEPTEMBER 30, 2006 FINAL REVISION 9/25/2006

ALL FINALS IN

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$45,000	\$70,951	\$40,997	\$5,000	\$36,018	\$197,965
EASTERN	111,069	127,000	101,000	12,116	101,000	452,185
LINCOLN AREA	77,000	100,000	55,000	4,622	65,000	301,622
MIDLAND	75,000	55,000	38,000	4,725	38,000	210,725
SOUTH CENTRAL	58,000	80,000	35,000	4,972	49,000	226,972
WESTERN (AOWN)	40,000	73,000	53,000	5,958	34,000	205,958
NORTHEAST	80,000	125,000	70,000	12,892	70,000	357,892
WEST CENTRAL	46,000	82,000	35,000	5,550	32,000	200,550
TOTAL	\$532,069	\$712,951	\$427,997	\$55,835	\$425,018	\$2,153,869

% of Fed Award	23.645%	28.326%	42.195%	102.051%	41.546%	29.086%
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**PROGRAM INSTRUCTION****NDOA-07-PI-01****July 19, 2006**

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 1, 2006 to
September 30, 2006.

CONTENT: The amount of FY-2006 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2006 to September 30, 2006 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2006 to September 30, 2006. Since we use a combination of state and federal Funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule..

The limits were determined by the ratio of Title III reservation table to the total Title III funds available for the period July 1, 2006 to September 30, 2006. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2006.

Should you have any questions, please contact me.

Sincerely,

Joann Weis, Administrator
HHSS-State Unit on Aging

Note:

REVISED 9/11/2006 6 FINALS IN

FOR THE PERIOD JULY 1, 2006 TO SEPTEMBER 30, 2006

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$45,000	\$70,000	\$40,000	\$5,000	\$36,000	\$196,000
EASTERN	100,000	124,000	95,000	9,500	101,000	429,500
LINCOLN AREA	70,000	100,000	55,000	5,000	65,000	295,000
MIDLAND	70,000	55,000	34,000	5,000	38,000	202,000
SOUTH CENTRAL	50,000	75,000	35,000	5,500	37,000	202,500
WESTERN (AOV)	40,000	68,000	45,000	6,100	34,000	193,100
NORTHEAST	70,000	125,000	70,000	13,000	65,000	343,000
WEST CENTRAL	39,000	67,000	35,000	6,000	32,000	179,000
TOTAL	\$484,000	\$684,000	\$409,000	\$55,100	\$408,000	\$2,040,100

PROGRAM INSTRUCTIONS

NdoA-06-PI-12

February 28, 2006

TO: Nutrition Coordinators

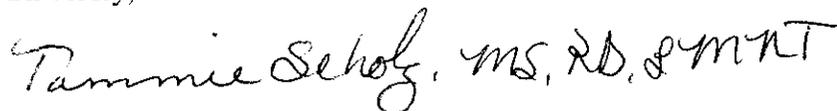
SUBJECT: Use of Library Videotapes at Senior Centers

CONTENT: Senior Centers are not to use videotapes they have checked out from local public libraries for viewing at the center. By showing these videotapes in a public facility such as a senior center, it is in violation of the copyright owner's right.

For additional information on the subject matter, please review the enclosed attachment entitled, "Video and Copyright."

If you have any questions, please don't hesitate to contact me.

Sincerely,



Tammie Scholz, MS, RD, LMNT
Nutrition & Health Specialist



"Julie Pinnell"
<jpinnell@nlc.state.ne.us>
02/14/2006 10:40 AM

To <tammie.scholz@hhss.ne.gov>, "Archives - Ready"
<archives-ready@neon.nlc.state.ne.us>
cc
bcc

Subject Videotape question

History: This message has been replied to.

Susan spoke with you this morning about showing videos in Senior Centers.

I would recommend that you contact Rich Leiter:

Rich Leiter
Director
University of Nebraska-Lincoln
Schmid Law Library
East Campus PO Box 830902
Lincoln, NE 68583-0902
rlleiter@unl.edu
402-472-5737

He helps answers our copyright questions, as he is an attorney and really knows this subject area.

Susan also found this web resource and wanted you to see it:

<http://www.ala.org/Template.cfm?Section=libraryfactsheet&Template=/ContentManagement/ContentDisplay.cfm&ContentID=24635>

I hope this helps!

Julie Pinnell
Nebraska Library Commission

Video and Copyright

ALA Library Fact Sheet Number 7

This fact sheet contains information from two sources:

- *The Copyright Primer for Librarians and Educators, Second Edition* by Janis H. Bruwelheide (ALA/NEA, 1995), and
- A response by James C. Scholtz (then AV Consultant for the Northern Illinois Library System) to a question in *American Libraries'* "Action Exchange" regarding copyright and video (see the January 1992 issue, pp. 45-46).

Please note that ALA cannot give legal advice. If you need legal advice, you should contact an intellectual property attorney.

For general information and guidance, you may contact ALA's Copyright Specialist, Carrie Russell, at phone number 800-941-8478 (or 202-628-8421), or by fax to 202-628-8424, or via e-mail to copyright@alawash.org. Also, you can contact the United States Copyright Office, at phone number 202-707-3000 (Monday through Friday, 8:30 am to 5:00 pm, Eastern Time only). The web site of the U.S. Copyright Office resides at {<http://www.copyright.gov>}. Many questions are answered on the Frequently Asked Questions About Copyright page at {<http://www.copyright.gov/faq.html>} and the Copyright Basics page at {<http://www.copyright.gov/circs/circ1.html>}.

Information is also available at the web site of the Friends of Active Copyright Education (FA©E) at {<http://www.face-copyright.org>}.

The Copyright Revision Act of 1976 governs the rights of reproduction, adaptation, distribution, public performance, and display. Several sections of this act have implications for video cassettes (see Bruwelheide, pp. 50-63).

When libraries purchase a videocassette, they purchase the physical object as distinct from purchasing the copyright to the content. Copyright regulations, therefore, determine what libraries can and cannot do with the videotapes they own without infringing upon the copyright they do not own. Libraries need to remember that when they want to use a videotape in such a way that would infringe upon the copyright, permission must be sought from the copyright owner or steps taken to ensure that the videotape is leased or licensed for the specific purpose of a public performance. (See #4 below.)

Various Uses of Videotapes

1. Loan/Rental of Videotapes

Libraries may loan/rent videos to patrons for their personal use. This is true even if the video is labeled "For Home Use Only." According to Bruwelheide (p. 51), "a library or school that resells, rents, or lends a copy of a copyrighted videotape, which it owns, is not infringing on the copyright owner's rights." Some guidelines to follow when loaning/renting a video to a patron:

- Libraries should not obscure (i.e., cover or deface) the copyright notice as it appears on the producer's label.
- Libraries should not knowingly loan a video to groups for use in public performances. If a patron inquires about a planned performance of a videotape, he or she should be informed that only private uses of it are lawful.
- Libraries can charge a nominal fee for use of videos. According to Bruwelheide, "The fact that a fee is charged is irrelevant; the right to distribute a copy includes the right to rent it -- for a fee or deposit or otherwise."

2. Classroom Use of Videotapes

Classroom use of a copyrighted video is permissible only when all of the following conditions are met:

- The performance must be by instructors or by pupils.
- The performance is in connection with face-to-face teaching activities.
- The entire audience is involved in the teaching activity.
- The entire audience is in the same room or same general area.
- The teaching activities are conducted by a non-profit education institution.
- The performance takes place in a classroom or similar place devoted to instruction.

- The person responsible for the performance has no reason to believe that the videotape was unlawfully made.

3. *Library Use of Videotapes*

Most public performances of a videotape in a public room (including library meeting rooms), whether or not a fee is charged, would be an infringement. Such performances require a performance license from the copyright owner. The only exception would be educational programs meeting all seven requirements listed above.

Libraries which allow groups to use or rent their public meeting rooms should, as part of their agreement, require the group to warrant that it will secure all necessary performance licenses and indemnify the library for any failure on their part to do so.

Libraries that permit patrons to watch videotapes in private viewing rooms must strictly limit the viewing to one individual or a very small group and should not levy charges or fees.

Previewing a videotape before borrowing it could be considered by some to be an infringement if done in public areas of a library. Therefore previewing should be done in a private space.

Notices may be posted on video recorders or players used in the library to educate and warn patrons about the existence of the copyright laws. Such a notice might read:

MANY VIDEOTAPED MATERIALS ARE PROTECTED BY COPYRIGHT. 17 U.S.C.
SEC. 101. UNAUTHORIZED COPYING MAY BE PROHIBITED BY LAW.

4. *Motion Picture Licensing Corporation (MPLC) and Movie Licensing USA*

Unless a library purchases a video that comes with public performance rights, libraries cannot show them to groups for in-house viewing or programs. According to Scholtz:

"Generally speaking, 'home use only' video cassettes (the kind you find in video rental stores) do not carry public performance rights... Group use for these videos is generally found to be strictly illegal unless public performance permission is obtained in writing from the copyright holder or via various 'umbrella' licensing companies."

Once the umbrella licensing fee has been paid, unlimited public showings are permitted within the library building. Motion Picture Licensing Corporation (MPLC) represents over 60 producers and distributors, including such studios as Walt Disney Pictures, Warner Bros., Scholastic Entertainment, McGraw-Hill, Sony Pictures Classics, Tommy Nelson, and World Almanac, and provides an Umbrella LicenseSM. Contact MPLC directly with any questions (including license fee quote requests) at phone number 800-462-8855 (or 310-822-8855), or via e-mail to info@mplc.com. See the web site of the Motion Picture Licensing Corporation (MPLC) at {<http://www.mplc.com>}, which includes a list of Frequently Asked Questions (FAQ) at {<http://www.mplc.com/qa.html>} as well as an explanation of the Motion Picture Licensing Corporation (MPLC) Umbrella LicenseSM at {<http://www.mplc.com/umbrel.html>}.

Movie Licensing USA is a licensing agent for Walt Disney Pictures, Touchstone Pictures, Hollywood Pictures, Warner Bros., Columbia Pictures, TriStar Pictures, Paramount Pictures, DreamWorks Pictures, Metro-Goldwyn-Mayer, Universal Pictures, Sony Pictures, United Artists and various other independent studios, and provides the Movie Copyright Compliance Site License. Find out more at the web site of Movie Licensing USA at {<http://www.movlic.com>}. Send all e-mail to Mail@movlic.com. There are separate telephone numbers for schools and public libraries:

- Movie Licensing USA for Schools: Call 877-321-1300 (toll-free)
- Movie Licensing USA for Public Libraries: Call 888-267-2658 (toll-free)

October 2002

For more information on this or other fact sheets, contact the ALA Library Reference Desk by telephone: 800-545-2433, extension 2153; fax: 312-280-3255; e-mail: library@ala.org; or regular mail: ALA Library, American Library Association, 50 East Huron Street, Chicago, IL 60611-2795.

AMERICAN LIBRARY ASSOCIATION

50 E. Huron Chicago, IL 60611 Call Us Toll Free 1-800-545-2433

PROGRAM INSTRUCTION

NDoA-06PI-11

February 20, 2006

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2006 are as follows:

Poverty Guideline		
Size of Family	100%	125%
1	\$ 9,800	12,250
2	13,200	16,500
3	16,600	20,750
4	20,000	25,000
5	23,400	29,250
6	26,800	33,500
7	30,200	37,750
8	33,600	42,000
For each additional Family member add	3,400	4,250

The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

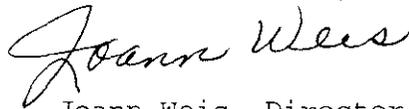
0 - 1,224	0%
1,225 - 1,363	10%
1,364 - 1,494	20%
1,495 - 1,632	30%
1,633 - 1,771	40%
1,772 - 1,902	50%
1,903 - 2,041	60%
2,042 - 2,180	70%
2,181 - 2,310	80%
2,311 - 2,449	90%
2,450 - above	100%

Two-Person Household

0 - 1,649	0%
1,650 - 1,836	10%
1,837 - 2,012	20%
2,013 - 2,199	30%
2,200 - 2,386	40%
2,387 - 2,562	50%
2,563 - 2,749	60%
2,750 - 2,936	70%
2,937 - 3,112	80%
3,113 - 3,299	90%
3,300 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2006. It should be used in the development of your Fiscal Year 2007 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Joann Weis, Director
State Unit on Aging



NDOA-2006-PI-10

TO: AREA AGENCY ON AGING DIRECTORS

FROM: JOANN WEIS, DIRECTOR-STATE UNIT ON AGING *JW*

SUBJECT: RESERVATION TABLE FOR FISCAL YEAR FY-07

DATE: FEBRUARY 22, 2006

ENCLOSED IS THE RESERVATION TABLE FOR FISCAL YEAR FY-07.
UNFORTUNATELY THERE IS A CONSIDERABLE REDUCTION OF FEDERAL FUNDS.

AS YOU WILL REMEMBER THE \$100,000 AWARDED FOR THE COMPUTERS IN THE CURRENT YEAR IS NOT AVAILABLE NEXT YEAR SO THAT MAKES THE REDUCTION IN III C-1 EVEN GREATER. THE POSITIVE IS THAT YOU ARE RECEIVING THE ADDITIONAL CASA AND CARE MANAGEMENT FOR FY-07

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2007

NDOA-2006 -PI-10
 February 22, 2006

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$185,378	\$227,146	\$86,243	\$5,413	\$88,086	\$256,469	\$848,735	\$137,444	\$0
EASTERN	593,668	726,139	315,550	10,915	352,315	960,155	\$2,958,742	560,582	28,645
LINCOLN AREA	317,885	388,653	174,012	5,022	197,657	592,793	\$1,676,022	309,204	19,000
MIDLAND	208,750	255,678	100,360	5,566	104,978	301,642	\$976,974	156,513	0
SOUTH CENTRAL	190,794	233,762	89,369	5,472	91,740	255,449	\$866,586	140,713	40,000
WESTERN (AOWN)	199,058	244,036	88,645	6,458	87,518	228,782	\$854,497	158,556	0
NORTHEAST	299,597	366,214	166,393	4,342	190,553	539,750	\$1,566,849	287,026	33,271
WEST CENTRAL	201,870	247,372	93,428	5,975	95,053	250,348	\$894,046	128,877	0
TOTAL	\$2,197,000	\$2,689,000	\$1,114,000	\$49,163	\$1,207,900	\$3,385,388	\$10,642,451	\$1,878,915	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	27,807	27,807	3,708
EASTERN	89,050	89,050	11,873
LINCOLN AREA	47,683	47,683	6,358
MIDLAND	31,313	31,313	4,175
SOUTH CENTRAL	28,619	28,619	3,816
WESTERN (AOWN)	29,859	29,859	3,981
NORTHEAST	44,940	44,940	5,992
WEST CENTRAL	30,281	30,281	4,037

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2006

NDOA-2006 -PI-09
 February 14, 2006

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$192,485	\$243,137	\$88,020	\$11,442	\$94,482	\$247,369	\$876,935	\$133,479	\$0
EASTERN	623,183	792,547	322,928	35,955	378,879	926,087	\$3,079,579	544,408	28,645
LINCOLN AREA	334,556	426,162	178,180	19,164	212,660	571,759	\$1,742,481	300,283	19,000
MIDLAND	217,310	274,937	102,500	12,828	112,682	290,940	\$1,011,197	151,997	0
SOUTH CENTRAL	198,213	250,454	91,223	11,766	98,417	246,385	\$896,458	136,653	40,000
WESTERN (AOWN)	206,010	259,678	90,383	12,356	93,774	220,664	\$882,865	153,981	0
NORTHEAST	315,718	402,488	170,423	18,020	205,063	520,599	\$1,632,311	278,745	33,271
WEST CENTRAL	209,525	264,597	95,343	12,469	101,943	241,466	\$925,343	125,159	0
TOTAL	\$2,297,000	\$2,914,000	\$1,139,000	\$134,000	\$1,297,900	\$3,265,269	\$11,047,169	\$1,824,705	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,873	28,873	3,850
EASTERN	93,477	93,477	12,464
LINCOLN AREA	50,183	50,183	6,691
MIDLAND	32,597	32,597	4,346
SOUTH CENTRAL	29,732	29,732	3,964
WESTERN (AOWN)	30,902	30,902	4,120
NORTHEAST	47,358	47,358	6,314
WEST CENTRAL	31,429	31,429	4,191

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2006

NDOA-2006 -PI-09
 February 14, 2006

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
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EASTERN	623,183	792,547	322,928	35,955	378,879	926,087	\$3,079,579	544,408	28,645
LINCOLN AREA	334,556	426,162	178,180	19,164	212,660	571,759	\$1,742,481	300,283	19,000
MIDLAND	217,310	274,937	102,500	12,828	112,682	290,940	\$1,011,197	151,997	0
SOUTH CENTRAL	198,213	250,454	91,223	11,766	98,417	246,385	\$896,458	136,653	40,000
WESTERN (AOWN)	206,010	259,678	90,383	12,356	93,774	220,664	\$882,865	153,981	0
NORTHEAST	315,718	402,488	170,423	18,020	205,063	520,599	\$1,632,311	278,745	33,271
WEST CENTRAL	209,525	264,597	95,343	12,469	101,943	241,466	\$925,343	125,159	0
TOTAL	\$2,297,000	\$2,914,000	\$1,139,000	\$134,000	\$1,297,900	\$3,265,269	\$11,047,169	\$1,824,705	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,873	28,873	3,850
EASTERN	93,477	93,477	12,464
LINCOLN AREA	50,183	50,183	6,691
MIDLAND	32,597	32,597	4,346
SOUTH CENTRAL	29,732	29,732	3,964
WESTERN (AOWN)	30,902	30,902	4,120
NORTHEAST	47,358	47,358	6,314
WEST CENTRAL	31,429	31,429	4,191

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

INFORMATION ONLY

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FISCAL YEAR 2006 LESS FISCAL YEAR 2006 NDOA 2006-PI-09

NDOA-2006
 February

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT
BLUE RIVERS	\$0	\$0	\$0	\$0	\$0	\$8,543	\$8,543	\$0
EASTERN	0	0	0	0	0	31,981	31,981	0
LINCOLN AREA	0	0	0	0	0	19,745	19,745	0
MIDLAND	0	0	0	0	0	10,048	10,048	0
SOUTH CENTRAL	0	0	0	0	0	8,509	8,509	0
WESTERN (AOW)	0	0	0	0	0	7,620	7,620	0
NORTHEAST	0	0	0	0	0	17,978	17,978	0
WEST CENTRAL	0	0	0	0	0	8,338	8,338	0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$112,762	\$112,762	\$0

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	0	0	0
EASTERN	0	0	0
LINCOLN AREA	0	0	0
MIDLAND	0	0	0
SOUTH CENTRAL	0	0	0
WESTERN (AOW)	0	0	0
NORTHEAST	0	0	0
WEST CENTRAL	0	0	0

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census



PROGRAM INSTRUCTIONS

NdoA-06-PI-08

February 10, 2006

TO: Nutrition Coordinators

SUBJECT: Replacement Requirements for Hood Extinguishing Systems

CONTENT: To ensure our facilities are meeting the fire code standards for hood extinguishing systems, please refer to attachment 1 and 2 which provide official interpretation from the Nebraska State Fire Marshal's Office.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Tammie Scholz, MS, RD, LMNT
Nutrition & Health Specialist

STATE OF NEBRASKA



Dave Heineman
Governor

January 13, 2006

Tammie Scholz
HHSS
301 Centennial Mall South
Lincoln, NE 68508

RE: Dry chemical hood extinguishing systems

Dear Ms. Scholz:

The State Fire Marshal's Office will allow existing dry chemical hood extinguishing systems to remain in service until such time one of the following happens:

1. The bottle for the extinguishing agent needs hydrotesting.
2. The exhaust hood is altered or moved.
3. Additional cooking equipment is placed under the exhaust hood.
4. The extinguishing system can no longer be properly maintained in working order or can no longer be inspected and serviced by a qualified inspector.

At any time that one of the above items happens, the extinguishing system will need to be replaced with an extinguishing system that meets current UL300 standards.

Any new installation for a hood extinguishing system will need to meet current UL300 standards.

If you have further questions, please contact me at your convenience.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce Neemann".

Bruce Neemann
Assistant State Fire Marshal



STATE FIRE MARSHAL
Dennis Hohbein
Fire Marshal

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> MAIN OFFICE | <input type="checkbox"/> DISTRICT B | <input type="checkbox"/> DISTRICT C | <input type="checkbox"/> FLAMMABLE LIQUID STORAGE TANK DIVISION | <input type="checkbox"/> TRAINING DIVISION |
| <input type="checkbox"/> DISTRICT A
246 South 14 th Street
Lincoln, NE 68508-1804
(402) 471-2027 | 438 West Market
Albion, NE 68620-1241
(402-395-2164 | 200 South Silber
North Platte, NE 69101-3200
(308) 535-8181 | 246 South 14 th Street
Lincoln, NE 68508-1804
(402) 471-9465 | 2410 North Wheeler Avenue
Suite 112
Grand Island, NE 68801-2358
(308) 385-6892 |

NEBRASKA STATE FIRE MARSHAL OFFICIAL INTERPRETATION



Interpretation Number: 04-03

Date: 10-04

Pamphlet Number: NFPA 96, 2001 ed., NFPA 17, 17A, 2002 ed.

Section(s): 1.4.3, 10.2.3; 11.5; 7.5

Comments:

UL300 is a national testing standard used throughout the commercial cooking equipment fire-extinguishing industry.

UL300 compliant systems utilize wet chemical extinguishing agents.

Question: Must fire-extinguishing equipment installed in exhaust hoods protecting commercial cooking equipment meet the requirements of UL300?

Response: Yes.

All new exhaust hood fire-extinguishing equipment must meet the UL300 standard.

Existing commercial cooking fire-extinguishing equipment must meet the UL300 standard when any of the following conditions occur:

1. The exhaust hood is altered or moved.
2. Additional cooking equipment is added under the exhaust hood.
3. The required 12 year hydrostatic test is performed on the fire-extinguishing equipment.
4. The existing dry chemical fire-extinguishing equipment can no longer be properly maintained in working order.

Signature:

Dennis C. Hohbein

Date: 10-18-04

Title: Dennis C. Hohbein, State of Nebraska Fire Marshal

PROGRAM INSTRUCTION

NDoA-06-PI-07

January 31, 2006

TO: Directors, Area Agencies on Aging

SUBJECT: Update to Annual Plan

CONTENT: The information and forms needed to update your one-year plans and to apply for Fiscal Year 2006-2007 funding is enclosed. Your completed plans should be on file with the HHS State Unit on Aging by May 1, 2006. If you cannot meet this deadline, please contact the State Unit on Aging director by April 14, 2006.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver must be submitted to the HHS State Unit on Aging by March 31, 2006. The earlier deadline is needed to allow the State Unit on Aging an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made this year to these instructions are in red. Plans submitted without following instructions will be returned.

The Annual Plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact **Theresa Kirby**. If you have questions or would like technical assistance in developing the plan, please contact the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

The following items should be included with this program instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- **Table of Contents**
- **Attachment 1: Area Plan Instructions;**
- **Attachment 2: All forms needed to complete the plan;**
- **Attachment 3: Taxonomy (Service Definitions);**
- **Attachment 4: Title V Grant Application Information;**
- **Attachment 5: Assurances.**

Sincerely,

Joann Weis, Director
Health & Human Services
State Unit on Aging

TO: AREA AGENCY ON AGING DIRECTORS

FROM: JOANN WEIS, DIRECTOR, STATE UNIT ON AGING

DATE: JANUARY 12, 2006

SUBJECT: ADDITIONAL ONE-TIME AWARD OF \$100,000

ENCLOSED IS A COPY OF REVISED NDOA-06-PI-06 FOR FISCAL YEAR
ENDING 6/30/2006. THIS INCLUDES THE ADDITIONAL ONE-TIME AWARD IN
THE AMOUNT OF \$100,000.00.

PLEASE NOTE THE ADDITIONAL FUNDS WILL SHOW UP UNDER THE TITLE
III C-1 COLUMN, BUT YOU MAY TRANSFER TO III-B WHEN YOU DO YOUR
NEXT REVISION. THERE WAS NOT SUFFICIENT FUNDS AVAILABLE IN MY
III-B ADMIN. BUDGET.

HOPE THIS HELPS.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2006

NDOA-PI -06-PI-06
 January 12, 2006

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$192,485	\$243,137	\$88,020	\$11,442	\$94,482	\$238,826	\$868,392	\$133,479	\$0
EASTERN	623,183	792,547	322,928	35,955	378,879	894,106	\$3,047,598	544,408	28,645
LINCOLN AREA	334,556	426,162	178,180	19,164	212,660	552,014	\$1,722,736	300,283	19,000
MIDLAND	217,310	274,937	102,500	12,828	112,682	280,892	\$1,001,149	151,997	0
SOUTH CENTRAL	198,213	250,454	91,223	11,766	98,417	237,876	\$887,949	136,653	40,000
WESTERN (AOWN)	206,010	259,678	90,383	12,356	93,774	213,044	\$875,245	153,981	0
NORTHEAST	315,718	402,488	170,423	18,020	205,063	502,621	\$1,614,333	278,745	33,271
WEST CENTRAL	209,525	264,597	95,343	12,469	101,943	233,128	\$917,005	125,159	0
TOTAL	\$2,297,000	\$2,914,000	\$1,139,000	\$134,000	\$1,297,900	\$3,152,507	\$10,934,407	\$1,824,705	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,873	28,873	3,850
EASTERN	93,477	93,477	12,464
LINCOLN AREA	50,183	50,183	6,691
MIDLAND	32,597	32,597	4,346
SOUTH CENTRAL	29,732	29,732	3,964
WESTERN (AOWN)	30,902	30,902	4,120
NORTHEAST	47,358	47,358	6,314
WEST CENTRAL	31,429	31,429	4,191

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

PROGRAM INSTRUCTION**NdoA-06-PI-05****December 16, 2005**

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 2006. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 2006 and ending June 30, 2008.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted and the review criteria which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

The State Unit on Aging must receive the application for recertification, 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by March 31, 2006.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

A copy of the Care Management Unit procedures to meet the Health Insurance Portability Accountability Act regulations should be included if not previously submitted.

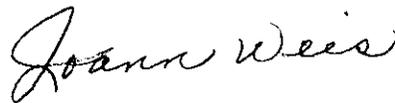
Also, the following information should be included **if revised** since submission of current Plan of Operation.

1. Procedure of Obtaining Public Input. (006.01B)
2. Description of how the care management unit will be operated separately from any direct care program of the area agency on aging. (006.01D)
3. Criteria for use in determining priority of service in the event of insufficient funds. (006.01F)
4. Grievance Procedure. (006.01G)
5. Personnel Policies and Procedures. (006.02A)
6. Organization Chart. (006.02A2, 006.02D1 and 006.02D2)
7. Statement of Client Rights (006.02E)
8. Procedures Governing Confidentiality of Case Records and Information. (006.02F)
9. Policies and Procedures for Establishment of Client Files. (006.03)
10. Position descriptions for all staff positions added since submission of last plan of operation or a statement describing positions deleted. (006.02A)
11. Any other section of the Plan of Operation which has been revised since last submission.

We are not requesting the submission of budget or staffing information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Janice Price.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis".

Joann Weis, Director
State Unit on Aging

Title 15 NAC 2
Attachment A

Date Received by State Unit on Aging (HHS) _____

Nebraska Health & Human Services - State Unit on Aging
APPLICATION
For
RECERTIFICATION
of a Care Management Unit

Applicant Name: _____

Address: _____

City, State, Zip: _____

Name of Person to Contact regarding application, Address and Telephone if different than above: _____

DIRECTIONS FOR APPLICATION FOR RECERTIFICATION

- 1) Complete this form, attach necessary information, and submit to the State Unit on Aging, P.O. Box 95044, Lincoln, NE, 68509-5044, anytime between 120 and 90 calendar days before the expiration of certification.
- 2) A. If the Provider is a corporation, attach a resolution that has been adopted by the Governing Unit of the Care Management Unit's Provider Organization approving Application for Recertification; and

Provide for the signature of the chairperson of the Governing Unit to the statement below:

I, _____ chairperson of
the _____
(name of agency)

certify that the Governing Board has authorized application for Recertification of
the Care Management Unit within Planning and Service Area _____
(appropriate letter designation)

Date: _____ Signature: _____

Title: _____



TO: AREA AGENCY ON AGING DIRECTORS

FROM: JOANN WEIS, STATE UNIT ON AGING

A handwritten signature in black ink, appearing to read 'JW', written over the 'FROM' line.

DATE: AUGUST 31, 2005

SUBJECT: ADDITIONAL CARE MANAGEMENT FUNDS FOR FY-06

ENCLOSED IS A COPY OF NDOA-06-PI-04 WHICH INCLUDES THE
ADDITIONAL CARE MANAGEMENT FUNDS THAT WERE AWARDED FOR FY-
06 IN THE AMOUNT OF 3%.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2006

NDOA-PI 06-PI-04
 August 31, 2005

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$192,485	\$236,029	\$88,020	\$11,442	\$94,482	\$238,826	\$861,284	\$133,479	\$0
EASTERN	623,183	763,032	322,928	35,955	378,879	894,106	\$3,018,083	544,408	28,645
LINCOLN AREA	334,556	409,491	178,180	19,164	212,660	552,014	\$1,706,065	300,283	19,000
MIDLAND	217,310	266,377	102,500	12,828	112,682	280,892	\$992,589	151,997	0
SOUTH CENTRAL	198,213	243,035	91,223	11,766	98,417	237,876	\$880,530	136,653	40,000
WESTERN (AOWN)	206,010	252,726	90,383	12,356	93,774	213,044	\$868,293	153,981	0
NORTHEAST	315,718	386,366	170,423	18,020	205,063	502,621	\$1,598,211	278,745	33,271
WEST CENTRAL	209,525	256,944	95,343	12,469	101,943	233,128	\$909,352	125,159	0
TOTAL	\$2,297,000	\$2,814,000	\$1,139,000	\$134,000	\$1,297,900	\$3,152,507	\$10,834,407	\$1,824,705	\$120,916

PROGRAM INSTRUCTION**NDoA-06-PI-03****July 25, 2005**

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-06

CONTENT: The following corrected Care Management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-06 Area Plan.

AOWN	\$45.72
BRAAA	\$35.10
ENOA	\$50.60
LAAA	\$45.00
MAAA	\$51.02
NENAAA	\$54.00
SCNAAA	\$45.44
WCNAAA	\$43.93

These initial rates were effective July 1, 2005. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Joann Weis, Director
State Unit on Aging

**PROGRAM INSTRUCTION**

NDO-06-PI-02

July 20, 2005

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 1, 2005 to
September 30, 2005.

CONTENT: The amount of FY-2005 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2005 to September 30, 2005 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2005 to September 30, 2005. Since we use a combination of state and federal Funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule..

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2005 to September 30, 2005. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2005.

Should you have any questions, please contact me.

Sincerely,

Joann Weis, Director
State Unit on Aging
Aging & Disability Services

*Reviewed
9-15-05
attached*

Attachment

FOR THE PERIOD JULY 1, 2005 TO SEPTEMBER 30, 2005

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$34,000	\$60,000	\$30,000	\$4,000	\$35,000	\$163,000
EASTERN	82,000	188,000	100,000	11,000	110,000	491,000
LINCOLN AREA	52,000	100,000	50,000	6,000	65,000	273,000
MIDLAND	53,000	45,000	24,000	4,000	33,000	159,000
SOUTH CENTRAL	32,000	44,000	25,000	4,000	35,000	140,000
WESTERN (AOW)	28,000	60,000	35,000	4,000	30,000	157,000
NORTHEAST	40,000	97,000	75,000	6,000	60,000	278,000
WEST CENTRAL	30,000	50,000	45,000	4,000	25,000	154,000
TOTAL	\$351,000	\$644,000	\$384,000	\$43,000	\$393,000	\$1,815,000

FOR THE PERIOD JULY 1, 2005 TO SEPTEMBER 30, 2005

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$51,000	\$60,000	\$42,000	\$6,000	\$43,000	\$202,000
EASTERN	94,000	188,000	107,000	16,000	125,000	530,000
LINCOLN AREA	62,000	100,000	60,000	6,000	80,000	308,000
MIDLAND	75,000	51,000	41,000	6,000	45,000	218,000
SOUTH CENTRAL	43,000	50,000	35,000	4,000	50,000	182,000
WESTERN (AOW)	50,000	70,000	50,000	6,000	40,000	216,000
NORTHEAST	63,000	96,000	75,000	7,000	75,000	316,000
WEST CENTRAL	51,000	65,000	48,000	6,000	30,000	200,000
TOTAL	\$489,000	\$680,000	\$458,000	\$57,000	\$488,000	\$2,172,000

0

PROGRAM INSTRUCTION**NDoA-06-PI-1****July 5, 2005**

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-06

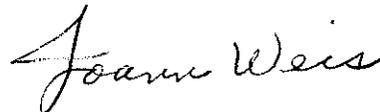
CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Choices Budget Form that was submitted with the FY-06 Area Plan.

AOWN	\$45.72
BRAAA	\$35.10
ENOA	\$40.66
LAAA	\$45.00
MAAA	\$51.02
NENAAA	\$54.00
SCNAAA	\$45.44
WCNAAA	\$43.93

These initial rates were effective July 1, 2005. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Joann Weis, Director
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-05PI-05

March 16, 2005

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2005 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$ 9,570	11,963
2	12,830	16,038
3	16,090	20,113
4	19,350	24,188
5	22,610	28,263
6	25,870	32,338
7	29,130	36,413
8	32,390	40,487
For each additional Family member add	3,260	4,075

The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

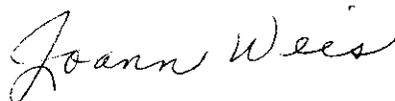
0 - 1,195	0%
1,196 - 1,331	10%
1,332 - 1,458	20%
1,459 - 1,594	30%
1,595 - 1,730	40%
1,731 - 1,857	50%
1,858 - 1,993	60%
1,994 - 2,128	70%
2,129 - 2,256	80%
2,257 - 2,392	90%
2,393 - above	100%

Two-Person Household

0 - 1,603	0%
1,604 - 1,785	10%
1,786 - 1,956	20%
1,957 - 2,137	30%
2,138 - 2,319	40%
2,320 - 2,490	50%
2,491 - 2,672	60%
2,673 - 2,854	70%
2,855 - 3,024	80%
3,025 - 3,207	90%
3,208 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2005. It should be used in the development of your Fiscal Year 2006 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Joann Weis, Director
State Unit on Aging



To: Area Agency Directors

From: Joann Weis, Director SUA *JW*

Subject: Reservation Table for FY-06

Date: March 24, 2005

Enclosed is NDOA-05-PI-04

This is the funding table you will use for your FY-06 Area Plan. I have also enclosed a second page, which shows the change for each funding source. We have no choice but to use the 2000 Census for the funding formula. We would be in violation of a Federal law if we have the information available and do not use it. The funding formula is approved by AOA as submitted in our State Plan. As you can see, the total Federal dollars did not change. The change in numbers from the 2000 Census for each PSA (60+, 75+ 60+poverty and 60+minority populations) is what drives the numbers. It was apparent we would have some significant changes, but even so we are never ready for the reality. Dan Albrecht suggested you review this reservation table and if you would like to have a Conference call to discuss why we have to go with this, he would be glad to sit in on the discussion.

If you as a group want to look at changing the funding formula for next year, then it needs to start being discussed, coming to an agreement on changes as well as being able to justify any changes, followed by Public Hearing and final approval by AOA. It is a very time consuming process and will need the agreement of all parties involved.

We would have had this out earlier this week, but as luck would have it, I was back in the hospital with another blocked artery (99%), but was fortunate enough to have this one corrected with a stent being inserted. Let me know by email if you would like for us to schedule a conference call.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2006

NDOA- 05-PI-04
 March 18, 2005

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$192,485	\$236,029	\$88,020	\$11,442	\$94,482	\$238,826	\$861,284	\$129,591	\$0
EASTERN	623,183	763,032	322,928	35,955	378,879	894,106	\$3,018,083	528,551	28,645
LINCOLN AREA	334,556	409,491	178,180	19,164	212,660	552,014	\$1,706,065	291,537	19,000
MIDLAND	217,310	266,377	102,500	12,828	112,682	280,892	\$992,589	147,570	0
SOUTH CENTRAL	198,213	243,035	91,223	11,766	98,417	237,876	\$880,530	132,673	40,000
WESTERN (AOWN)	206,010	252,726	90,383	12,356	93,774	213,044	\$868,293	149,496	0
NORTHEAST	315,718	386,366	170,423	18,020	205,063	502,621	\$1,598,211	270,626	33,271
WEST CENTRAL	209,525	256,944	95,343	12,469	101,943	233,128	\$909,352	121,514	0
TOTAL	\$2,297,000	\$2,814,000	\$1,139,000	\$134,000	\$1,297,900	\$3,152,507	\$10,834,407	\$1,771,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,873	28,873	3,850
EASTERN	93,477	93,477	12,464
LINCOLN AREA	50,183	50,183	6,691
MIDLAND	32,597	32,597	4,346
SOUTH CENTRAL	29,732	29,732	3,964
WESTERN (AOWN)	30,902	30,902	4,120
NORTHEAST	47,358	47,358	6,314
WEST CENTRAL	31,429	31,429	4,191

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 2000 Census

**PROGRAM INSTRUCTION**

NDoA-05-PI-03

February 4, 2005

TO: Directors, Area Agencies on Aging

SUBJECT: Update to Annual Plan

CONTENT: The information and forms needed to update your one-year plans and to apply for Fiscal Year 2005-2006 funding are enclosed. Your completed plans should be on file with the HHS State Unit on Aging by May 2, 2005. If you cannot meet this deadline, please contact the State Unit on Aging staff by April 15, 2005.

There is one exception to the May 2 deadline. The Request for a Direct Service Waiver must be submitted to the HHS State Unit on Aging by March 31, 2005. The earlier deadline is needed to allow the State Unit on Aging an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made this year to these instructions are underlined and in bold type. Bolded and underlined are either new or things of importance. Plans submitted without following instructions will be returned.

The Annual Plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

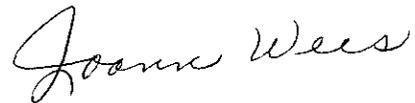
All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact **Theresa Kirby**. If you have questions or would like technical assistance in developing the plan, please contact the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

The following items should be included with this program instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- Table of Contents
- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis".

Joann Weis, Director
Health & Human Services
State Unit on Aging

PROGRAM INSTRUCTION**NDOA-05-PI-02****September 20, 2004****TO:** Directors, Area Agencies on Aging**SUBJECT:** Maximum Title III Funds Available July 1, 2004 to
September 30, 2004.

CONTENT: The amount of FY-2004 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2004 to September 30, 2004 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2004 to September 30, 2004. Since we use a combination of state and federal Funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule..

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2004 to September 30, 2004. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2004.

Should you have any questions, please contact me.

Sincerely,



Joann Weis, Director
State Unit on Aging
Aging & Disability Services

Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO Box 95044 LINCOLN, NE 68509-5044 PHONE (402) 471-2306
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
PRINTED WITH SOY INK ON RECYCLED PAPER

FOR THE PERIOD JULY 1, 2004 TO SEPTEMBER 30, 2004

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$43,000	\$70,000	\$35,000	\$4,000	\$35,000	\$187,000
EASTERN	108,000	189,000	109,000	11,000	109,000	526,000
LINCOLN AREA	67,000	102,000	50,000	6,000	50,000	275,000
MIDLAND	67,000	54,000	30,000	4,000	30,000	185,000
SOUTH CENTRAL	75,000	83,000	26,000	4,000	26,000	214,000
WESTERN (AOW)	35,000	74,000	40,000	4,000	40,000	193,000
NORTHEAST	68,000	104,000	60,000	6,000	60,000	298,000
WEST CENTRAL	40,000	66,000	35,000	4,000	35,000	180,000
TOTAL	\$503,000	\$742,000	\$385,000	\$43,000	\$385,000	\$2,058,000

PROGRAM INSTRUCTION

NDoA-05-PI-01

August 23, 2004

TO: Directors, Area Agency on Aging**SUBJECT:** Care Management Unit Rates for FY-05**CONTENT:** The following Care management Unit rates have been established based on the information provided by the Area agencies on the Care Management Unit Budget Form that was submitted with the FY-04 Area Plan.

AOWN	\$46.16
BRAAA	\$35.01
ENOA	\$48.61
LAAA	\$43.50
MAAA	\$51.36
NENAAA	\$53.85
SCNAAA	\$44.28
WCNAAA	\$46.85

These initial rates were effective July 1, 2004. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Joann Weis, Director
State Unit on Aging

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO Box 95044 LINCOLN, NE 68509-5044 PHONE (402) 471-2306

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PRINTED WITH SOY INK ON RECYCLED PAPER

LO-CENTRAL



To: Area Agency Directors

From: Joann Weis, Director, SUA 

Subject: Reservation Table - NDOA 04-PI-11

Date: March 9, 2004

Enclosed is NDOA-04-PI-11. This is the funding table you will use for your FY-05 Area Plan. If you have any questions, please feel free to call. Thanks.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2005

NDOA- 04-PI-11
 March 8, 2004

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$203,725	\$249,736	\$95,727	\$12,037	\$104,935	\$237,353	\$903,513	\$129,493	\$0
EASTERN	601,780	737,052	304,224	34,939	351,227	894,396	\$2,923,618	528,570	28,645
LINCOLN AREA	324,804	397,532	173,749	18,584	207,929	554,536	\$1,677,134	291,705	19,000
MIDLAND	220,538	270,280	105,841	12,966	117,854	279,866	\$1,007,345	147,502	0
SOUTH CENTRAL	204,614	250,823	96,235	12,087	105,567	238,543	\$907,869	132,717	40,000
WESTERN (AOWN)	211,447	259,421	91,908	12,707	94,594	212,808	\$882,885	149,480	0
NORTHEAST	324,960	397,601	177,947	18,474	215,940	501,631	\$1,636,553	270,560	33,271
WEST CENTRAL	205,132	251,555	93,369	12,206	99,854	233,374	\$895,490	121,531	0
TOTAL	\$2,297,000	\$2,814,000	\$1,139,000	\$134,000	\$1,297,900	\$3,152,507	\$10,834,407	\$1,771,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS	IN-HOME	LEGAL SERVICES
	15%	15%	2%
BLUE RIVERS	30,559	30,559	4,075
EASTERN	90,267	90,267	12,036
LINCOLN AREA	48,721	48,721	6,496
MIDLAND	33,081	33,081	4,411
SOUTH CENTRAL	30,692	30,692	4,092
WESTERN (AOWN)	31,717	31,717	4,229
NORTHEAST	48,744	48,744	6,499
WEST CENTRAL	30,770	30,770	4,103

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

PROGRAM INSTRUCTION

NDoA-04PI-10

February 19, 2004

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2004 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$ 9,310	11,637
2	12,490	15,612
3	15,670	19,587
4	18,850	23,562
5	22,030	27,537
6	25,210	31,512
7	28,390	35,487
8	31,570	39,462

For each additional Family member add	3,180	3,975
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The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

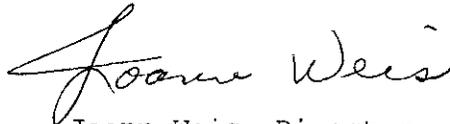
0 - 1,163	0%
1,164 - 1,295	10%
1,296 - 1,419	20%
1,420 - 1,551	30%
1,552 - 1,683	40%
1,684 - 1,807	50%
1,808 - 1,939	60%
1,940 - 2,070	70%
2,071 - 2,195	80%
2,196 - 2,327	90%
2,328 - above	100%

Two-Person Household

0 - 1,560	0%
1,561 - 1,737	10%
1,738 - 1,904	20%
1,905 - 2,081	30%
2,082 - 2,258	40%
2,259 - 2,424	50%
2,425 - 2,601	60%
2,602 - 2,778	70%
2,779 - 2,945	80%
2,946 - 3,122	90%
3,123 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2004. It should be used in the development of your Fiscal Year 2005 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Joann Weis, Director
State Unit on Aging
Division of Aging & Disability
Services

PROGRAM INSTRUCTION

NdoA-04-PI-09

February 11, 2004

TO: Directors, Area Agencies on Aging
Nutrition Coordinators

SUBJECT: Home-Delivered Meals Assessment

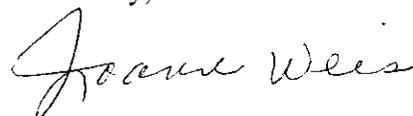
CONTENT: To assure that home-delivered meals are provided based on an assessment of need by the Area Agency on Aging and nutrition service providers.

It is recognized that the congregate meals program can effectively reduce isolation and isolation-producing factors and be an important preventive service. At the same time, it is recognized that there are individuals who are homebound by reasons of illness, incapacitating disability or other factors who are eligible to receive a home-delivered meals.

The Area Agency on Aging will develop the criteria for assessing eligibility to receive a home-delivered meal to be used by nutrition service providers. The word "assess" in this context means the initial in-home assessment and subsequent periodic in-home re-assessments of the older person. Initial assessments should be completed within two weeks of the participant's first meal, and subsequent re-assessments should be completed annually.

If you have any questions, please contact Tammie Scholz at the State Unit on Aging.

Sincerely,



Joann Weis, Director
Health & Human Services
State Unit on Aging

PROGRAM INSTRUCTION

NdoA-04-PI-08

February 11, 2004

TO: Directors, Area Agencies on Aging
Nutrition Coordinators

SUBJECT: Temporary Home-Delivered Meals

CONTENT: A temporary home-delivered meal may be authorized for the following reason:

1. An emergency exists and the participant is unable to prepare or obtain a meal. This could be due to loss of a caregiver, mental or physical deterioration, or APS.
2. Due to a recent occurrence, the participant needs a meal during a time of recovery, i.e. recent operation, injury, illness, or discharge from the hospital or nursing home.

A temporary home-delivered meal may be provided for a period of up to two weeks. If home-delivered meals are needed beyond the two week period, an in person home-delivered meal assessment must be completed with the participant to determine appropriate level of services needed.

Meals being provided during the temporary period, should be included on the home-delivered meal count and not congregate.

If you have any questions, please contact Tammie Scholz at the State Unit on Aging.

Sincerely,



Joann Weis, Director
Health & Human Services
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-04-PI-07

January 30, 2004

TO: Directors, Area Agencies on Aging

SUBJECT: Update to Annual Plan

CONTENT: The information and forms needed to update your one-year plans and to apply for Fiscal Year 2004-2005 funding are enclosed. Your completed plans should be on file with the HHS State Unit on Aging by May 1, 2004. If you cannot meet this deadline, please contact the State Unit on Aging staff by April 16, 2004.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS State Unit on Aging by March 31, 2004. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

Please note the changes made to these instructions are underlined and in bold type. Many changes were made to the Taxonomy, so review them closely. Plans submitted without following instructions will be returned.

This year the State Unit on Aging will be sharing with each Area Agency on Aging, the best practices from the area plans submitted.

The Annual Plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

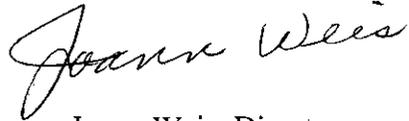
All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark. If you have questions or would like technical assistance in developing the plan, please contact the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

The following items should be included with this program instruction. Please contact the State Unit on Aging if you did not receive all of these items.

- Table of Contents
- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis".

Joann Weis, Director
Health & Human Services
State Unit on Aging

Date: January 16, 2004

To: Area Agency Directors

From: Joann Weis, Director- SUA 

Subject: Revised Reservation Table-FY-04

Enclosed is reservation table NDOA-04-PI-06 that supercedes NDOA-03-PI-07. The revised reservation table includes an additional \$70,000 of Title III B funds to be used for the statewide needs assessment.

As indicated in my e-mail of 1/13/2004, I was not allowed to issue a grant directly to the Association. Each of you will need to reimburse the Association for the dollars that are awarded to your Agency for this purpose. I have enclosed a second page showing each area agency's new dollars.

In talking to Rod, he indicated he would hold up mailing the Association dues until receiving these amounts which will be included on your billing.

These amounts will need to be included in your next budget revision so a revised NGA may be issued to include these dollars. I am sorry for any inconvenience this is causing, but unfortunately it is the only way I can utilize Administration funds for this purpose.

If you have any questions, please feel free to call me. Thanks.

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2004

NDOA- 04-PI-06
 January 15, 2004

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$209,299	\$249,736	\$95,727	\$12,037	\$104,935	\$237,353	\$909,087	\$129,493	\$0
EASTERN	620,817	737,052	304,224	34,939	351,227	894,396	\$2,942,655	528,570	28,645
LINCOLN AREA	336,224	397,532	173,749	18,584	207,929	554,536	\$1,688,554	291,705	19,000
MIDLAND	226,837	270,280	105,841	12,966	117,854	279,866	\$1,013,644	147,502	0
SOUTH CENTRAL	210,222	250,823	96,235	12,087	105,567	238,543	\$913,477	132,717	40,000
WESTERN (AOWN)	216,338	259,421	91,908	12,707	94,594	212,808	\$887,776	149,480	0
NORTHEAST	336,880	397,601	177,947	18,474	215,940	501,631	\$1,648,473	270,560	33,271
WEST CENTRAL	210,383	251,555	93,369	12,206	99,854	233,374	\$900,741	121,531	0
TOTAL	\$2,367,000	\$2,814,000	\$1,139,000	\$134,000	\$1,297,900	\$3,152,507	\$10,904,407	\$1,771,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS	IN-HOME	LEGAL SERVICES
	15%	15%	2%
BLUE RIVERS	31,395	31,395	4,186
EASTERN	93,123	93,123	12,416
LINCOLN AREA	50,434	50,434	6,724
MIDLAND	34,026	34,026	4,537
SOUTH CENTRAL	31,533	31,533	4,204
WESTERN (AOWN)	32,451	32,451	4,327
NORTHEAST	50,532	50,532	6,738
WEST CENTRAL	31,557	31,557	4,208

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

PROGRAM INSTRUCTION

NdoA-04-PI-05

December 17, 2003

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 2004. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 2004 and ending June 30, 2006.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted and the review criteria which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

The application for recertification must be received by NdoA 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by March 1, 2004.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

The following information should be included **if revised** since submission of current Plan of Operation.

1. Procedure of Obtaining Public Input. (006.01B)
2. Description of how the care management unit will be operated separately from any direct care program of the area agency on aging. (006.01D)
3. Criteria for use in determining priority of service in the event of insufficient funds. (006.01F)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO Box 95044 LINCOLN, NE 68509-5044 PHONE (402) 471-2306

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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LO-CENTRAL

4. Grievance Procedure. (006.01G)
5. Personnel Policies and Procedures. (006.02A)
6. Organization Chart. (006.02A2, 006.02D1 and 006.02D2)
7. Statement of Client Rights (006.02E)
8. Procedures Governing Confidentiality of Case Records and Information. (006.02F)
9. Policies and Procedures for Establishment of Client Files. (006.03)
10. Position descriptions for all staff positions added since submission of last plan of operation or a statement describing positions deleted. (006.02A)
11. Any other section of the Plan of Operation which has been revised since last submission.

We are not requesting the submission of budget or staffing information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Janice Price.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis".

Joann Weis, Director
Health & Human Services
State Unit on Aging

Title 15 NAC 2
Attachment A

Date Received by State Unit on Aging (HHS) _____

Nebraska Health & Human Services - State Unit on Aging
APPLICATION
For
RECERTIFICATION
of a Care Management Unit

Applicant Name: _____

Address: _____

City, State, Zip: _____

Name of Person to Contact regarding application, Address and Telephone if different than above: _____

DIRECTIONS FOR APPLICATION FOR RECERTIFICATION

- 1) Complete this form, attach necessary information, and submit to the State Unit on Aging, P.O. Box 95044, Lincoln, NE, 68509-5044, anytime between 120 and 90 calendar days before the expiration of certification.
- 2) A. If the Provider is a corporation, attach a resolution that has been adopted by the Governing Unit of the Care Management Unit's Provider Organization approving Application for Recertification; and

Provide for the signature of the chairperson of the Governing Unit to the statement below:

I, _____ chairperson of
the _____

(name of agency)

certify that the Governing Board has authorized application for recertification of the Care Management Unit within Planning and Service Area _____
(appropriate letter designation)

Date: _____ Signature: _____

Title: _____

PROGRAM INSTRUCTION

NdoA-04-PI-04

August 22, 2003

TO: Directors, Senior Companion Volunteer Programs

SUBJECT: Change in Fiscal Reports

CONTENT: Our recent shift from a contractual agreement to grants provides the opportunity to revise the fiscal reports for the Senior Companion Volunteer Program. Enclosed are a cover sheet, fiscal report, and match forms. Please use these forms in future reimbursement requests.

I have filled out the budget forms for the Annual Budget (incorporating matching funds). If you have any questions about these forms, give me a call at (402) 471-4555.

Sincerely,



Gary Richards
Program Specialist
Division of Aging & Disability Services

Enclosures

Funding Source:

NGA#2004-

MONTH:

Activity: SENIOR COMPANION

Reporting Period- From:

To:

COST CATEGORIES:	Annual Budget	Expenditures Year-to-Date	Current Month Expenditures
Administration Costs			
(1) Personnel			
(2) Travel			
(3) Printing & Supplies			
(4) Equipment			
(5) Building Space			
(6) Communications & Utilities			
(7) Other			
(8) Total Administrative Costs			
Volunteer Costs			
(9) Stipends			
(10) Travel			
(11) Meals			
(12) Physical Exam			
(13) Other			
(14) Total Volunteer Costs			
(15) Total Program Costs (8+14)			
Revenue			
(16) Total Local Matching			
(17) Reservation Table			

HHS-SUA use only

I certify to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award documents.

Authorized Certifying Officer

Title

Date

Request For Funds (FORM E)

Grantee: _____

Funding Source:

NGA#2004-

MONTH: _____

Activity: SENIOR COMPANION

Reporting Period- From:

To:

For Grantee Use:		State Senior Companion	
(A)	Expenditures Year - to - Date		
(B)	Est. expenditures next two months		
(C)	Total Actual & Est. Expenditures		
(D)	Funds Received to date		
(E)	Net Funds Requested		
(F)	Authorized Grant Award		
(G)	Unrequested Balance		

I certify to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award documents.

Authorized Signature: _____

Date: _____

For State Unit on Aging Use:

State Senior Companion

(A)	Original Obligational Authority		
(B)	Funds to Grantee		
(C)	Grant Expenditures (approved)		
(D)	Cash on Hand		
(E)	Amount of Grant Unexpended		
(F)	Funds Approved this Request		

Fiscal Review Signature / Date

Program Review Signature / Date

Amount: _____

PROGRAM INSTRUCTION

NDoA-04-PI-03

August 8, 2003

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-04

CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Care Management Unit Budget Form that was submitted with the FY-04 Area Plan.

AOWN	\$44.37
BRAAA	\$35.01
ENOA	\$52.36
LAAA	\$44.00
MAAA	\$53.89
NENAAA	\$53.85
SCNAAA	\$47.98
WCNAAA	\$52.00

These initial rates were effective July 1, 2003. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Joann Weis, Director
State Unit on Aging

PROGRAM INSTRUCTION

NdoA-04-PI-02

July 23, 2003

TO: Area Agency on Aging Directors

SUBJECT: New Distribution of Care Management Funds

CONTENT: Below please find the final distribution of Care Management Funds for FY 03.

BLUE RIVERS	\$129,493
EASTERN	\$553,018.23
LINCOLN	\$291,705
MIDLAND	\$103,053.77
SOUTH CENTRAL	\$132,717
AOWN	\$169,480
NORTHEAST	\$270,560
WEST CENTRAL	\$121,531

If you have any questions about this distribution, please give me a call.

Sincerely,



Joann Weis, Director
Health & Human Services
State Unit on Aging

**PROGRAM INSTRUCTION****NDOA-04-PI-01****July 10, 2003**

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 1, 2003 to
September 30, 2003.

CONTENT: The amount of FY-2003 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2003 to September 30, 2003 is limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds in an amount not to exceed the amount listed on the attached schedule for the period July 1, 2003 to September 30, 2003. Since we use a combination of state and federal Funds, CASA funds and other funds may be used for expenses over the amounts listed on the attached schedule..

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2003 to September 30, 2003. After the final reports are in and carryover has been determined, a revised sheet will be sent out by September 30, 2003.

Should you have any questions, please contact me.

Sincerely,



Joann Weis, Director
State Unit on Aging
Aging & Disability Services

Attachment

FOR THE PERIOD JULY 1, 2003 TO SEPTEMBER 30, 2003

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$74,000	\$75,000	\$28,000	\$3,600	\$62,000	\$242,600
EASTERN	204,000	191,000	94,000	10,800	201,000	700,800
LINCOLN AREA	121,000	109,000	44,000	5,700	119,000	398,700
MIDLAND	107,000	54,000	27,000	4,000	67,000	259,000
SOUTH CENTRAL	81,000	69,000	22,500	3,700	60,000	236,200
WESTERN (AOW)	63,000	75,000	28,500	3,800	54,000	224,300
NORTHEAST	120,000	106,000	58,000	5,700	123,000	412,700
WEST CENTRAL	69,000	66,000	28,000	3,700	57,000	223,700
TOTAL	\$839,000	\$745,000	\$330,000	\$41,000	\$743,000	\$2,698,000

PROGRAM INSTRUCTION**NdoA-03-09****June 12, 2003****TO:** Area Agency Directors**SUBJECT:** Menu and Nutrition Requirements

CONTENT: Congress re-authorized the Older Americans Act (OAA) in 2000\ for five years. The OAA requires that Nutrition Programs meet the Dietary Guidelines for Americans published by the Secretaries of Health and Human Services and Agriculture, and the Recommended Dietary Allowances established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences. The law requires that all federal food, nutrition, and health programs promote these requirements.

It is understood that any new standards supercede previous ones. Consequently, the new Dietary Reference Intakes (DRIs) which includes the Recommended Dietary Allowances (RDAs) and Adequate Intakes (AIs) along with the Dietary Guidelines (DGs) serve as the cornerstone for federal nutrition policy.

Implementing the DRIs and 2000 DGs provides support for positive public opinions of the OAA nutrition programs. By utilizing the most recent scientific evidence available, this helps to demonstrate that the OAA Programs are forward thinking and evidence-based.

Older Americans Act Nutrition Programs should strive to ensure that each meal is reasonably well balanced nutritionally and reflects the 2000 Dietary guidelines. Nutrition programs that serve 1 meal per day should ensure that each meal offers at least 33 1/3% of the RDAs/AIs. Nutrition Programs that offer two meals per day should ensure that the sum of the two meals offers at least 66 2/3% of the RDAs/As and those serving three meals per day should ensure that the sum of these three meals offers 100% of the RDAs/AIs.

In addition to providing meals that meet the 2000 Dietary Guidelines and 1/3 of the RDAs/AIs, meals should emphasize foods high in fiber, calcium, and protein. To the extent possible, programs should continue to target vitamins A and C, with vitamin A provided from vegetable-derived (carotenoid) sources. However, targeting specific nutrients such as those mentioned should not be misinterpreted as permission to ignore other nutrients.

In order to ensure meals being served through the Older Americans Act Nutrition Programs in the state of Nebraska comply with the 2000 Dietary Guidelines and the new DRIs, the following menu planning process should be used.

Menu Planning Process

Planning menus should include input from participants. Information may be obtained through focus groups, advisory councils, suggestion boxes, or surveys. Area Agencies should rely on registered dietitians (or individuals with comparable expertise), to assist in the development, implementation, and approval of menus.

The preferred method for ensuring menus meets the 2000 Dietary Guidelines and 1/3 DRIs standards will be by computer-assisted analysis. Registered Dietitians (or individuals with comparable expertise) should be available to assure nutrient adequacy of meals. The alternative method for menu compliance will be by using a meal pattern. Meal patterns must be based on the food servings delineated in the Food Guide Pyramid that combined would meet 1/3 the DRIs and the 2000 Dietary Guidelines, be tested periodically by a computerized nutrient analysis program to ensure meals are meeting the standards, and include increased servings of fruits, vegetables, and whole grains.

In order to allow for a transition period to occur, compliance with new DRIs will happen in two phases. Phase one will consist of writing a proposal for how the Area Agency intends to get into compliance with the new standards. The first phase will be due October 31, 2003. Each proposal will be reviewed by the State Unit on Aging to ensure soundness of the proposal. Once the proposal has been accepted, the second phase of the transition period will start. During this time, each Area Agencies will have up to one year from the time the proposal is accepted, to implement the new process for menu planning.

If you have any questions regarding the new menu and nutrition requirements, please don't hesitate to contact me.

Sincerely,

Tammie Scholz, MS, RD, LMNT

Tammie Scholz, MS, RD, LMNT
Nutrition & Health Specialist
Health & Human Services
State Unit on Aging

Dietary Guidelines for Americans

The *2000 Dietary Guidelines for Americans* (5th ed.) are the most current guidelines to be followed when planning and serving Older Americans Act Nutrition Program meals. These guidelines are incorporated in the selection of foods and serving sizes for meals as well as the basis for nutrition guidance for individuals and groups. The 3 main themes are:

1. Aim for Fitness

- Aim for a healthy weight. Choose a lifestyle that combines sensible eating with regular physical activity. To be at their best, adults need to avoid gaining weight, and many need to lose weight. Being overweight or obese increases your risk for high blood pressure, high blood cholesterol, heart disease, stroke, diabetes, certain types of cancer, arthritis, and breathing problems. A healthy weight is key to a long, healthy life.

Be physically active each day (a new recommendation). Being physically active and maintaining a healthy weight are both needed for good health, but they benefit health in different ways. Children, teens, adults, and the elderly—all can improve their health and well-being and have fun by including moderate amounts of physical activity in their daily lives.

2. Build a Healthy Base

- Let the pyramid guide your choices. Different foods contain different nutrients and other healthful substances. No single food can supply all the nutrients in the amounts you need. For example, oranges provide vitamin C and folate but no vitamin B12; cheese provides calcium and vitamin B12; but no vitamin C. Choose the recommended number of daily servings from each of the five major food groups. If you avoid all foods from any of the five food groups, seek guidance to help ensure that you get all the nutrients you need.
- Choose a variety of grains, especially whole grains. They provide vitamins, minerals, carbohydrates (starch and dietary fiber), and other substances that are important for good health. Whole grains differ from refined grains in the amount of fiber and nutrients they provide, and different whole grain foods differ in nutrient content, so choose a variety of whole and enriched grains. Eating plenty of whole grains may help protect you against many chronic diseases.
- Choose a variety of fruits and vegetables daily. Eating plenty of fruits and vegetables of different kinds may help protect you against many chronic diseases. It also promotes healthy bowel function. Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that are important for good health. To promote your health, eat a variety of fruits and vegetables—at least 2 servings of fruits and 3 servings of vegetables—each day.
- Keep food safe to eat (a new recommendation). Foods that are safe from harmful bacteria, viruses, parasites, and chemical contaminants are vital for healthful eating. Safe means that the food poses little risk of foodborne illness. Farmers, food producers, markets, food service establishments, and other food preparers have a role to keep food as safe as possible. However, we also need to keep and prepare foods safely in the home, and be alert when eating out.

3. Choose Sensibly

- Choose a diet that is low in saturated fat and cholesterol and moderate in total fat. Fats supply energy and essential fatty acids, and they help absorb the fat-soluble vitamins A, D, E, and K, and carotenoids. Some kinds of fat, especially saturated fats, increase the risk for coronary heart disease by raising the blood cholesterol. In contrast, unsaturated fats (found mainly in vegetable oils) do not increase blood cholesterol. Eating lots of fat of any type can provide excess calories.
- Choose beverages and foods to moderate your intake of sugars. Sugars are carbohydrates and a source of energy (calories). Dietary carbohydrates also include the complex carbohydrates starch and dietary fiber. Sugars and starches occur naturally in many foods that also supply other nutrients.
- Choose and prepare foods with less salt. Many people can reduce their chances of developing high blood pressure by consuming less salt. Many studies in diverse populations have shown that a high sodium intake is associated with higher blood pressure. At present, the firmest link between salt intake and health relates to blood pressure. High salt intake also increases the amount of calcium excreted in the urine. Eating less salt may decrease the loss of calcium from bone. Loss of too much calcium from bone increases the risk of osteoporosis and bone fractures.
- If you drink alcoholic beverages, do so in moderation. Alcoholic beverages supply calories but few nutrients. Current evidence suggests that moderate drinking is associated with a lower risk for coronary heart disease in some individuals. However, higher levels of alcohol intake raise the risk for high blood pressure, stroke, heart disease, certain cancers, accidents, violence, suicides, birth defects, and overall mortality (deaths). Older adults have a decreased ability to metabolize alcohol due to physiological changes and as a result may be at greater risk of adverse consequences.

Table 1: Dietary Reference Intakes for Older Adults

Vitamins and Elements										
	Vitamin A (ug) ^{b,c}	Vitamin C (mg)	Vitamin D (ug) ^{d,e}	Vitamin E (mg) ^{f,g,h}	Vitamin K (ug)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg) ^{h,i}	Vitamin B ₆ (mg)	Folate (ug) ^{h,j}
RDA or AI*										
Age 51-70 Male	900	90	10*	15	120*	1.2	1.3	16	1.7	400
Female	700	75	10*	15	90*	1.1	1.1	14	1.5	400
Age 70+ Male	900	90	15*	15	120*	1.2	1.3	16	1.7	400
Female	700	75	15*	15	90*	1.1	1.1	14	1.5	400
Tolerable Upper Intake Levels ^a										
Age 51-70 Male	3000	2000	50	1000	ND	ND	ND	35	100	1000
Female	3000	2000	50	1000	ND	ND	ND	35	100	1000
Age 70+ Male	3000	2000	50	1000	ND	ND	ND	35	100	1000
Female	3000	2000	50	1000	ND	ND	ND	35	100	1000
	Vitamin B ₁₂ (ug) ^k	Pantothenic Acid (mg)	Biotin (ug)	Choline (mg) ^l	Boron (mg)	Calcium (mg)	Chromium (ug)	Copper (ug)	Fluoride (mg)	Iodine (ug)
RDA or AI*										
Age 51-70 Male	2.4	5*	30*	550*	ND	1200*	30*	900	4*	150
Female	2.4	5*	30*	425*	ND	1200*	20*	900	3*	150
Age 70+ Male	2.4	5*	30*	550*	ND	1200*	30*	900	4*	150
Female	2.4	5*	30*	425*	ND	1200*	20*	900	3*	150
Tolerable Upper Intake Levels ^a										
Age 51-70 Male	ND	ND	ND	3500	20	2500	ND	10000	10	1100
Female	ND	ND	ND	3500	20	2500	ND	10000	10	1100
Age 70+ Male	ND	ND	ND	3500	20	2500	ND	10000	10	1100
Female	ND	ND	ND	3500	20	2500	ND	10000	10	1100

Recommended Dietary Allowances (RDAs) are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (), see Footnotes, pg 3.
 ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Applications in Dietary Assessment*, 2000.

Table 1: Dietary Reference Intakes for Older Adults

Elements and Macronutrients										
	Iron (mg)	Magnesium (mg) ^m	Manganese (mg)	Molybdenum (mg)	Nickel (mg)	Phosphorus (mg)	Selenium (ug)	Vanadium (mg) ⁿ	Zinc (mg)	
RDA or AI*										
Age 51-70 Male	8	420	2.3*	45	ND	700	55	ND	11	
Female	8	320	1.8*	45	ND	700	55	ND	8	
Age 70+ Male	8	420	2.3*	45	ND	700	55	ND	11	
Female	8	320	1.8*	45	ND	700	55	ND	8	
Tolerable Upper Intake Levels ^a										
Age 51-70 Male	45	350	11	2000	1	4000	400	1.8	40	
Female	45	350	11	2000	1	4000	400	1.8	40	
Age 70+ Male	45	350	11	2000	1	3000	400	1.8	40	
Female	45	350	11	2000	1	3000	400	1.8	40	
	Energy (Kcal)	Protein (gm)	Carbohy- drates ²	Total Fat ²	Saturated Fat ²	Cholesterol (mg)	Sodium (mg)	Fiber (gm) ³		
1989 RDAs for age 51+ ¹										
Male	2300	63	>55%	<30%	<10%	<300	<2400	20-35		
Female	1900	50	>55%	<30%	<10%	<300 per day	<2400 per day	20-35		
<p>*Recommended Dietary Allowances (RDAs) are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*), see Footnotes, pg 3.</p> <p>¹ The 1989 RDAs are used as no new Dietary Reference Intakes have been established for energy and protein, and other macronutrients</p> <p>² The Food and Nutrition Board's Committee on Diet and Health recommendations base intake on the percent of total calories in the diet (NCR, 1989)</p> <p>³ The National Cancer Institute and American Dietetic Association recommend 20-35gm dietary fiber daily (ADA, 1997).</p> <p>ND - Indicates values not determined.</p> <p>The values for this table were excerpted from the Institute of Medicine, <i>Dietary Reference Intakes: Applications in Dietary Assessment</i>, 2000.</p>										

Table 1: Dietary Reference Intakes for Older Adults

NOTE: This table (taken from the DRI reports, see www.nap.edu) presents the Recommended Dietary Allowances (RDAs) in bold type and Adequate Intakes (AIs) in ordinary type followed by an asterisk (*). RDAs and AIs may both be used as goals for individual intake. RDAs are set to meet the needs of almost all (97 to 98 percent) individuals in a group. The AI for life stage and gender groups (other than healthy, breastfed infants) is believed to cover needs of all individuals in the group, but lack of data or uncertainty in the data prevent being able to specify with confidence the percentage of individuals covered by this intake.

Footnotes

^a UL = The maximum level of daily nutrient intake that is likely to pose no risk of adverse effects. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Due to lack of suitable data, ULs could not be established for Vitamin K, thiamin, riboflavin, vitamin B₂, pantothenic acid, biotin, or carotenoids. In the absence of ULs, extra caution may be warranted in consuming levels above recommended intakes.

^b As retinal activity equivalents (RAEs). 1 RAE = 1 ug retinal, 12 ug β -carotene, or 24 ug B-cryptoxanthin. To calculate RAEs from the REs of provitamin A carotenoids in foods, divide the REs by 2. For preformed vitamin A in foods or supplements and for provitamin A carotenoids in supplements, 1 RE = 1 RAE.

^c ULs - As preformed vitamin A only.

^d cholecalciferol. 1 ug cholecalciferol = 40 IU vitamin D.

^e In the absence of adequate exposure to sunlight.

^f as alpha-tocopherol. Alpha-Tocopherol includes RRR-alpha-tocopherol, the only form of alpha-tocopherol that occurs naturally in foods, and the 2R-stereoisomeric forms of alpha-tocopherol (RRR-, RSR-, RRS-, and RSS-alpha-tocopherol) that occur in fortified foods and supplements. It does not include the 2S-stereoisomeric forms of alpha-tocopherol (SRR-, SSR-, SRS-, SSS-alpha-tocopherol), also found in fortified foods and supplements.

^g ULs - as alpha-tocopherol; applies to any form of supplemental alpha-tocopherol.

^h The ULs for vitamin E, niacin, and folate apply to synthetic forms obtained from supplements, fortified foods, or a combination of the two.

ⁱ As niacin equivalents (NE). 1 mg of niacin = 60 mg of tryptophan: 0.6 months = preformed niacin (not NE).

^j As dietary folate equivalents (DFE). 1 DFE = 1 ug food folate = 0.6 ug of folic acid from fortified food or as a supplement consumed with food = 0.5 ug of a supplement taken on an empty stomach.

^k Because 10 to 30 percent of older people may malabsorb food-bound B₁₂, it is advisable for those older than 50 years to meet their RDA mainly by consuming foods fortified with B₁₂ or a supplement containing B₁₂.

^l Although AIs have been set for choline, there are few data to assess whether a dietary supply of choline is needed at all stages of the life cycle, and it may be that the choline requirement can be met by endogenous synthesis at some of these stages.

^m The ULs for magnesium represent intake from a pharmacological agent only and do not include intake from food and water.

ⁿ Although vanadium in food has not been shown to cause adverse effects in humans, there is no justification for adding vanadium to food and vanadium supplements should be used with caution. The UL is based on adverse effects in laboratory animals and this data could be used to set a UL for adults but not children and adolescents.

Nutrient Values for Meal Planning and Evaluation

The table below presents the most current DRIs and other nutrient values to use when planning and evaluating meals.

Nutrient Values for Meal Planning and Evaluation			
	1 meal/day 33% RDA/AI	2 meals/day 67% RDA/AI	3 meals/day 100% RDA/AI
Macronutrients			
Kilocalories (Kcal)(1)	685	1369	2054
Protein (gm)(2,3) [20% of total Kcal (gm)] (4)	19 34	37 69	56 103
Carbohydrate (gm) (5) [50% of total Kcal (gm)] (4)	43 86	87 171	130 257
Fat (gm) [30% of total Kcal (gm)] (6)	23	46	68
Saturated Fat (<10% of total Kcal) (7)	Limit intake (8)		
Cholesterol (<300 gm/day) (7)	Limit intake (8)		
Dietary Fiber (gm)(3)	10*	20*	30*
Vitamins			
Vitamin A**(ug) (3)	300	600	900
Vitamin C (mg) (3)	30	60	90
Vitamin D (ug) (3)	5*	10*	15*
Vitamin E (mg)	5	10	15
Thiamin (mg) (3)	0.40	0.80	1.20
Riboflavin (mg) (3)	0.43	0.86	1.30
Vitamin B6 (mg) (3)	0.57	1.13	1.70
Folate (ug)	133	267	400
Vitamin B12 (ug)	0.79	1.61	2.4
Minerals			
Calcium (mg)	400*	800*	1200*
Copper (ug)	300	600	900
Iron (mg)	2.70	5.30	8.00
Magnesium (mg) (3)	140	280	420
Zinc (mg) (3)	3.70	7.30	11.00
Electrolytes			
Potassium (mg) (9)	1167	2333	3500
Sodium (mg) (7)	<800	<1600	<2400

Meal Pattern to Meet New DRIs

Food Group	Servings per meal(1,2)	Dietary Guidelines(3) Servings per day
Bread or Bread Alternate(4)	2 servings (1 cup pasta or rice; 2 slices of bread (1 oz each) or equivalent combinations)	6-9 servings daily. Include several servings of whole grain (high fiber) foods.
Vegetable	2 serving(s): ½ cup or equivalent measure (may serve an additional vegetable instead of a fruit)	3-4 servings daily. Include dark-green leafy; or orange vegetables, cooked dry peas and beans.
Fruit	1 serving: ½ cup or equivalent measure (may serve an additional fruit instead of a vegetable)	2-3 servings daily. Include deeply colored such as orange fruits.
Milk or Milk Alternate	1 serving: 1 cup or equivalent measure	3 servings daily, select low fat products
Meat or Meat Alternate	1 serving: 3 oz or equivalent measure	2 servings daily, total of 6 ounces
Fats	1 serving: 1 teaspoon or equivalent measure	Select foods lower in fat, saturated fat, and cholesterol. Limit total fat to 30% and saturated fat 10% of calories.
Dessert	Varies (see suggested dessert options)	Select foods high in whole grains, low in fat and sugars
Sodium		Select and prepare foods with less salt or sodium

(1) The number of servings per meal provides for 1/3 of the DRIs as calculated in Table "Nutrient Composition of a Suggested Meal Pattern for Older Americans Nutrition Program Meals. This table is based on USDA's Food Guide Background and Development, Table 5, Nutrient Profiles for Food Group and Subgroup Composites. This meal pattern also relates to Table "Dietary Reference Intakes for Meal Planning and Evaluation" in this chapter.

(2) Caloric value (685 Kcal) based on a 75 year old male, height of 5'7", "low active" physical activity level (PAL). Using Table 5-22 Estimated Energy Requirements (EER) for Men and Women 30 Years of Age, calculated the median BMI and calorie level for men and subtracted 10 kcal/day (from 2504 kcal) for each year of age above 30.

(3) The caloric requirement in the 2000 *Dietary Guidelines* is 1600-2200 calories.

(4) 1/3 cup serving may be used for pasta or rice instead of the 1/2 cup serving, if the 1/3 cup serving will supply the nutrients needed for that food group.

Approved Nutrition Software Products

- CALCMENU www.calcmenu.com/
- Computrition www.comptrition.com/
- Dave Johnson Nutrition www.djsoft.com/
- DietAid www.shannonsoft.com/
- DietMaster www.lifestylestech.com/
- Dine Healthy www.dinesystems.com/
- Food Processor, Esha Research www.esha.com
- Food Smart www.food-smart.com/
- FoodWorks, Nutrition Company www.nutritionco.com
- Fuel Nutrition Software www.logiform.ca/fuel/pro_an.htm
- Mealformation Software www.mealformation.com/
- Nutribase 2001 Clinical, CyberSoft, Inc. www.nutribase.com
- Nutritionist Pro, First Databank www.firstdatabank.com
- SureQuest Software www.surequest.com/products.htm

**PROGRAM INSTRUCTION**

NDoA-03-PI-08

April 15, 2003

TO: Area Agency Directors

SUBJECT: New Distribution of Care Management Funds

CONTENT: Below please find the new distribution of Care Management Funds for FY 03

BLUE RIVERS	\$129,493
EASTERN	\$533,570
LINCOLN	\$291,705
MIDLANDS	\$122,502
SOUTH CENTRAL	\$132,717
WESTERN (AOWN)	\$169,480
NORTHEAST	\$270,560
WEST CENTRAL	\$121,531

If you have any questions about this distribution, please give me a call.

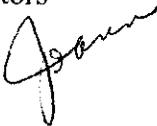
Sincerely,

Joann Weis, Director
State Unit on Aging

PROGRAM INSTRUCTION NDOA-03-PI-07

Date: March 27, 2003

To: Area Agency on Aging Directors

From: Joann Weis, Director SUA 

Subject: NDOA-03-PI-07- Reservation Table FY-04

Attached is the hard copy of the new reservation table for FY-04. I trust you all received the faxed copy on Monday, March 24, 2003. I apologize for the delay and know it was an imposition on your time frames.

We contacted AOA to see when the AOA Special Census run would be available. The Regional office told us it would likely be the end of calendar year 2003. Based on the fact we do not have all the new information, we chose to go with the same census information we used for FY-03. We will **not** change the census information for fiscal year FY-04 even if we receive the complete numbers before June 30, 2004.

However, you may want to be considering a change in the intrastate funding formula for FY-05. This is a lengthy process requiring public hearings, approval by AOA, etc. so if this is a fact you want to consider, we should not wait too long. Most of you know the rural areas will take a significant hit when the new figures are put into the reservation table. Probably a good point of discussion.

Thanks for you patience.

Enclosure

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2004

NDOA- 03-PI-07
 March 24, 2003

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$203,725	\$249,736	\$95,727	\$12,037	\$104,935	\$237,353	\$903,513	\$129,493	\$0
EASTERN	601,780	737,052	304,224	34,939	351,227	894,396	\$2,923,618	528,570	28,645
LINCOLN AREA	324,804	397,532	173,749	18,584	207,929	554,536	\$1,677,134	291,705	19,000
MIDLAND	220,538	270,280	105,841	12,966	117,854	279,866	\$1,007,345	147,502	0
SOUTH CENTRAL	204,614	250,823	96,235	12,087	105,567	238,543	\$907,869	132,717	40,000
WESTERN (AOWN)	211,447	259,421	91,908	12,707	94,594	212,808	\$882,885	149,480	0
NORTHEAST	324,960	397,601	177,947	18,474	215,940	501,631	\$1,636,553	270,560	33,271
WEST CENTRAL	205,132	251,555	93,369	12,206	99,854	233,374	\$895,490	121,531	0
TOTAL	\$2,297,000	\$2,814,000	\$1,139,000	\$134,000	\$1,297,900	\$3,152,507	\$10,834,407	\$1,771,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	30,559	30,559	4,075
EASTERN	90,267	90,267	12,036
LINCOLN AREA	48,721	48,721	6,496
MIDLAND	33,081	33,081	4,411
SOUTH CENTRAL	30,692	30,692	4,092
WESTERN (AOWN)	31,717	31,717	4,229
NORTHEAST	48,744	48,744	6,499
WEST CENTRAL	30,770	30,770	4,103

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

PROGRAM INSTRUCTION

NdoA-03-PI-06

March 24, 2003

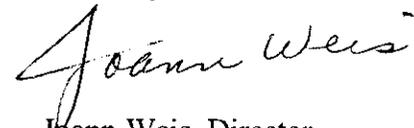
TO: Directors, Area Agencies on Aging

SUBJECT: Update to Four-Year Area Plan

CONTENT: The instructions for the four-year area plan are enclosed. Your completed plan should be on file with the HHS State Unit on Aging by July 31, 2003. If you cannot meet this deadline, please contact the State Unit on Aging staff by June 30, 2003.

If you have questions or would like technical assistance in developing the plan, please contact the State Unit on Aging.

Sincerely,



Joann Weis, Director
Health & Human Services
State Unit on Aging

Four-Year Area Plan Instructions

The four-year area plan is a document that provides information for the sections covering the Description of the Area Agency on Aging, Planning Process, and Outcomes. A four-year time frame will be established for the required revision and submittal of these three sections. Currently the four-year period is from July 1, 1999 through June 30, 2003. The updated four-year area plan will be for the period from July 1, 2003 through June 30, 2007.

Four-Year Plan Instructions

Section A-Description of the Area Agency on Aging

Review the information in the previous plan and update it as needed. Include the area agency's mission statement, a brief history, and other information that will enhance understanding of the role of your agency.

Provide demographic information that describes the population residing in the planning and service area that is eligible for services.

Describe which services are available throughout the planning and service area and which services are provided directly by your AAA (Direct Services).

Include an Organization Chart and descriptions of staffing, the Board, and the Advisory Council.

Section B-Planning Process

Provide an overview of your agency's process for developing a plan to address the support needs of older persons within your service area. This overview should include needs determination efforts and the process used to develop initiatives to address these needs.

Briefly describe the processes (such as needs assessments, surveys, or focus groups) used by the area agency on aging to determine the extent of services needed in order to establish a comprehensive and coordinated system of services within the area.

Describe how consideration was given to the following populations in the area:

- older individuals with low income;
- older individuals who have greatest economic need (with particular attention to low-income minority individuals);
- older individuals who are Native American Indians;
- older individuals residing in rural areas;
- older individuals with greatest social need (with particular attention to low-income minority);

- older individuals with self-care limitations;
- older individuals with limited English-speaking ability;
- older individuals with Alzheimer's disease or related disorders.

Describe how your area agency on aging establishes its priorities. Describe any shifts in focus or priorities and the effect upon your resource allocations.

Integrate current service utilization into the planning process.

Identify what services would be funded with new money, if available.

Provide a description of your area agency on aging's cooperative efforts with organizations (especially voluntary organizations) within the service area to address the critical support needs of older persons living in your service area.

Section C-Outcomes

List the outcomes developed at the 1997 Halsey retreat that you will be working on during the next four years. Indicate how they relate to the planning process.

Outcome Statements:

1. Older adults are able to participate in the political, economic and cultural life of the community.
2. Older Nebraskans are healthy and have a sense of well being.
3. Older adults reside in living situations that meet their needs and support independence.
4. Caregivers are able to effectively carry out, balance and sustain their caregiving roles over time.
5. Older Nebraskans are free to exercise their full rights as citizens and to have those rights respected by others.
6. Older adults are free from abuse, neglect, exploitation, and injury.
7. Older persons, their friends and family understand the value of and know how to obtain aging services.

Activities and Service Initiatives. For each of the outcomes your agency will be working on, list the taxonomy services you plan to use in your planning and services area that will facilitate achievement of the outcome.

PROGRAM INSTRUCTION

NDoA-03PI-05

March 5, 2003

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2003 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$ 8,980	11,225
2	12,120	15,150
3	15,260	19,075
4	18,400	23,000
5	21,540	26,925
6	24,680	30,850
7	27,820	34,775
8	30,960	38,700

For each additional Family member add	3,140	3,925
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The new poverty guidelines have been used to develop the sliding Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

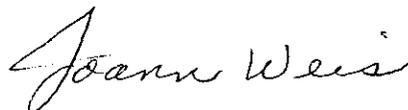
0 - 1,122	0%
1,123 - 1,249	10%
1,250 - 1,368	20%
1,369 - 1,496	30%
1,497 - 1,623	40%
1,624 - 1,743	50%
1,744 - 1,870	60%
1,871 - 1,997	70%
1,998 - 2,117	80%
2,118 - 2,244	90%
2,245 - above	100%

Two-Person Household

0 - 1,514	0%
1,515 - 1,686	10%
1,687 - 1,847	20%
1,848 - 2,019	30%
2,020 - 2,191	40%
2,192 - 2,352	50%
2,353 - 2,524	60%
2,525 - 2,696	70%
2,697 - 2,857	80%
2,858 - 3,029	90%
3,030 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2003. It should be used in the development of your Fiscal Year 2004 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Joann Weis, Director
State Unit on Aging
Division of Aging & Disability
Services

PROGRAM INSTRUCTION**NDoA-03-PI-04****January 31, 2003****TO:** Directors, Area Agencies on Aging**SUBJECT:** Update to Annual Plan

CONTENT: The information and forms needed to update your one-year plans and to apply for Fiscal Year 2003-2004 funding are enclosed. Your completed plans should be on file with the HHS State Unit on Aging by May 16, 2003. If you cannot meet this deadline, please contact the State Unit on Aging staff by April 16, 2003.

There is one exception to the May 16 deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS State Unit on Aging by April 16, 2003. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

The Four-Year Plan for July 1, 2003 to June 30, 2007 will need to be submitted by July 31, 2003. The Four-Year Plan includes the Description of the Area Agency on Aging, Planning Process, and Outcomes.

The Annual Plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark. If you have questions or would like technical assistance in developing the plan, please contact the State Unit on Aging.

A Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging.

One-Person Household

0 - 1,122	0%
1,123 - 1,249	10%
1,250 - 1,368	20%
1,369 - 1,496	30%
1,497 - 1,623	40%
1,624 - 1,743	50%
1,744 - 1,870	60%
1,871 - 1,997	70%
1,998 - 2,117	80%
2,118 - 2,244	90%
2,245 - above	100%

Two-Person Household

0 - 1,514	0%
1,515 - 1,686	10%
1,687 - 1,847	20%
1,848 - 2,019	30%
2,020 - 2,191	40%
2,192 - 2,352	50%
2,353 - 2,524	60%
2,525 - 2,696	70%
2,697 - 2,857	80%
2,858 - 3,029	90%
3,030 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2003. It should be used in the development of your Fiscal Year 2004 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,

Joann Weis, Director
State Unit on Aging
Division of Aging & Disability
Services

**PROGRAM INSTRUCTION****Ndoa-03-PI-03****September 18, 2002**

To: Directors, Area Agencies on Aging

Subject: Revised Reservation Table-FY-03-Title III E and Care Management

Content: This Program Instruction is a follow up to the E-mail sent out September 11, 2002 regarding an additional allocation of Title III E funds in the amount of \$200,000 and Care Management funds in the amount of \$55,000.

Per earlier instructions a revision including any Title III E carryover funds from FY-02 and the additional award of Title III E funds for FY-03 must be received as soon as possible so the appropriate Notification of Grant Awards may be processed prior to September 30, 2002.

Thanks for your cooperation in getting this achieved. If you have any questions, please contact me.

Sincerely,

Joann Weis, Director
State Unit on Aging

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2003

NDOA- 03-PI-03
 September 11, 2002

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$203,725	\$249,736	\$95,727	\$11,877	\$82,697	\$243,323	\$887,085	\$129,493	\$0
EASTERN	601,780	737,052	304,224	34,395	275,267	916,894	\$2,869,612	528,570	28,645
LINCOLN AREA	324,804	397,532	173,749	18,257	162,361	568,485	\$1,645,188	291,705	19,000
MIDLAND	220,538	270,280	105,841	12,786	92,720	286,906	\$989,071	147,502	0
SOUTH CENTRAL	204,614	250,823	96,235	11,926	83,189	244,544	\$891,331	132,717	40,000
WESTERN (AOWN)	211,447	259,421	91,908	12,567	75,077	218,161	\$868,581	149,480	0
NORTHEAST	324,960	397,601	177,947	18,134	168,381	514,249	\$1,601,272	270,560	33,271
WEST CENTRAL	205,132	251,555	93,369	12,058	78,908	239,245	\$880,267	121,531	0
TOTAL	\$2,297,000	\$2,814,000	\$1,139,000	\$132,000	\$1,018,600	\$3,231,807	\$10,632,407	\$1,771,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS 15%	IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	30,559	30,559	4,075
EASTERN	90,267	90,267	12,036
LINCOLN AREA	48,721	48,721	6,496
MIDLAND	33,081	33,081	4,411
SOUTH CENTRAL	30,692	30,692	4,092
WESTERN (AOWN)	31,717	31,717	4,229
NORTHEAST	48,744	48,744	6,499
WEST CENTRAL	30,770	30,770	4,103

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census



PROGRAM INSTRUCTION

NDoA-03-PI-02

August 8, 2002

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Monthly Expense Reporting Form

CONTENT: Since Senior Care Options and the Medicaid Waiver Programs are being reported in a different manner now, the cost information for those two programs will no longer be required on the Monthly Expense Reporting Form. Once the NAMIS System is upgraded, lines 9 through 16 can be generated by that system. The cost information must be entered separately. A copy of the new form is attached to this Program Instruction. Please note that Federal Identification Number and Agency Zip Code have been added to the form.

Should you have any questions, please contact Janice Price.

Sincerely,

Joann Weis, Director
State Unit on Aging

CARE MANAGEMENT MONTHLY EXPENSE REPORTING FORM - Reporting Month _____

	CM	CM YTD
1. Personnel		
2. Travel		
3. Printing & Supplies		
4. Equipment		
5. Building Space		
6. Communication & Utilities		
7. Other		
8. TOTAL COSTS		
9. Total Time Units		
10. Approved Unit CM Rate		
11. TOTAL AMOUNT		
12. DEDUCT:		
a. Client Fees Collected		
b. Maintenance of Effort		
c. Medicaid Revenue Earned		
13. NET AMOUNT		
14. Client Fees Assessed		
15. New Clients Served		
16. Total Clients Served		

AAA Director

Agency

FIN

Zip Code

(For HHSS use)

PLAN	ACTUAL YTD	CURRENT MONTH

Fiscal Review:

(name) (date)

Program Approval:

(name) (date)

Fiscal Payment Approval:

(name) (date)

PROGRAM INSTRUCTION

NdoA-03-PI-01

July 19, 2002

TO: Directors, Area Agencies on Aging

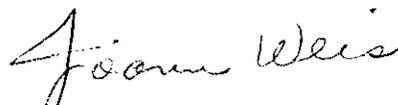
SUBJECT: Maximum Title III Funds Available July 1, 2002 to
September 30, 2002.

CONTENT: The amount of FY2002 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2002 to September 30, 2002 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds not to exceed the amount listed on the attached schedule for the period July 1, 2002 to September 30, 2002. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 2002 to September 30, 2002. Since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2002 to September 30, 2002.

Should you have any questions, please contact me.

Sincerely,



Joann Weis, Director
State Unit on Aging

FOR THE PERIOD JULY 1, 2002 TO SEPTEMBER 30, 2002

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$46,000	\$64,000	\$52,000	\$3,500	\$80,100	\$245,600
EASTERN	121,000	185,000	171,000	10,100	202,200	689,300
LINCOLN AREA	76,000	106,000	70,000	6,200	119,562	377,762
MIDLAND	63,000	53,000	44,000	3,700	69,200	232,900
SOUTH CENTRAL	45,000	75,000	36,000	3,500	61,500	221,000
WESTERN (AOW)	32,000	71,000	67,000	3,800	56,400	230,200
NORTHEAST	69,000	109,000	87,000	5,800	123,100	393,900
WEST CENTRAL	35,000	65,000	39,000	3,500	59,100	201,600
TOTAL	\$487,000	\$728,000	\$566,000	\$40,100	\$771,162	\$2,592,262

**PROGRAM INSTRUCTION**

NDoA-02-PI-13

June 28, 2002

TO: Area Agency Directors

SUBJECT: Final Distribution of Care Management Funds

CONTENT: Below please find the final distribution of Care Management Funds for FY 02.

BLUE RIVERS	\$125,352
EASTERN	\$527,966
LINCOLN	\$282,030
MIDLANDS	\$122,619
SOUTH CENTRAL	\$128,556
WESTERN (AOWN)	\$160,767
NORTHEAST	\$261,809
WEST CENTRAL	\$107,459

If you have any questions about this final distribution, please give me a call.

Sincerely,

Joann Weis, Director
State Unit on Aging

PROGRAM INSTRUCTION

NDoA-02-PI-12

February 28, 2002

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services recently published their revised poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2002 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$ 8,860	11,075
2	11,940	14,925
3	15,020	18,775
4	18,100	22,625
5	21,180	26,475
6	24,260	30,325
7	27,340	34,175
8	30,420	38,025

For each additional
Family member add 3,080 3,850

The new poverty guidelines have been used to develop the sliding Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

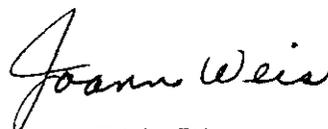
0 - 1,107	0%
1,108 - 1,232	10%
1,233 - 1,350	20%
1,351 - 1,476	30%
1,477 - 1,601	40%
1,602 - 1,719	50%
1,720 - 1,845	60%
1,846 - 1,970	70%
1,971 - 2,088	80%
2,089 - 2,214	90%
2,215 - above	100%

Two-Person Household

0 - 1,492	0%
1,493 - 1,661	10%
1,662 - 1,820	20%
1,821 - 1,989	30%
1,990 - 2,158	40%
2,159 - 2,317	50%
2,318 - 2,487	60%
2,488 - 2,656	70%
2,657 - 2,815	80%
2,816 - 2,984	90%
2,985 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2002. It should be used in the development of your Fiscal Year 2003 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Joann Weis, Director
Health & Human Services
State Unit on Aging
Division of Aging & Disability

**PROGRAM INSTRUCTION****NDoA-02-PI-11****February 28, 2002**

TO: AAA Directors

SUBJECT: FY-03 Area Plan

CONTENT: Please find enclosed a revised reservation table for your use in preparing your FY-03 Area Plan. This is the same reservation table that was provided to you at the Directors meeting 2/26.

Also, enclosed is the revised Area Plan Administration Narrative form, which now includes Title III-E as discussed.

Per our discussion, we will extend the due date of the Area Plan submission until May 31, 2002 (June 1 falls on a Saturday). However, if you can submit earlier, it would be appreciated.

Sincerely,

Joann Weis, Director
Health & Human Services
State Unit on Aging
Division of Aging & Disability

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2003

NDOA- 02-PI-11
 February 26, 2002

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CARE MGMT CASA BASE
BLUE RIVERS	\$203,725	\$249,736	\$95,727	\$11,877	\$66,773	\$243,323	\$871,161	\$125,352	\$0
EASTERN	601,780	737,052	304,224	34,395	220,874	916,894	\$2,815,219	512,966	28,645
LINCOLN AREA	324,804	397,532	173,749	18,257	129,730	568,485	\$1,612,557	282,030	19,000
MIDLAND	220,538	270,280	105,841	12,786	74,723	286,906	\$971,074	142,619	0
SOUTH CENTRAL	204,614	250,823	96,235	11,926	67,164	244,544	\$875,306	128,556	40,000
WESTERN (AOWN)	211,447	259,421	91,908	12,567	61,102	218,161	\$854,606	145,767	0
NORTHEAST	324,960	397,601	177,947	18,134	134,324	514,249	\$1,567,215	261,809	33,271
WEST CENTRAL	205,132	251,555	93,369	12,058	63,910	239,245	\$865,269	117,459	0
TOTAL	\$2,297,000	\$2,814,000	\$1,139,000	\$132,000	\$818,600	\$3,231,807	\$10,432,407	\$1,716,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS	IN-HOME	LEGAL SERVICES
	15%	15%	2%
BLUE RIVERS	30,559	30,559	4,075
EASTERN	90,267	90,267	12,036
LINCOLN AREA	48,721	48,721	6,496
MIDLAND	33,081	33,081	4,411
SOUTH CENTRAL	30,692	30,692	4,092
WESTERN (AOWN)	31,717	31,717	4,229
NORTHEAST	48,744	48,744	6,499
WEST CENTRAL	30,770	30,770	4,103

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

PROGRAM INSTRUCTION

NDoA-02-PI-10

January 10, 2002

TO: Directors, Area Agencies on Aging

SUBJECT: Update to Annual Plan

CONTENT: The information and forms needed to update your one-year plans and to apply for Fiscal Year 2002-2003 funding are enclosed. Your completed plans should be on file with the HHS Division of Aging & Disability Services by April 30, 2002. If you cannot meet this deadline, please contact the state unit on aging staff by March 30, 2002.

There is one exception to the April 30th deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS Division of Aging & Disability Services by April 16, 2002. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

The Four-Year Plan for July 1, 1999 to June 30, 2003 is **not** to be submitted with the Annual Plan for July 1, 2002 to June 30, 2003. The Four-Year Plan includes the Description of the Area Agency on Aging, Planning Process, and Outcomes.

The Annual Plan Update should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

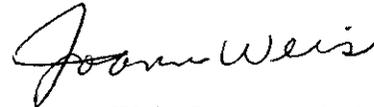
All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Penny Clark. If you have questions or would like technical assistance in developing the plan, please contact the Division of Aging & Disability Services.

The attached Reservation Table shows the current level of funding. A revised Reservation Table will be forthcoming as soon as we receive the actual award from the Administration on Aging. This Reservation Table will work for planning purposes.

The following items should be included with this program instruction. Please contact the state unit on aging if you did not receive all of these items.

- Table of Contents
- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions)
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances.

Sincerely,

A handwritten signature in cursive script that reads "Joann Weis".

Joann Weis, Interim Administrator
Health & Human Services
Division of Aging & Disability Services

Nebraska Department of Health and Human Services Division on Aging
 Reservation Table and Priority Service Minimums
 For the Year Ending June 30, 2003

NDoA-02-PI-10

Agency	III-B	III-C(1)	III-C(2)	III-D	III-E	CASA	Total Reservation Table	Care Management	CM CASA Base
AOWN	210,748	258,723	81,426	12,567	24,906	202,189	790,559	145,767	-
BRAAA	202,929	248,940	83,784	11,877	25,530	244,072	817,132	125,352	-
ENOA	599,060	734,332	263,429	34,395	79,997	837,366	2,548,579	512,966	28,645
LAAA	323,172	395,901	149,276	18,257	45,218	552,940	1,484,764	282,030	19,000
MAAA	219,638	269,380	92,343	12,786	28,110	278,763	901,020	142,619	-
NENAAA	323,257	395,898	152,405	18,134	46,118	511,516	1,447,328	261,809	33,271
SCNAAA	203,812	250,021	84,216	11,926	25,660	251,027	826,662	128,556	40,000
WCNAAA	204,384	250,805	82,121	12,058	25,061	229,934	804,363	117,459	-
TOTAL	2,287,000	2,804,000	989,000	132,000	300,600	3,107,806	9,620,406	1,716,558	120,916

PRIORITY SERVICE MINIMUMS			
	Access	In-Home	Legal
AOWN	31,612	31,612	4,215
BRAAA	30,439	30,439	4,059
ENOA	89,859	89,859	11,981
LAAA	48,476	48,476	6,463
MAAA	32,946	32,946	4,393
NENAAA	48,489	48,489	6,465
SCNAAA	30,572	30,572	4,076
WCNAAA	30,658	30,658	4,088

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

PROGRAM INSTRUCTION**NdoA-02-PI-09****December 3, 2001**

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 2002. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 2002 and ending June 30, 2004.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted and the review criteria which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

The application for recertification must be received by NDoA 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by March 1, 2002.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

The following information should be included if revised since submission of current Plan of Operation.

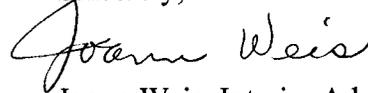
1. Procedure of Obtaining Public Input. (006.01B)
2. Description of how the care management unit will be operated separately from any direct care program of the area agency on aging. (006.01D)
3. Criteria for use in determining priority of service in the event of insufficient funds. (006.01F)
4. Grievance Procedure. (006.01G)
5. Personnel Policies and Procedures. (006.2A)
6. Organization Chart. (006.02A2, 006.02D1 and 006.02D2)

7. Statement of Client Rights. (006.02E)
8. Procedures Governing Confidentiality of Case Records and Information. (006.02F)
9. Policies and Procedures for Establishment of Client Files. (006.03)
10. Position descriptions for all staff positions added since submission of last plan of operation or a statement describing positions deleted. (006.02A)
11. Any other section of the Plan of Operation which has been revised since last submission.

We are not requesting the submission of budget or staffing information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Janice Price.

Sincerely,



Joann Weis, Interim Administrator
Health & Human Services
Division of Aging & Disability

**PROGRAM INSTRUCTION****NDoA-02-PI-08****November 5, 2001**

TO: Directors, Area Agencies on Aging

SUBJECT: State and Federal Poster Requirements

CONTENT: Enclosed you will find copies of each State and Federal poster required in the State of Nebraska to have on display. This applies to all entities who have employees. In addition to the poster requirements, all organizations must also have emergency phone numbers posted. A specific poster requirement also exists for recipients receiving USDA funding.

The Nebraska Division of Aging is recommending each Area Agency follow these poster requirements as a guide to which posters should be displayed in your PSA where employees exist.

To Order State and Federal posters, refer to the enclosed brochure entitled, "Nebraska Workforce Development."

If you have any questions, please contact Tammie Scholz.

Sincerely,

Joann Weis, Interim Administrator
HHS-Division of Aging Services

**PROGRAM INSTRUCTION**

NDoA-02-PI-07

October 25, 2001

TO: Directors, Area Agencies on Aging

SUBJECT: FY-01 Final Payment for USDA Nutrition Services Incentive Program and
FY-01 Initial Rate and GuidelinesCONTENT: Enclosed you will find a spreadsheet that reflects final USDA payments for
FY-01. Adjustments have been made in the final payment to include the
additional allocations the state received.

The initial level of the per-meal assistance rate for Federal Fiscal Year 2002 has been set at \$.57. Please use that amount on your October USDA Report that is due in November. We will continue to use the existing USDA reporting process through Federal Fiscal Year 2002. However, we will use information contained in NAMIS to determine the total number of meals provided in Nebraska during FFY-01. This information will be used in USDA's determination of Nebraska's total allocation. The Division on Aging will be evaluating the efficacy of using NAMIS exclusively as the reporting mechanism for NSIP during FFY-02.

Funding received from the USDA Nutrition Services Incentive Program may only be used to purchase U.S. agricultural commodities and other foods of U.S. origin in the meal programs.

If you have any questions, please contact Tammie Scholz.

Sincerely,

Mark Intermill, Administrator
HHS-Division of Aging Services

TOTAL USDA MEALS

MONTH	AO	BR	EN	LA	MA	NE	SC	WC	TOTAL
OCTOBER:	16,441	16,938	44,939	23,420	19,044	40,999	17,134	28,223	207,138
NOVEMBER:	15,300	16,106	41,968	22,670	17,253	36,253	14,849	26,362	190,761
DECEMBER:	14,027	12,265	32,295	19,969	16,580	32,352	13,676	24,704	165,868
JANUARY:	16,418	17,784	42,030	22,588	19,317	35,985	14,997	26,909	196,028
FEBRUARY:	14,321	13,599	32,225	19,335	16,847	33,630	13,012	25,187	168,156
MARCH:	15,979	17,492	43,180	23,618	17,792	40,221	13,396	27,333	199,011
APRIL:	14,855	16,369	41,697	22,581	20,640	39,166	16,482	27,925	199,715
MAY:	16,298	17,605	42,970	23,330	19,484	39,121	16,106	28,533	203,447
JUNE:	15,590	16,219	41,832	22,403	20,510	42,026	15,258	28,126	201,964
JULY:	15,562	16,521	41,242	22,845	16,729	38,290	15,254	24,524	190,967
AUGUST:	16,875	18,679	43,937	24,057	19,561	43,873	16,325	35,708	219,015
SEPTEMBER:	13,923	15,997	38,078	21,126	18,695	37,832	15,229	25,607	186,487
TOTALS:	185,589	195,574	486,393	267,942	222,452	459,748	181,718	329,141	2,328,557
	7.97%	8.40%	20.89%	11.51%	9.55%	19.74%	7.80%	14.13%	
Annual Allotment	\$108,568.10	\$114,409.25	\$284,536.07	\$156,743.96	\$130,132.67	\$268,948.95	\$106,303.60	\$192,544.89	\$1,362,187
Paid 1st 11 Months	\$93,728.44	\$98,085.33	\$244,790.72	\$134,767.67	\$111,184.47	\$230,435.43	\$90,905.39	\$165,812.64	\$1,169,710
Final Payment	\$14,839.66	\$16,323.92	\$39,745.34	\$21,976.29	\$18,948.20	\$38,513.52	\$15,398.20	\$26,732.25	\$192,477
	\$1.0658	\$1.0204	\$1.0438	\$1.0402	\$1.0135	\$1.0180	\$1.0111	\$1.0439	
Oct - Jun Meals	139,229	144,377	363,136	199,914	167,467	339,753	134,910	243,302	
Rate for Oct - Jun	\$0.5404	\$0.5404	\$0.5404	\$0.5404	\$0.5404	\$0.5404	\$0.5404	\$0.5404	
Jul - Aug Meals	32,437	35,200	85,179	46,902	36,290	82,163	31,579	60,232	
Rate for Jul - Aug	\$0.5700	\$0.5700	\$0.5700	\$0.5700	\$0.5700	\$0.5700	\$0.5700	\$0.5700	
Average Meals/Month	194,046								
Average \$/Meal	\$0.5850								

See next page memo for adjustments. TE



MEMORANDUM

TO: Directors, Area Agencies on Aging

FROM: Mark Intermill *MI*

SUBJECT: Spreadsheet Replacement for NDoA-02-PI-07

DATE: October 26, 2001

Enclosed you will find a new spreadsheet for the final FY-01 USDA payments. Please take the spreadsheet that was enclosed with NDDoA-02-PI-07 and replace it with this new one. Final allocation for FY-01 USDA was higher than what we had anticipated, therefore an additional adjustment in your USDA payment was necessary.

If you have any questions, please contact Tammie Scholz.



PROGRAM INSTRUCTION

NdoA-02-PI-06

October 11, 2001

TO: Senior Companion Volunteer Program Contractors and Grantees

SUBJECT: Program Reports

CONTENT: The Nebraska Senior Companion Volunteer Program requires Quarterly Reports of program activities and expenditures. Contractors or grantees may still submit monthly financial reports. Initial Quarterly Reports should be submitted by October 31st. Subsequent reports will be due by the 20th day after the end of each quarter.

The Report Form has been modified to provide information on the type and amount of service provided.

If you have questions regarding the reporting process or the revised forms, contact Gary Richards.

Sincerely,

Mark Intermill, Administrator
Division of Aging Services

Attachment

Senior Companion Volunteer Program Report

Grantee

Months

QUARTERLY FINANCIAL REPORT

BUDGET CATEGORY	BUDGET AMOUNT	YTD EXPENSE	MO. EXPENSE
PERSONNEL			
TRAVEL			
EQUIPMENT			
PRINTING & SUPPLIES			
COMMUNICATIONS & UTIL.			
BUILDING SPACE			
OTHER			
TOTAL EXPENSES			

FUNDS REQUESTED

QUARTERLY PROGRAM REPORT

	Plan	YTD	Quarter
Active Volunteers			
Persons Served by Volunteers			
Hours of Volunteer Service			
Type of Service			Hours Provided
Companionship - in-home			
Companionship - adult day care			
Escort/Transportation			
Shopping			
Advocacy			
Other (describe)			

I certify that this information is correct and that such costs are valid and consistent with terms of the contract.

SIGNATURE	TITLE	DATE
------------------	--------------	-------------

APPROVED FOR PAYMENT

PROGRAM DIRECTOR	DATE
-------------------------	-------------

FISCAL CERTIFICATION	DATE
-----------------------------	-------------

NDOA USE

AMOUNT

**PROGRAM INSTRUCTION**

NdoA-02-PI-05

September 21, 2001

TO: Directors, Area Agencies on Aging

SUBJECT: **Amended** Maximum Title III Funds Available July 1, 2001 to September 30, 2001. Amended after all Final reports were received.

CONTENT: The amount of FY2001 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2001 to September 30, 2001 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds not to exceed the amount listed on the attached schedule for the period July 1, 2001 to September 30, 2001. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 2001 to September 30, 2001. Since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2001 to September 30, 2001.

Should you have any questions, please contact Joann Weis.

Sincerely,

Mark Intermill, Administrator
Division of Aging Services

Attachment

FOR THE PERIOD JULY 1, 2001 TO SEPTEMBER 30, 2001

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$70,000	\$70,000	\$51,000	\$4,500	\$30,000	\$225,500
EASTERN	180,000	205,000	156,000	11,500	62,000	614,500
LINCOLN AREA	110,000	106,000	66,000	6,100	35,000	323,100
MIDLAND	100,000	54,000	50,000	4,800	22,000	230,800
SOUTH CENTRA	68,000	86,000	39,000	4,500	31,000	228,500
WESTERN (AOW	59,000	77,000	59,000	4,700	20,000	219,700
NORTHEAST	104,000	115,000	96,000	6,600	36,000	357,600
WEST CENTRAL	63,000	69,000	49,000	4,000	20,000	205,000
TOTAL	\$754,000	\$782,000	\$566,000	\$46,700	\$256,000	\$2,404,700



PROGRAM INSTRUCTION

NDOA-02-PI-04

August 3, 2001

TO: Directors, Area Agencies on Aging

SUBJECT: USDA Nutrition Services Incentive Program Allocations for FY2001

CONTENT: We have been Notified that our minimum USDA Nutrition Services Incentive Program allocation for FY 2001 will be \$1,362,187. Since this is about \$80,000 more than what we had projected, we are adjusting the reimbursement rate for each eligible meal to \$.57 for each eligible meal. This new rate will be paid for meals provided after July 1, 2001.

If you have any questions, please contact Tammie Scholz or me.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill".

Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION**NDOA-02-PI-03****August 3, 2001**

TO: Directors, Area Agencies on Aging

SUBJECT: FY-02 Reservation Table

CONTENT: Attached to this Program Instruction is a reservation table for FY-02. The reservation table includes the increased level of funding from the Community Aging Services Act and the Care Management Services Act approved during this past legislative session. You will see in the notes that we have used 2000 Census data as the basis for distributing CASA and Care Management funding. Since we do not have all of the Census data we need for the title III intrastate funding formula, we have used 1990 data for allocating Title III funds.

If you have any questions regarding this reservation table, please contact me or Joann Weis.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

Attachment

Nebraska Department of Health and Human Services Division on Aging
 Reservation Table and Priority Service Minimums
 For the Year Ending June 30, 2002

NDOA-02-PI-03
 August 3, 2001

Agency	III-B	III-C(1)	III-C(2)	III-D	III-E	CASA	Total Reservation Table	Care Management	CM CASA Base
AOWN	210,748	258,723	81,426	12,567	24,906	202,189	790,559	145,767	-
BRAAA	202,929	248,940	83,784	11,877	25,530	244,072	817,132	125,352	-
ENOA	599,060	734,332	263,429	34,395	79,997	837,366	2,548,579	512,966	28,645
LAAA	323,172	395,901	149,276	18,257	45,218	552,940	1,484,764	282,030	19,000
MAAA	219,638	269,380	92,343	12,786	28,110	278,763	901,020	142,619	-
NENAAA	323,257	395,898	152,405	18,134	46,118	511,516	1,447,328	261,809	33,271
SCNAAA	203,812	250,021	84,216	11,926	25,660	251,027	826,662	128,556	40,000
WCNAAA	204,384	250,805	82,121	12,058	25,061	229,934	804,363	117,459	-
TOTAL	2,287,000	2,804,000	989,000	132,000	300,600	3,107,806	9,620,406	1,716,558	120,916

PRIORITY SERVICE MINIMUMS			
	Access	In-Home	Legal
AOWN	31,612	31,612	4,215
BRAAA	30,439	30,439	4,059
ENOA	89,859	89,859	11,981
LAAA	48,476	48,476	6,463
MAAA	32,946	32,946	4,393
NENAAA	48,489	48,489	6,465
SCNAAA	30,572	30,572	4,076
WCNAAA	30,658	30,658	4,088

NOTES

CASA and Care Management prepared using 2000 Census
 Title III prepared using 1990 Census

**PROGRAM INSTRUCTION****NdoA-02-PI-02****July 13, 2001**

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 2001 to September 2001

CONTENT: The amount of FY2001 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2001 to September 30, 2001 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D, and Title III-E funds not to exceed the amount listed on the attached schedule for the period July 1, 2001 to September 30, 2001. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 2001 to September 30, 2001. Since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2001 to September 30, 2001.

Should you have any questions, please contact Joann Weis.

Sincerely,


Mark Intermill, Administrator
Division of Aging Services

Attachment

NHHS-DIVISION ON AGING SERVICES
 MAXIMUM ACCRUED EXPENDITURES

ATTACHMENT

HHS-DOA-02-PI-02

July 13, 2001

FOR THE PERIOD JULY 1, 2001 TO SEPTEMBER 30, 2001

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	TOTAL TITLE III
BLUE RIVERS	\$51,000	\$68,000	\$49,000	\$4,000	\$30,000	\$202,000
EASTERN	136,000	201,000	156,000	11,500	62,000	566,500
LINCOLN AREA	85,000	106,000	66,000	6,100	35,000	298,100
MIDLAND	72,000	51,000	48,000	4,300	22,000	197,300
SOUTH CENTRAL	49,000	82,000	39,000	4,000	31,000	205,000
WESTERN (AOWN)	42,000	73,000	57,000	4,200	20,000	196,200
NORTHEAST	76,000	111,000	93,000	6,100	36,000	322,100
WEST CENTRAL	46,000	69,000	49,000	4,000	20,000	188,000
TOTAL	\$557,000	\$761,000	\$557,000	\$44,200	\$256,000	\$2,175,200

**PROGRAM INSTRUCTION**

NDoA-02-PI-01

June 29, 2001

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-02

CONTENT: The following Care Management Unit rates have been established based on the information provided by the Area Agencies on the Care Management Unit Budget Form that was submitted with the FY-02 Area Plan.

AOWN	\$39.78
BRAAA	\$38.00
ENOA	\$53.23
LAAA	\$40.00
MAAA	\$50.02
NENAAA	\$53.85
SCNAAA	\$39.21
WCNAAA	\$43.64

These initial rates were effective July 1, 2001. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,

Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

PROGRAM INSTRUCTION

NDoA-01-PI-10

April 16, 2001

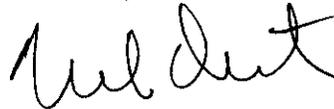
TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Fund

CONTENT: Attached to this Program Instruction is a reservation table that contains a revised FY-01 allocation plan for The Nebraska Care Management Program. The redistribution reflected in the reservation table was done to assure the utilization of the entire FY-01 Program 559 appropriation. To implement these changes, area agencies on aging which have a new allocation will need to revise applicable sections of the area plan.

We will continue to monitor program performance and expenditures for the remainder of the year. If necessary, we will adjust the allocation again to maximize the amount of appropriations that are expended in the delivery of care management services. If you have any questions about care management allocation, please contact Janice Price.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2001

NDOA 01-PI-10
 April 16, 2001

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D/F	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CM	CM CASA BASE
BLUE RIVERS	\$198,152	\$244,720	\$68,178	\$11,373	\$13,539	\$226,988	\$762,950	\$113,682	\$0
EASTERN	\$582,742	\$719,918	\$210,124	\$32,793	\$39,039	\$759,904	\$2,344,520	\$488,991	\$28,645
LINCOLN AREA	\$313,383	\$387,254	\$117,299	\$17,343	\$20,647	\$508,688	\$1,364,614	\$274,765	\$19,000
MIDLAND	\$214,238	\$264,610	\$74,706	\$12,229	\$14,558	\$257,293	\$837,634	\$103,083	\$0
SOUTH CENTRAL	\$199,005	\$245,775	\$68,512	\$11,419	\$13,594	\$233,269	\$771,574	\$88,000	\$40,000
WESTERN (AOWN)	\$206,555	\$255,019	\$67,731	\$12,081	\$14,383	\$185,349	\$741,118	\$145,304	\$0
NORTHEAST	\$313,040	\$386,873	\$119,030	\$17,198	\$20,474	\$473,507	\$1,330,122	\$237,145	\$33,271
WEST CENTRAL	\$199,885	\$246,831	\$67,420	\$11,564	\$13,766	\$211,619	\$751,085	\$105,985	\$0
TOTAL	\$2,227,000	\$2,751,000	\$793,000	\$126,000	\$150,000	\$2,856,617	\$8,903,617	\$1,556,955	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	29,723	3,963
EASTERN	87,411	11,655
LINCOLN AREA	47,007	6,268
MIDLAND	32,136	4,285
SOUTH CENTRAL	29,851	3,980
WESTERN (AOWN)	30,983	4,131
NORTHEAST	46,956	6,261
WEST CENTRAL	29,983	3,998

NOTES

Reservation Table Prepared Using 1990 Census

PROGRAM INSTRUCTION

NDoA-01-PI-09

March 8, 2001

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services were recently published the poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2001 are as follows:

Poverty Guideline

<u>Size of Family</u>	<u>100%</u>	<u>125%</u>
1	\$ 8,590	10,740
2	11,610	14,515
3	14,630	18,290
4	17,650	22,065
5	20,670	25,840
6	23,690	29,615
7	26,710	33,390
8	29,730	37,165
For each additional Family member add	3,020	3,775

The new poverty guidelines have been used to develop the sliding Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed. This sliding fee scale uses monthly income.

One-Person Household

0 - 1,074	0%
1,075 - 1,193	10%
1,194 - 1,312	20%
1,313 - 1,432	30%
1,433 - 1,551	40%
1,552 - 1,670	50%
1,671 - 1,790	60%
1,791 - 1,909	70%
1,910 - 2,028	80%
2,029 - 2,148	90%
2,149 - above	100%

Two-Person Household

0 - 1,451	0%
1,452 - 1,616	10%
1,617 - 1,771	20%
1,772 - 1,935	30%
1,936 - 2,099	40%
2,100 - 2,254	50%
2,255 - 2,419	60%
2,420 - 2,583	70%
2,584 - 2,738	80%
2,739 - 2,903	90%
2,904 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2001. It should be used in the development of your Fiscal Year 2002 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

PROGRAM INSTRUCTION

NDOA-01-PI-08

February 27, 2001

TO: Directors, Area Agencies on Aging

SUBJECT: Amended Annual Plan Instructions for FY-02

CONTENT: The information and forms needed to complete your FY-02 one-year plan are enclosed. This amendment is necessary due to the new Title III E funds allocated under the amended Older Americans Act. Please refer to NDOA-01-PI-06 for further information regarding the implementation of this new title. This Program Instruction also includes information on changes relating to matching funds, budget forms, and renaming Title III F to Title IIID.

The following items are included with this Program Instruction. Please contact our office if you did not receive all of these items:

1. Revised application page
2. Revised budget pages
3. Title III E examples of services included in the five statutory categories
4. Title III E attachment to Monthly Financial report
5. Revised reservation table
6. Revised Taxonomy-two new service categories
7. Revised Units of Service Composite

INSTRUCTIONS:**BUDGET PAGES:**

The revised budget pages are a result of several changes by the Administration on Aging. There is now a column for Title III E and CASA on the Grand Total page as well as a back-up page for Title III E to include the five service categories. You may choose to budget the III E funds in ONE OR MORE of the five listed categories. You may NOT budget more than 20% of your allocation in the 5th category, Supplemental Services. **For FY-02, the Area Agency on Agings portion of the 25% matching requirement for Title III-E will be 10%. The remaining 15% will be State match, which is in accordance with 309(b)2 of the Older Americans Act. This results in a revised reservation table from what you were originally given. The CASA dollars will increase and the Title III-E will decrease.**

The revised budget pages also changes Title III F to Title III D. This change is in Title name only and still refers to Disease Prevention and Health Promotion. The Older Americans Act now requires that a portion of our III D funds be used for Medication Management. Statewide this amount is a minimum of \$31,201. The back-up page for Title III D includes a column for Preventive Health as before and also a column for Medication Management. Even though we will likely exceed the minimum amount, we do need to have it reported if you are providing the service.

The other change on the budget pages are a result of the instructions in the Federal Register dated January 29, 2001, Vol. 66, No 19. Income contributions will no longer be allowed as matching funds. These were previously reported as match on line 16 on the old form. These funds will now be reported as non-matching funds on line 12 of the revised form. Matching funds on lines 14a, 14b and 15 on revised form will be public cash, public in-kind and local in-kind only. If you do not have enough local match, you may use CASA funds to make up the difference.

APPLICATION PAGE:

The revised application page includes the Title III E funds and also indicates the change from Title III F to Title III D.

UNITS OF SERVICE COMPOSITE:

Please refer to NDOA-01-PI-06 for information on two new service categories related to Title III E.

FINANCIAL REPORTS:

You will need to make the necessary changes on your monthly Financial Reports to incorporate the changes on the budget pages.

The Title III E attachment will need to be included with your monthly Title III E Financial Report form. The total dollars on the attachment must equal the total III D dollars on the front page of your monthly financial report.

If you have any questions regarding this Program Instruction, please call Joann Weis or myself.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2002

NDOA- 01-PI-08
 February 27, 2001

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D/F	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT	CM CASA BASE
BLUE RIVERS	\$202,929	\$248,940	\$83,784	\$11,877	\$25,530	\$221,711	\$794,771	\$113,682	\$0
EASTERN	\$599,060	\$734,332	\$263,429	\$34,395	\$79,997	\$742,237	\$2,453,450	\$468,991	\$28,645
LINCOLN AREA	\$323,172	\$395,901	\$149,276	\$18,257	\$45,218	\$496,861	\$1,428,685	\$254,765	\$19,000
MIDLAND	\$219,638	\$269,380	\$92,343	\$12,786	\$28,110	\$251,311	\$873,568	\$128,859	\$0
SOUTH CENTRAL	\$203,812	\$250,021	\$84,216	\$11,926	\$25,660	\$227,846	\$803,481	\$116,827	\$40,000
WESTERN (AOWN)	\$210,748	\$258,723	\$81,426	\$12,567	\$24,906	\$181,040	\$769,410	\$135,304	\$0
NORTHEAST	\$323,257	\$395,898	\$152,405	\$18,134	\$46,118	\$462,499	\$1,398,311	\$237,145	\$33,271
WEST CENTRAL	\$204,384	\$250,805	\$82,121	\$12,058	\$25,061	\$206,699	\$781,128	\$105,985	\$0
TOTAL	\$2,287,000	\$2,804,000	\$989,000	\$132,000	\$300,600	\$2,790,204	\$9,302,804	\$1,561,558	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	30,439	4,059
EASTERN	89,859	11,981
LINCOLN AREA	48,476	6,463
MIDLAND	32,946	4,393
SOUTH CENTRAL	30,572	4,076
WESTERN (AOWN)	31,612	4,215
NORTHEAST	48,489	6,465
WEST CENTRAL	30,658	4,088

NOTES

Reservation Table Prepared Using 1990 Census

**PROGRAM INSTRUCTION****NDoA-01-07****February 21, 2001****TO:** Directors, Area Agency on Aging**SUBJECT:** Addition of two services to the Taxonomy

CONTENT: As a result of the reauthorization of the Older Americans Act on November 12, 2000 which included the National Family Caregiver Support Program, two new services are being added to the Taxonomy. The new services are Caregiver Support and Caregiver Information and are defined as follows:

20. Caregiver Support will include the provision of advice, guidance and instruction about options and methods for providing support to caregivers in an individual or group setting. These services are provided directly and specifically for caregivers. (Counseling/Support Groups/Training) Unit of service is one contact.

21. Caregiver Information will include group services including public education, provision of information at health fairs, outreach to caregivers and other activities designed to inform the public about issues relating to caregiving and services available to caregivers. This is information provided to the general public with the intent of identifying caregivers. (Information) Unit of service is one session.

Any questions concerning these new services should be directed to Janice Price.

Sincerely,

Mark Intermill, Administrator
HHS – Division of Aging Services

PROGRAM INSTRUCTION**NDOA- 01-PI-06****February 21, 2001**

TO: Directors, Area Agencies on Aging

SUBJECT: National Family Caregiver Support Program/Title III-E

CONTENT: Title III-E was added to the Older Americans Act during the reauthorization process. Title III-E authorizes the establishment of the National Family Caregiver Support Program. The purpose of the program is to develop a service delivery system that responds to the nation's caregivers. This program instruction will address issues related to the development of the program in Nebraska.

Service Covered by Title III-E

Five categories of service may be funded under Title III-E. Those categories, which are listed in statute, are Information, Assistance, Counseling/Support Groups/Training, Respite, and Supplemental Services.

Information includes group services including public education, provision of information at health fairs, outreach to caregivers and other activities designed to inform the public about issues related to caregiving and services available to caregivers. Outreach is a taxonomy service that can be included in this category. A new service, Caregiver Information, has been added to the taxonomy and will be included in this service category. The definition of Caregiver Information will be provided in NDOA 01-PI-06.

Assistance includes individual one-to-one contacts designed to assist a caregiver. The services listed in the taxonomy that would fall into this category include Information and Assistance, Case Management and Care Management. If an Area Agency on Aging chooses to use III-E support case management services for family caregivers, the services and funding must be tracked separately from the Nebraska Care Management Program funds. One effect of this separation is that no fees can be charged for III-E funded case management services, but voluntary contributions can be accepted.

Respite includes temporary, substitute supports or living arrangements to provide a brief period of rest for caregivers. Taxonomy services that

could be included in this category are respite and adult day care. Other in-home services such as personal care, homemaker or chore services may be included in this category if an ancillary intent of the service is to provide a period of respite to the primary caregiver. Overnight respite in an institutional setting is covered in this category.

Counseling/Support Groups/Training includes provision of advice, guidance and instruction about options and methods for providing support to caregivers in an individual or group setting. The distinction between this category and Information is that these services are provided directly and specifically for individual caregivers whereas Information is provided to the general public with the intent of identifying caregivers. A new service, Caregiver Support, has been added to the taxonomy and will be included in this service category. The definition of Caregiver Support will be provided NDOA 01-PI-07.

The category of Supplemental Services includes other services to support the needs of caregivers. Any service that is included in the taxonomy and in the care plan of a care management client who has a caregiver and is deemed by the care manager to be a caregiver support service will be considered a Supplemental Service. A limit of 20% of the state's allocation may be used in this category.

Funding Available

Nebraska's Title III-E award for FY-01 is \$732,458. Title III-E funds may be used for state plan administration and area plan administration. In order to maximize the level of funding awarded to area agencies on aging in Title III-B and Title III-C, we will take the maximum amount of funding available from Title III-E for state administration. Each area agency on aging's funding level is listed in the reservation table included in NDOA 01-PI-07. Funding was distributed using the current Intrastate Funding Formula. FY-01 will be used as the base year for the purpose of the Intrastate Funding Formula.

The federal share of the costs of carrying out the National Family Caregiver Support Program may be no more than 75% of the total cost of the program. The non-federal share of program costs must be provided from state and local sources and may be met with cash or in-kind expenditures. There is no requirement similar to the other Title III matching guidelines that require a minimum of five percent of the funding be derived from state sources. In FY-01, all of the CASA funds are committed so there will be no CASA funding available to match title III-E. Area agencies on aging will have to generate the match for FY-01.

Maintenance of Effort

There is a maintenance of effort requirement for Title III-E. The purpose of the maintenance of effort requirement is to assure that area agencies on aging use Title III-E funds to supplement, and do not supplant, funds expended on caregiver support services provided prior to the date of enactment of Part E (11/12/2000).

The state agency on aging has determined that, in Nebraska, the only service in our taxonomy that fully fits the definition of caregiver support service is Respite. Currently four area agencies on aging fund Respite. The funds used by each agency come from the following sources.

	III-B	CASA	County	City	Total
ENOA	1,000	13,338	0	0	14,338
LAAA	0	4,090	2,200	4,561	10,851
MAAA	4,126	0	0	0	4,126
WCNAAA	18,191	0	0	1,830	20,021

To meet the maintenance of effort requirement, these four agencies must maintain the total level of funding for caregiver support services listed above in addition to their new allotment.

Services to Grandparents

A state is permitted to use up to ten percent of the total federal and non-federal share of the funds available to the state under Title III-E to provide support service to grandparents and older individuals who are relative caregivers. The state will not withhold any funds for this purpose. Area agencies on aging may choose to use up to ten percent of their allotment for grandparent support services. Each area agency on aging will be asked to make a declaration by March 31, 2001 as to the level of support they intend to provide to grandparents and older individuals who are relative caregivers.

Reporting

The state is required to maintain and report information relating to the Title III-E program. The report forms require reporting of information about units of service provided and persons served along with fiscal information. Additional information about Title III-E reporting may be found in NDOA 01-PI-05.

Staff Contact

Janice Price has been designated as the staff resource person for the National Family Caregiver Support Program. If you have questions about the program, please contact Janice.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name "Mark" being more prominent than the last name "Intermill".

Mark Intermill, Administrator
HHS – Division of Aging Services

**TITLE III E ATTACHMENT TO TITLE III E FINANCIAL REPORT
INCLUDE WITH MONTHLY REPORT**

PART E

	EXPENDITURES	UNITS	PEOPLE SERVED
INFORMATION	\$ _____	_____	_____
ASSISTANCE	\$ _____	_____	_____
COUNSELING SUPPORT GROUPS TRAINING	\$ _____	_____	_____
RESPIRE	\$ _____	_____	_____
SUPPLEMENTAL SERVICES	\$ _____	_____	_____
TOTAL	\$ _____	_____	_____

Total dollars must equal total Title III E dollars on Financial report

AREA AGENCY ON AGING _____

PROGRAM INSTRUCTION**NDOA-01-PI-05 - Revised****March 1, 2001**

TO: Directors, Area Agencies on Aging

SUBJECT: **Revised** Annual Plan Instructions for FY-01

CONTENT: The information and forms needed to revise your current one-year plan are enclosed. This revision is necessary due to the new Title III E funds allocated under the amended Older Americans Act. Please refer to NDOA-01-PI-06 for further information regarding the implementation of this new title. This Program Instruction also includes information on changes relating to matching funds, budget forms, and renaming Title III F to Title IIID/F.

The following items are included with this Program Instruction. Please contact our office if you did not receive all of these items:

1. Revised application page
2. Revised budget pages
3. Units of Service Composite page
4. Direct Delivery Service Waiver
5. Title III E examples of services included in the five statutory categories
6. Title III E attachment to Monthly Financial report
7. Revised reservation table
8. Revised Taxonomy (Includes two new categories for III E)

INSTRUCTIONS:**BUDGET PAGES:**

The revised budget pages are a result of several changes by the Administration on Aging. There is now a column for Title III E and CASA on the Grand Total page as well as a back-up page for Title III E to include the five service categories. You may choose to budget the III E funds in ONE OR MORE of the five listed categories. You may NOT budget more than 20% of your allocation to the 5th category, Supplemental Services. **Disregard previous instructions regarding match for this fiscal year. The area agencies will be required to match the Title III E funds at**

10%. The State will make up the remaining 15% during Federal Fiscal Year 01.

The revised budget pages also changes Title III F to Title III D/IIIF. Since this fiscal year has both the old IIIF and the new IIID, we will use this Title name for balance of FY-01. This change is in Title name only and still refers to Disease Prevention and Health Promotion. The Older Americans Act now requires that a portion of our III D/ F funds be expended for Medication Management. Statewide this amount is a minimum of \$31,201. The back-up page for Title III D/F includes a column for Preventive Health as before and also a column for Medication Management. Even though we will likely exceed the minimum amount, we do need to have it reported if you are providing this service.

The other change on the budget pages are a result of the instructions in the Federal Register dated January 29, 2001, Vol. 66, No 19. Income contributions will no longer be allowed as matching funds. These have currently been reported as match on line 16 on the old form. As of 4/1/2001 these funds will now be reported as non-matching funds on line 12 of the revised form. Matching funds on lines 14a, 14b and 15 on revised form will be public cash, public in-kind and local in-kind only. It is our understanding this requirement will NOT be retroactive to October 1, 2000 and you would start reporting the new way April 1, 2001 which would be for only the last quarter of this fiscal year. If you do not have enough local match, you may use CASA funds to make up the difference.

BUDGET REVISION- Due in our office MARCH 30, 2001

For FY-01 only you will need to budget income contributions on line 16 of the current form for the period beginning July 1, 2000 through March 31, 2001 and budget your estimated income contributions for the remainder of the year, April 1, 2001 through June 30, 2001 on line 12.

APPLICATION PAGE:

The revised application page includes the Title III E funds and also indicates the change from Title III F to Title III D/F.

UNITS OF SERVICE COMPOSITE:

A revised Units of Service Composite page will be necessary to include the units of service you anticipate with the new funds.

DIRECT SERVICE WAIVER:

For those of you who will be providing direct services for the new Title III E funds, the completed waiver form will be required.

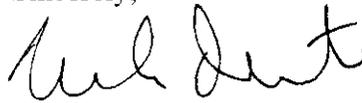
FINANCIAL REPORTS:

You will need to make the necessary changes on your monthly Financial Reports to incorporate the changes on the budget pages effective with the April report.

The Title III E attachment will need to be included with your monthly Title III E Financial Report form. The total dollars on the attachment must equal the total III E dollars on the front page of your monthly financial report.

If you have any questions regarding this Program Instruction, please call Joann Weis or myself.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name "Mark" and last name "Intermill" clearly distinguishable.

Mark Intermill, Administrator
Division of Aging Services

TITLE III E INFORMATION

EXAMPLES OF SERVICES THAT AREA AGENCIES ON AGING COULD REPORT IN THE FIVE STATUTORY SERVICE CATEGORIES:

INFORMATION	<p>Group services, including public education, provision of Information at health fairs and other similar designations as determined by the state.</p> <p>Outreach: Interventions for the purpose of identifying potential caregivers and encouraging their use of existing services and benefits.</p>
ASSISTANCE	<p>Individual one-on-one contact</p> <p><u>Information & Assistance:</u> A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities available; to the maximum extent practicable; ensures that the individuals receive the services needed and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.</p> <p>Case management: Assistance either in the form of access or care coordination in circumstances where the older person or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.</p>
COUNSELING/ SUPPORT GROUPS/ TRAINING:	<p>Provision of advice, guidance and instruction about options and methods for providing support to caregivers in an individual or group setting.</p>
RESPITE	<p>Temporary, substitute supports or living arrangements to provide a brief period of relief or rest for caregivers. It can be in the form of in-home respite, adult day care respite, or institutional respite for an overnight stay on an intermittent, occasional, or emergency basis.</p>
SUPPLEMENTAL SERVICES:	<p>Other services to support the needs of caregivers, as defined by the state. NOTE: No more than 20% of the total Title III E allocation can be used in the category of Supplemental Services.</p>

**PROGRAM INSTRUCTION****NDOA-01-PI-05****February 21, 2001**

TO: Directors, Area Agencies on Aging

SUBJECT: **Revised** Annual Plan Instructions for FY-01

CONTENT: The information and forms needed to revise your current one-year plan are enclosed. This revision is necessary due to the new Title III E funds allocated under the amended Older Americans Act. Please refer to NDOA-01-PI-06 for further information regarding the implementation of this new title. This Program Instruction also includes information on changes relating to matching funds, budget forms, and renaming Title III F to Title IID/F.

The following items are included with this Program Instruction. Please contact our office if you did not receive all of these items:

1. Revised application page
2. Revised budget pages
3. Units of Service Composite page
4. Direct Delivery Service Waiver
5. Title III E examples of services included in the five statutory categories
6. Title III E attachment to Monthly Financial report
7. Revised reservation table
8. Revised Taxonomy (Includes two new categories for III E)

INSTRUCTIONS:**BUDGET PAGES:**

The revised budget pages are a result of several changes by the Administration on Aging. There is now a column for Title III E and CASA on the Grand Total page as well as a back-up page for Title III E to include the five service categories. You may choose to budget the III E funds in ONE OR MORE of the five listed categories. You may NOT budget more than 20% of your allocation to the 5th category, Supplemental Services. **For this fiscal year only**, the area agencies will be required to match the Title III E funds at 25%.

The revised budget pages also changes Title III F to Title IIID/IIIF. Since this fiscal year has both the old IIIF and the new IIID, we will use this Title name for balance of FY-01. This change is in Title name only and still refers to Disease Prevention and Health Promotion. The Older Americans Act now requires that a portion of our III D/ F funds be expended for Medication Management. Statewide this amount is a minimum of \$31,201. The back-up page for Title IIID/F includes a column for Preventive Health as before and also a column for Medication Management. Even though we will likely exceed the minimum amount, we do need to have it reported if you are providing this service.

The other change on the budget pages are a result of the instructions in the Federal Register dated January 29, 2001, Vol. 66, No 19. Income contributions will no longer be allowed as matching funds. These have currently been reported as match on line 16 on the old form. As of 4/1/2001, these funds will now be reported as non-matching funds on line 12 of the revised form. Matching funds on lines 14a, 14b and 15 on revised form will be public cash, public in-kind and local in-kind only. It is our understanding this requirement will NOT be retroactive to October 1, 2000 and you would start reporting the new way April 1, 2001 which would be for only the last quarter of this fiscal year. If you do not have enough local match, you may use CASA funds to make up the difference.

BUDGET REVISION- Due in our office MARCH 30, 2001

For FY-01 only you will need to budget income contributions on line 16 of the current form for the period beginning July 1, 2000 through March 31, 2001 and budget your estimated income contributions for the remainder of the year, April 1, 2001 through June 30, 2001 on line 12.

APPLICATION PAGE:

The revised application page includes the Title III E funds and also indicates the change from Title III F to Title III D/F.

UNITS OF SERVICE COMPOSITE:

A revised Units of Service Composite page will be necessary to include the units of service you anticipate with the new funds.

DIRECT SERVICE WAIVER:

For those of you who will be providing direct services for the new Title III E funds, the completed waiver form will be required.

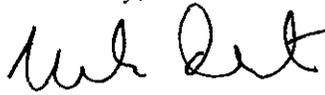
FINANCIAL REPORTS:

You will need to make the necessary changes on your monthly Financial Reports to incorporate the changes on the budget pages effective with the April report.

The Title III E attachment will need to be included with your monthly Title III E Financial Report form. The total dollars on the attachment must equal the total III E dollars on the front page of your monthly financial report.

If you have any questions regarding this Program Instruction, please call Joann Weis or myself.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name "Mark" and last name "Intermill" clearly distinguishable.

Mark Intermill, Administrator
Division of Aging Services

**PROGRAM INSTRUCTION****NDoA-01-PI-04****December 15, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Update to Annual Plan

CONTENT: The information and forms needed to update your one-year plans and to apply for Fiscal Year 2001-2002 funding are enclosed. Your completed plan should be on file with the HHS Division of Aging Services by April 30, 2001. If you cannot meet this deadline, please contact state unit on aging staff by March 30, 2001.

There is one exception to the April 30 deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS Division of Aging Services by April 16, 2001. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

 **Denotes Change** **NOTE:** The Four-Year Plan for July 1, 1999 to June 30, 2003 is **not** to be submitted with the Annual Plan for July 1, 2001 to June 30, 2002. The Four-Year Plan includes the Description of the Area Agency on Aging, Planning Process, and Outcomes. The Annual Plan Update should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Mark Intermill. If you have questions or would like technical assistance in developing the plan, please contact the Division of Aging & Disability Services.

The following items should be included with this program instruction. Please contact the state unit on aging if you did not receive all of these items.

- Table of Contents
- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION**NDoA-01-PI-03****August 16, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Choices Monthly Expense Reporting Form Instructions

Last year we consolidated reporting Care Management, Senior Care Option and Medicaid Waiver financial information and Care Management program information into a single report form. The purpose of this program instruction is to clarify instructions for completion of the report. In order to obtain useful information, we need to assure that Area Agencies on Aging are reporting comparable data. The clarifications listed below apply only to Care Management. Please use these instructions as you prepare your CHOICES Monthly Report.

Line 14: Client fees assessed. Include any fee obligation incurred by clients during the month on this line. If you have served any clients who have an income over 150% of poverty, you will have a value on this line. The client fees assessed should be reported in the month in which the obligation is incurred regardless of the billing procedure that is used by the agency.

Line 15: New Clients Served. In the "Month" column, please report the number of persons who received care management services for the first time during the reporting month. This line is not dependent upon fiscal year. It is intended to be used to report clients who are served for the first time ever and not clients who are served for the first time during the fiscal year. The "YTD" column is the sum the previous months YTD figure and the report month's new clients.

Line 16: Total Clients Served. In the month column, please report the number of persons for whom you have provided care management services during the month. This would include the new clients served during the month as well as other clients who began service previously, but were served in the month. The "YTD" column should include the total number of clients served during the fiscal year.

The Choices Monthly Expense Reporting Form is due in the Division of Aging and Disability Services Office by the 20th of the following month.

Should you have any questions, please contact Janice Price.

Sincerely,



Mark Intermill, Administrator
Division on Aging Services

PROGRAM INSTRUCTION**NDoA-01-PI-02****July 27, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY-01

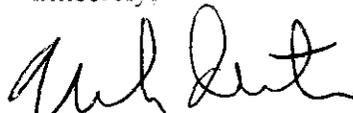
CONTENT: The following Care management Unit rates have been established based on the information provided by the Area Agencies on the Care Management Unit Budget Form that was submitted with the FY-01 Area Plan.

AOWN	\$41.60
BRAAA	\$40.50
ENOA	\$47.73
LAAA	\$38.00
MAAA	\$40.82
NENAAA	\$51.12
SCNAAA	\$36.47
WCNAAA	\$47.12

These initial rates were effective July 1, 2000. They will remain in effect unless the Care Management Unit Budget Form is revised as a part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

**PROGRAM INSTRUCTION****NDoA-01-PI-01****July 21, 2000**

TO: Directors, Area Agencies on Aging

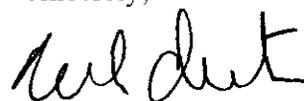
SUBJECT: Maximum Title III Funds Available July 2000 to September 2000

CONTENT: The amount of FY 2000 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 2000 to September 30, 2000 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), and Title III-F funds not to exceed the amount listed on the attached schedule for the period July 1, 2000 to September 30, 2000. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 2000 to September 30, 2000. And, since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 2000 to September 30, 2000.

Should you have any questions, please contact Joann Weis or Dan Albrecht.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

Attachment

cc: Dan Albrecht
Joann Weis

HHS-DIVISION OF AGING SERVICES
 MAXIMUM ACCRUED EXPENDITURES

ATTACHMENT

NDOA-01-PI-01
 July 21, 2000

FOR THE PERIOD JULY 1, 2000 TO SEPTEMBER 30, 2000

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	TOTAL TITLE III
BLUE RIVERS	\$49,000	\$56,000	\$29,000	\$0	\$2,700	\$136,700
EASTERN	145,000	176,000	100,000	0	7,800	428,800
LINCOLN AREA	78,000	96,000	50,000	0	4,500	228,500
MIDLAND	75,000	42,000	29,000	0	3,300	149,300
SOUTH CENTRAL	49,000	57,000	22,000	0	2,700	130,700
WESTERN (AOWN)	51,000	58,000	35,000	0	2,800	146,800
NORTHEAST	78,000	90,000	54,000	0	4,000	226,000
WEST CENTRAL	49,000	56,000	29,000	0	2,700	136,700
TOTAL	\$574,000	\$631,000	\$348,000	\$0	\$30,500	\$1,583,500

PROGRAM INSTRUCTION

NDoA-00-PI-21

May 30, 2000

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Fund

CONTENT: Attached to this Program Instruction is a reservation table that contains a revised FY-00 allocation plan for The Nebraska Care management Program. The redistribution reflected in the reservation table was done to assure the utilization of the entire FY-00 Program 559 appropriation. To implement these changes, area agencies on aging which have a new allocation will need to revise applicable sections of the area plan.

We will continue to monitor program performance and expenditures for the remainder of the year. If necessary, we will adjust the allocation again to maximize the amount of appropriations that are expended in the delivery of care management services. If you have any questions about care management allocation, please contact Janice Price.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2000

NDOA-2000-PI-20
 May 30, 2000

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT ALLOTMENT	CM CASA BASE
BLUE RIVERS	\$196,236	\$244,720	\$68,178	\$1,916	\$11,373	\$226,988	\$749,411	\$70,000	\$0
EASTERN	577,985	719,918	210,124	4,757	32,793	759,904	\$2,305,481	527,478	28,645
LINCOLN AREA	311,217	387,254	117,299	2,166	17,343	508,688	\$1,343,967	254,765	19,000
MIDLAND	212,258	264,610	74,706	1,981	12,229	257,293	\$823,077	98,503	0
SOUTH CENTRAL	197,085	245,775	68,512	1,920	11,419	233,269	\$757,980	116,827	40,000
WESTERN (AOWN)	204,253	255,019	67,731	2,301	12,081	185,349	\$726,734	170,000	0
NORTHEAST	311,045	386,873	119,030	1,994	17,198	473,507	\$1,309,647	218,000	33,271
WEST CENTRAL	197,831	246,831	67,420	2,055	11,564	211,619	\$737,320	105,985	0
TOTAL	\$2,207,910	\$2,751,000	\$793,000	\$19,090	\$126,000	\$2,856,617	\$8,753,617	\$1,561,558	\$120,916

PRIORITY SERVICE MINIMUMS		
	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	29,435	3,925
EASTERN	86,698	11,560
LINCOLN AREA	46,683	6,224
MIDLAND	31,839	4,245
SOUTH CENTRAL	29,563	3,942
WESTERN (AOWN)	30,638	4,085
NORTHEAST	46,657	6,221
WEST CENTRAL	29,675	3,957

NOTES:

Reservation Table Prepared Using 1990 Census

CASA Allocation Prepared Using 1997 Census Update

Care Management allotments are not granted. Payment for casework time units may be made up to the limit of available appropriation.

PROGRAM INSTRUCTION**NDoA-00-PI-20****May 26, 2000**

TO: Area Agency on Aging Directors

SUBJECT: Fiscal Policies

CONTENT: This Program Instruction outlines the policy of the HHS Division of Aging and Disability Services with regards to deadlines for monthly financial reports, final financial reports, final budget revisions and budgeting of carryover funds. These policies are established to allow the state unit on aging to have the opportunity to make timely financial reports to the Administration on Aging.

Monthly Financial Report Deadline: Monthly financial reports must be received by the state unit on aging on or before the 20th of the month following the reporting month.

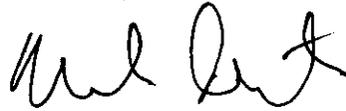
Final Financial Reports Deadline: The state unit on aging must receive final financial reports no later than September 10 following the end of the reporting year. The reporting year begins on July 1 and ends the following June 30. If an area agency on aging cannot meet this deadline, the director of the area agency on aging may request an extension. The extension request should list the reason for the need for an extension and the date when the report will be filed.

Final Budget Revisions: Budget revisions will be accepted until June 1 of the current budget year. An area agency on aging may request an extension of the deadline. In order to request an extension, the area agency on aging must request the extension prior to June 1. The request must include a justification for the extension. If a request for extension is not received by June 1, the budgets of the agency as of that date will be considered to be its final budget.

Carryover Funds from the Previous Year: Carryover funds from the previous budget year must be obligated and included in an area plan budget by December 10 of the current budget year. If an area agency on aging does not include carryover funds in a budget by December 10, the funds will be reallocated through the funding formula.

This program instruction supercedes any previous program instruction related to the above topics. If you have any questions, please contact Joann Weis.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name "Mark" and last name "Intermill" clearly distinguishable.

Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

PROGRAM INSTRUCTION**NdoA-00-PI-19****May 18, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Title III-B Minimum Percentages for Access, In-Home, Legal Services and Waiver Requirements

CONTENT: Sec. 306(a)(2) of the Older Americans Act stipulates that area agencies shall expend an adequate proportion of Title III-B allotments for services associated with access to services, in-home services, and legal services. This program instruction will provide additional information as to the method that will be used by the state unit on aging to determine compliance with this section of statute.

In NDOA 89-PI-08, Nebraska established the following percentages as the minimum amount of funding that must be expended on the three categories of service.

Access Services	15%
In-Home Services	15%
Legal Service	2%

Services in the aging network's taxonomy of services that are considered to be access services include transportation, assisted transportation, outreach, information and assistance and care management. In-home services include personal care, homemaker, chore, adult day care, home health aide, emergency response system, durable medical equipment and respite. Legal service is the only service that can be applied to the legal service minimum percentage.

The amount of funds that must be expended to meet the requirements of Sec. 306(a)(2) will be determined by applying the state's minimum percentage to an area agency on aging's Title III-B allotment as listed in the reservation table. The product of that calculation will be the minimum level of funding that must be expended in each of the three categories of service.

The state unit on aging will calculate the total funding expended for all services in each category and compare that amount to the minimum spending requirement. The state unit on aging will not approve an area plan in which the budgeted funding level for any of the three categories of service is less than the minimum expenditure level.

Area agencies on aging may submit a request to waive the minimum funding requirements. The process for seeking a waiver was also outlined in 89-PI-08. That process is incorporated into this program instruction as an attachment.

This program instruction supersedes 89-PI-08.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name being more prominent.

Mark Intermill
Aging Services Administrator
Division of Aging & Disability

Enclosure

MINIMUM PERCENTAGE OPERATING PROCEDURES

The procedures for Title III-B minimum percentages for the priority services of access, in-home and legal assistance services are as follows:

- 1) Each area agency will be required to expend a minimum percentage of funds for each of the priority services (i.e., access, in-home and legal assistance services) unless a waiver has been granted under Section 306 (b) (1) of the Older Americans Act.
- 2) The minimum percentage will be applied to the total of Title III-B dollars indicated on the reservation table for each area agency. This will occur prior to fund transfers and will exclude special award funds.
- 3) To meet this minimum percentage area agencies may include other dollars for these three service categories as long as total dollars expended meet or exceed the minimum percentage.

The dollars must be budgeted under access, in-home or legal assistance services on the Composite Budget Request Form (formerly AP-16) and the amounts on line 9 (Gross Cost) will be used to determine the total dollars

- 4) The established minimum percentages are:

Access service - 15%
In-Home service - 15%
Legal Assistance - 2%

- 5) Specific services which may be budgeted and reported under the priority services are as follows:
 - a. Access Services – include Transportation, Assisted Transportation, Information & Assistance, Outreach and Care Management.
 - b. In-Home Services – include Personal Care, Homemaker, Chore, Emergency Response System, Durable Medical Equipment and Respite Care.
 - c. Legal Services – include Legal Assistance.

MINIMUM PERCENTAGE WAIVER REQUEST TIME LINE

- By January 2** An Area Agency on Aging gives notice of its intent to seek a waiver of the minimum percentage for any one or all of the three categories (Access, In-Home, Legal Assistance) by publishing a notice of public hearing.
- A. Notice of public hearing must:
- 1) include a clear explanation of the subject and reasons for requesting a waiver.
 - 2) be published in each weekly newspaper and in any daily newspaper located in and serving the Planning and Service Area of the Area Agency on Aging.
 - 3) be mailed throughout the planning and service area to elected local public officials, human service agencies and organizations serving and/or representing older persons, current and potential service providers, business, civic and church groups affected by the request.
- B. The public hearing must be held in a publicly, handicapped-accessible building on a day and at a time convenient to the public.
- By January 20** The Area Agency on Aging holds a public hearing on its waiver request and after the public hearing prepares a typed transcript of the entire hearing (along with exhibits) and a waiver request to the State.
- By February 1** The Area Agency on Aging submits the waiver request and necessary documentation and public hearing transcript to the Nebraska Department of Health & Human Services Division of Aging & Disability Services.
- By February 15** The State makes a determination whether it will grant or deny the waiver request and notifies the Area Agency on Aging of its waiver decision.

If the State denies the waiver, the Area Agency on Aging will need to submit its Annual Plan and Budget reflecting the adopted minimum percentages by the date specified in the Annual Plan and Budget instructions.

If the State proposes to grant a waiver request, it will prepare its intent and justification notice 30 days prior to the effective date of the waiver.

By February 25

The State publishes its Notice of Intent to grant a minimum percentage waiver and the justification for the waiver. Publication must occur in weekly newspapers and daily newspapers located in and serving the PSA and in at least one daily newspaper with statewide circulation.

During the 30 day period of Notice of Intent, any individual or service provider may request a hearing before the State on the waiver request.

By March 30

If no hearing is requested, the waiver becomes effective 30 days after the Notice of Intent was published (which should occur no later than this date). If the waiver takes effect, the Area Agency must submit its Annual Plan and Budget by the date specified in the Annual Plan and Budget instructions.

The State then forwards materials to the Commissioner of the Administration on Aging as outlined below.

If a waiver hearing is requested, the State sets a hearing date and published notice of the public hearing. The State must permit 30 days between the notice and the actual hearing.

By May 1

The State holds a Public Hearing on the waiver request.

By May 10

The Administrator of the Division of Aging Services decides on approval or denial of a waiver request based upon the public hearing testimony and exhibits and notifies in writing all interested parties of the decision.

By May 15

If the waiver is denied, the Area Agency is notified and it must submit its Annual Plan and Budget based upon the States adopted minimum percentages by June 1.

If the waiver is granted, an Area Agency is notified and it must submit its Annual Plan and Budget based upon the waiver request by June 1.

If the waiver is approved by the State at any point (whether the State holds a public hearing or not), the State must submit to the Commissioner of the Administration on Aging (Regional Office) a report providing:

- 1) Details of the Demonstration made by the Area Agency on Aging to obtain such a waiver
- 2) A copy of the record of the public hearing conducted by the Area Agency on Aging and the State, if one was held.

After May 15

The Commissioner of the Administration on Aging (Regional Office) reviews the submitted record.

(Note: Regional Office indicates that a state decision is not likely to be overruled unless there is an obvious violation of the law.)

MINIMUM PERCENTAGE
WAIVER REQUEST AND PUBLIC HEARING DOCUMENTATION
REQUIREMENTS

An Area Agency on Aging request for a waiver of the minimum percentage must document the need for access, in-home, and/or legal assistance services throughout the planning and service area (PSA) and demonstrate that such services are being furnished sufficiently throughout the PSA to meet the need.

The waiver request must include the following:

1. A statement indicating that a waiver of the minimum percentage is requested for access, in-home and/or legal assistance service(s).
2. A valid, reliable assessment of the 60 plus population in the PSA which must include questions designed to elicit pertinent information relating to the waiver request service.
3. A chart (i.e., Attachment A) which lists all providers* in the PSA providing the service and lists an unduplicated count of the number of persons age 60 years and older receiving the service for the previous state fiscal year.
4. A chart (i.e., Attachment B) which identifies the number of minority, low income, and rural elderly individuals receiving the service and compares the number served to the total number of minority, low income and rural elderly individuals in the PSA.
5. A chart (see sample format: Attachment C) which indicated the number of individuals age 60 and over by county receiving services from any provider and compares that number to the total 60 and over population in the PSA.

*Note: Providers in this case shall mean all organizations, and individuals regardless of funding source who are providing access, in-home and/or legal services to age 60 and over individuals.

6. A copy of the notice of public hearing and copies of proof of publication in each county and daily newspaper located in and serving the PSA.

7. A copy of the list of “all interested parties” who were notified of the public hearing and a copy of the notification letter. [See Waiver Request Timeline, Jan. 2 – A. (3)].
8. Documentation that the public hearing was held in a publicly, handicapped accessible building at a day and time convenient to the public.
9. A typed copy of the transcript of the entire public hearing and a copy of all exhibits submitted to the public hearing.
10. A detailed statement of how the Area Agency justifies the request for a waiver of the minimum percentage and how the public hearing testimony and exhibits, the completed charts, and needs assessment support this justification.

CHART B

SERVICE	MINORITY		LOW INCOME		RURAL (LAAA & ENOA ONLY)	
	# Served	% of Minority 60+	# Served	% of Low Income 60+	# Served	% of Rural 60+

CHART C

NUMBER OF 60+ PERSONS SERVED						
Counties	I & R	Escort	Shopping	Transportation	Total Persons Served	% of Pop.
Total						

CRITERIA FOR GRANTING MINIMUM PERCENTAGE

1. The waiver request is postmarked by February 1 the year of the Annual Plan.
2. All information in NDoA-PI-19 is submitted in full.
3. A valid, reliable assessment indicates that there is no need or that the need is being filled by other service providers throughout the PSA.
4. A clear indication that the waiver service is provided to low income (Title XX), minority and rural elderly (LAAA and ENOA only) individuals in proportions equal to all other 60 and over individuals receiving the waiver service throughout the PSA.
5. A clear showing that the waiver service is provided in 75% of the member counties.
6. A justification statement which clearly and thoroughly supports with documentation the request for a waiver of the minimum percentage.

PROGRAM INSTRUCTION**NDoA-00-PI-18****May 18, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Nebraska Sales and Use Tax Regulations

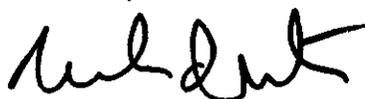
CONTENT: A new ruling has been made by the Department of Revenue regarding Senior Centers that are authorized to accept food coupons for meals provided to eligible participants. The new ruling states that the sale of incidental meals to nonqualified individuals are exempt from the collection of sales tax.

Enclosed is the letter from Mary Jane Egr Tax Commissioner explaining the revised policy.

The provisions under this new ruling regarding collecting sales tax on eligible and incidental meals supersedes the Program Instruction sent August 5, 1999.

If you have any questions please contact me.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

Enclosure

STATE OF NEBRASKA

DEPARTMENT OF REVENUE

Mary Jane Egr
Tax Commissioner



Mike Johanns
Governor

May 15, 2000

Mark Intermill
Health & Human Services
Division of Aging
P.O. Box 95044
Lincoln, NE 68509-5044

Dear Mr. Intermill:

The Nebraska Department of Revenue pursuant to our review of Sales and Use Tax Regulation 1-087.01B(1), copy enclosed, sets forth the following clarification regarding the sale of meals by senior citizen centers located throughout Nebraska.

Senior citizen centers that are authorized to accept food coupons for meals provided to "qualified persons" (those who are eligible for nutrition services under the provisions of the Older Americans Act, handicapped, or recipients of Supplemental Security Income) may also sell incidental meals to nonqualified individuals without collecting sales tax.

Senior citizen centers who sell meals and other taxable food items at a pancake feed, chili supper, bake sale, or other similar event to raise funds for the center or other purposes are required to collect and remit sales tax on such sales. Senior citizen centers are also required to collect and remit sales tax on all other sales of taxable property. A Nebraska Sales Tax Permit can be obtained by filing a Nebraska Tax Application, Form 20.

A restaurant operating under a contract with a state or local agency to prepare and serve meals to qualified persons, as defined above, may provide meals to these qualified individuals without collecting sales tax. All other meals sold by the restaurant are taxable unless the purchaser gives the restaurant a properly completed Nebraska Resale or Exempt Sale Certificate, Form 13.

If you have any questions, please contact Cliff Thomas in our Legal Department at 402-471-5676.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Jane Egr", with a long horizontal line extending to the right.

Mary Jane Egr
State Tax Commissioner

MJE:CT:mra

Enclosure

PROGRAM INSTRUCTION**NDoA-00-PI-17****May 18, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Revised definition in Taxonomy for Volunteer Placement

CONTENT: The revised definition for Volunteer Placement is to include placement of an older individual within a Senior Center performing volunteer services. The placement of a volunteer within the center should be counted just once, i.e., if a person is volunteering to set the table and then moves to greeter, this would still be counted as just one placement.

Do not recount placement from one year to the next, i.e., if someone has been placed in a volunteer role at the center in 2000, they should not be recounted for the same placement in 2001. Only new placements would be counted for the next year.

If you have any questions, please contact Tammie Scholz.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services

Enclosure

Respite care as defined here is a service that provides supervision on a temporary basis to relieve caregivers from that role on a temporary basis. It does not involve the provision of personal care or home health care. If services provided are personal care, home health aide or another appropriate service then assign the service to that category. If none of the other service definitions are appropriate and care is provided in the home this is the appropriate category.

Purpose/Mission: B. Services which maintain health.

27. RESPITE-INSTITUTIONAL (1/2 DAY) – Respite care services offer temporary, alternative living arrangements for older persons in order to provide a brief period of relief or rest for family members or other caregivers.

½ day = four hours; Anything over 4 hours = full day; Anything under 4 hours = ½ day.

This respite care is provided for a short-term basis in an institutional setting and would include overnight care. It should not be confused with adult day care (personal care in supervised setting during daytime hours). Respite is temporary.

Purpose/Mission: B. Services which maintain health.

28. RESERVED

29. VOLUNTEER PLACEMENT (1 PLACEMENT) – Placement of an older individual who is seeking volunteer opportunities in an aging sponsored volunteer role.

Must be through an organized program.

Purpose/Mission: D. Services which promote socialization/participation.

30. HOME HEALTH AIDE (1 VISIT) – Administration of medication or medical treatment by a certified Home Health Aide or a licensed health professional.

Purpose/Mission: B. Services which maintain health.

31. RESERVED

32. RESERVED

33. SENIOR CARE OPTIONS SCREENING- 1 Person Screened. Evaluation of a Medicaid eligible individual for Medicaid coverage of Nursing Facility Care.

Purpose/Mission: E. Services which assure access and coordination.

PROGRAM INSTRUCTION

NDoA-00-PI-16

May 15, 2000

TO: Directors, Area Agencies on Aging

SUBJECT: Optional Meal Provision for Volunteers During Meal Hours

CONTENT: Each Area Agency on Aging has the option to allow Senior Center Managers to offer a meal to individuals providing volunteer services during meal hours, on the same basis as meals are provided to participating older individuals.

Volunteers who provide services at the center during meal hours may be offered a meal on a suggested contribution basis. Meals provided to volunteers may be claimed for USDA reimbursement.

If you have any questions about this policy, please contact Tammie Scholz.

Sincerely,



Mark Intermill
Aging Services Administrator
Division of Aging & Disability Services



PROGRAM INSTRUCTION

NDoA-00-PI-15

April 6, 2000

TO: Directors, Area Agencies on Aging

SUBJECT: Nutrition Program for the Elderly; Initial Level of Assistance for FY2000

CONTENT: This is to announce the initial level of per-meal assistance for Nutrition Program for the Elderly for FY 2000. This new initial level of assistance rate has been set at **\$.5404** for each eligible meal, which is a reduction from the FY 1999 level of \$.5539. This rate is retroactive to October 1999.

If you have any questions, please contact Tammie Scholz.

Sincerely,

Mark Intermill, Administrator
HHS – Division of Aging &
Disability Services

Enclosure



MAR 21 2000

Reply to
Attn. of: MPFM-100

Subject: Nutrition Program for the Elderly (NPE) Title III and Title VI Meal
Reimbursement Rate for Federal Fiscal Year (FY) 2000.

To: Financial Directors
NPE Title III and VI
Mountain Plains Region

This is to announce the initial level of per-meal assistance for NPE for FY 2000. This new initial level of assistance rate has been set at **\$.5404** for each eligible meal, which is a reduction from the FY 1999 level of \$.5539. This rate is effective beginning October 1, 1999.

This new rate should be used for calculations when requesting reimbursement by either the SF-270 form "Request for Advance or Reimbursement," or if applicable to your agency, draws from the Letter of Credit.

If you or any members of your staff have any questions, please contact James Turner of my staff at (303) 844-0315.

Sincerely,

SHARON WRIGHT
Regional Director
Financial Management

cc: John Merz, FD Dir.
Sharon Bates, FD

**PROGRAM INSTRUCTION****NDoA-00-PI-14****March 10, 2000**

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services have recently published the poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 2000 are as follows:

Poverty Guideline

<u>Size of Family</u>	<u>100%</u>	<u>125%</u>
1	\$ 8,350	10,438
2	11,250	14,063
3	14,150	17,688
4	17,050	21,313
5	19,950	24,938
6	22,850	28,563
7	25,750	32,188
8	28,650	35,813

The new poverty guidelines have been used to develop the Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed.

One-Person Household

0 - 1,043	0%
1,044 - 1,161	10%
1,162 - 1,272	20%
1,273 - 1,391	30%
1,392 - 1,509	40%
1,510 - 1,620	50%
1,621 - 1,739	60%
1,740 - 1,857	70%
1,858 - 1,968	80%
1,969 - 2,087	90%
2,088 - above	100%

Two-Person Household

0 - 1,405	0%
1,406 - 1,565	10%
1,566 - 1,715	20%
1,716 - 1,874	30%
1,875 - 2,033	40%
2,034 - 2,183	50%
2,184 - 2,343	60%
2,344 - 2,502	70%
2,503 - 2,652	80%
2,653 - 2,812	90%
2,813 - above	100%

Sliding fee scales for households with more than two persons are available from the Division upon request. The revised sliding fee scale will be effective July 1, 2000. It should be used in the development of your Fiscal Year 2001 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Mark Intermill, Administrator
HHS – Division of Long Term Care/Aging Services

PROGRAM INSTRUCTION**NdoA-00-PI-13****February 11, 2000**

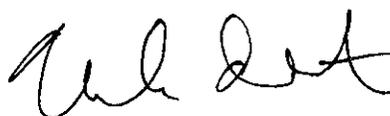
TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Fund

CONTENT: Attached to this Program Instruction is a reservation table that contains a revised FY-00 allocation plan for The Nebraska Care Management Program. This reservation table is the first to include care management allocations. The redistribution reflected in the reservation table was done to assure the utilization of the entire FY-00 Program 559 appropriation. To implement these changes, area agencies on aging which have a new allocation will need to revise applicable sections of the area plan.

We will continue to monitor program performance and expenditures for the remainder of the year. If necessary, we will adjust the allocation again to maximize the amount of appropriations that are expended in the delivery of care management services. The next point at which we will consider reallocation is after receipt of the March reports. If you have any questions about care management allocation, please contact Janice Price.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2000

NDOA-2000-PI-13
 February 11, 2000

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT ALLOTMENT	CM CASA BASE
BLUE RIVERS	\$196,236	\$244,720	\$68,178	\$1,916	\$11,373	\$226,988	\$749,411	\$75,000	\$0
EASTERN	577,985	719,918	210,124	4,757	32,793	759,904	\$2,305,481	\$513,333	28,645
LINCOLN AREA	311,217	387,254	117,299	2,166	17,343	508,688	\$1,343,967	\$254,765	19,000
MIDLAND	212,258	264,610	74,706	1,981	12,229	257,293	\$823,077	\$98,503	0
SOUTH CENTRAL	197,085	245,775	68,512	1,920	11,419	233,269	\$757,980	\$116,827	40,000
WESTERN (AOWN)	204,253	255,019	67,731	2,301	12,081	185,349	\$726,734	\$160,000	0
NORTHEAST	311,045	386,873	119,030	1,994	17,198	473,507	\$1,309,647	\$237,145	33,271
WEST CENTRAL	197,831	246,831	67,420	2,055	11,564	211,619	\$737,320	\$105,985	0
TOTAL	\$2,207,910	\$2,751,000	\$793,000	\$19,090	\$126,000	\$2,856,617	\$6,545,707	\$1,561,558	\$120,916

PRIORITY SERVICE MINIMUMS		
	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	29,435	3,925
EASTERN	86,698	11,560
LINCOLN AREA	46,683	6,224
MIDLAND	31,839	4,245
SOUTH CENTRAL	29,563	3,942
WESTERN (AOWN)	30,638	4,085
NORTHEAST	46,657	6,221
WEST CENTRAL	29,675	3,957

NOTES:

Older Americans Act allocation prepared using 1990 Census

CASA allocation prepared using 1997 Census Update

Care Management allotments are not granted. Payment for casework time units may be made up to the limit of available appropriation.

PROGRAM INSTRUCTION**NdoA-00-PI-12****February 11, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Revised Ombudsman Program Instruction for Five-Year & Annual Plan

CONTENT: Enclosed with this program instruction are revised pages of the Five-Year & Annual Plan that pertains to the Ombudsman Program. The pages that have been revised are as follows;

- ◆ Page A-2-4 Units of Service Composite
- ◆ Page A-2-5 List of Taxonomy Services
- ◆ Page A-3-11 Nebraska Aging Network Service Definitions and Units of Service, cluster 4.

The change will only affect those area agencies on aging that have a volunteer ombudsman program. It is being made as a result of a request from coordinators of volunteer ombudsman programs. The previous definition of a unit of service was a complaint. The new unit of service, a contact with a resident, provides a better indication of program activity.

If you have any questions regarding this PI, please call Randy Musselman.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

LIST OF TAXONOMY SERVICES

1. Personal Care (Hour)
2. Homemaker (Hour)
3. Chore (Hour)
4. Home Delivered Meals (Meal)
5. Adult Day Care/ Adult Day Health (Hour)
6. Case Management (Hour)
7. Congregate Meals (Meal)
8. Nutrition Counseling (Hour)
9. Assisted Transportation (1-way Trip)
10. Transportation (1-way Trip)
11. Legal Assistance (Hour)
12. Nutrition Education (Session)
13. Information & Assistance (Contact)
14. Outreach (Contact)
15. Health Education (Session)
16. Emergency Response System (Client-Mo.)
17. Employment Placement (Placement)
18. Financial Counseling (Contact)
19. Health Clinic (Contact)
20. Reserved
21. Reserved
22. Durable Medical Equipment (Contact)
23. Mental Health Counseling (Contact)
24. Reserved
25. Reserved
26. Respite-Home (Hour)
27. Respite-Institutional (1/2 Day)
28. Reserved
29. Volunteer Placement (Placement)
30. Home Health Aid (Visit)
31. Reserved
32. Reserved
33. Senior Care Options (Screening)
34. Medicaid Waiver Case Management
35. Supportive Services (Hour)
36. Ombudsman Volunteer (Contact)

**FISCAL YEAR 2001
UNITS OF SERVICE COMPOSITE**

Service	Units of Service
1. Personal Care (Hour)	
2. Homemaker (Hour)	
3. Chore (Hour)	
4. Home Delivered Meals (Meal)	
5. Adult Day Care/Health (Hour)	
6. Case Management (Hour)	
7. Congregate Meal (Meal)	
8. Nutrition Counseling (Hour)	
9. Assisted Transportation (1-way Trip)	
10. Transportation (1-way Trip)	
11. Legal Assistance (Hour)	
12. Nutrition Education (Session)	
13. Information & Assistance (Contact)	
14. Outreach (Contact)	
15. Health Education (Session)	
16. Emergency Response System (Client-Mo.)	
17. Employment Placement (Placement)	
18. Financial Counseling (Contact)	
19. Health Clinic (Contact)	
20. Reserved	
21. Reserved	
22. Durable Medical Equipment (Contact)	
23. Mental Health Counseling (Contact)	
24. Reserved	
25. Reserved	
26. Respite-Home (Hour)	
27. Respite-Institutional (1/2 day)	
28. Reserved	
29. Volunteer Placement (Placement)	
30. Home Health Aide (Visit)	
31. Reserved	
32. Reserved	
33. Senior Care Options (Screening)	
34. Medicaid Waiver CM (Client-Month)	
35. Supportive Services (Hour)	
36. Ombudsman Volunteers (Contact)	

34. MEDICAID WAIVER- 1 Client/Month-Assessment, authorization and coordination of services to a person who is enrolled in the Medicaid Aged and Disabled Home and Community Based Service Waiver.

Purpose/Mission: A. Services which address functional limitations.

35. SUPPORTIVE SERVICES-(1 hour) A broad spectrum of services(including the provision of health, social and educational services and provision of facilities for recreational activities) for older persons.”

Purpose/Mission: D Services which promote socialization/participation

36. OMBUDSMAN VOLUNTEER-(1 contact)-Identification, investigation and resolution of complaints that are made by or on behalf of residents of long-term care facilities. Contact must be an individual, one-on-one contact between an ombudsman or ombudsman advocate and a resident of a long-term care facility or someone acting on behalf of a resident of a long-term care facility and does not include activities that involves contact with several clients.

Purpose/Mission: C Services which protect elder rights

End of CLUSTER 4

PROGRAM INSTRUCTION**NdoA-00-PI-11****January 14, 2000**

TO: Directors, Area Agencies on Aging

SUBJECT: Single Audit Requirements

CONTENT: The Office of Management and Budget (OMB) issued, in April 1999, the Circular A-133 Compliance Supplement. Its purpose and application is to assist auditors in their work to prepare reports that meet the requirements of the Single Audit Act Amendments of 1996 (31 USC Chapter 75). The Supplement is designed to "understand the Federal program's objectives, procedures, and compliance requirements relevant to the audit as well as audit objectives and suggested audit procedures for determining compliance with these requirements" (Part 1- Background, Purpose, and Applicability).

Part 5 of the Compliance Supplement focuses on Clusters of Programs. A Cluster is defined as a "grouping of closely related programs that have similar compliance requirements. There are two programs defined as the Aging Cluster. They are: CFDA 93.044 - Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers and CFDA 93.045 - Special Programs for the Aging - Title III, Part C (1 and 2) - Nutrition Services

With the combining of these programs as a Cluster, the funds expended to each Nebraska Area Agency on Aging (AAA) office could equal or exceed \$300,000 annually. This threshold deems the Cluster for each AAA as a major program. As a major program, the auditor is required to develop audit procedures to test compliance with the requirements and the internal control over the compliance of these Federal programs within the Cluster.

The AAA is responsible for the conduct of its auditor in the preparation and the contents of its audit report. As the subrecipient of Federal funds for the Special Programs for the Aging, the AAA shall develop the appropriate objective(s) to assure the provisions to OMB Circular A-133 and its Compliance Supplement are accomplished.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name "Mark" being more prominent than the last name "Intermill".

Mark Intermill, Administrator
HHS - Division of Aging Services

PROGRAM INSTRUCTION**NdoA-00-PI-10****January 13, 2000****TO:** Directors, Area Agencies on Aging**SUBJECT:** Care Management Funds

CONTENT: The appropriations bill for the biennium beginning July 1, 1999 included increased funding for the Nebraska Care Management Program. The revised care management funding level is \$1,561,558. Funding for care management for FY01 will remain the same as FY00 and will be allocated as follows:

Aging Office of Western Nebraska	\$135,304
Blue Rivers Area Agency on Aging	\$113,682
Eastern Nebraska Office on Aging	\$468,991
Lincoln Area Agency on Aging	\$254,765
Midland Area Agency on Aging	\$128,859
Northeast Nebraska Area Agency on Aging	\$237,145
South Central Nebraska Area Agency on Aging	\$116,827
West Central Nebraska Area Agency on Aging	\$105,985

Please submit this information on the CHOICES Budget Form included in the annual update to Five Year and One Year area plan.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

PROGRAM INSTRUCTION**HHS-DoaS-00-PI-09****December 10, 1999**

TO: Directors, Area Agencies on Aging

SUBJECT: Revised Reservation Table

CONTENT: Enclosed with this program instruction is a revised reservation table for FY-00. The revised Reservation table adjusts the amount of Title III D funds available for this fiscal year. With the new appropriations bill, there are no Title III D funds allocated. The amount of III D funds shown on the enclosed reservation table are FY-99 funds that are still available and must be reported as III D expenses. The balance of the original allocation of III D funds was transferred to Title III B. Expenses that would have been Title III D in excess of the amount shown on the new table are to be reported as III B expense under the In-Home budget category. Your total allocations for all funding sources remain the same. You will note a slight change in new minimums for Access, In-Home and Legal services. In the event your agency has already exceeded the amount shown on the revised reservation table, just adjust the next III D report back to the new amount and transfer those expenses to III B.

In addition, each Area Agency on Aging may retain and include as Special Award the III D funds their Agency had at the end of FY-99. New NGA's for III B and III D will be issued upon receipt of budget revisions received noting these changes.

If you have any questions regarding this PI, please call Joann Weis.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2000

NDOA- 2000-PI-09
 December 10, 1999

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMEN CASA BASE
BLUE RIVERS	\$196,236	\$244,720	\$68,178	\$1,916	\$11,373	\$226,988	\$749,411	\$0
EASTERN	577,985	719,918	210,124	4,757	32,793	\$759,904	2,305,481	28,645
LINCOLN AREA	311,217	387,254	117,299	2,166	17,343	\$508,688	1,343,967	19,000
MIDLAND	212,258	264,610	74,706	1,981	12,229	\$257,293	823,077	0
SOUTH CENTRAL	197,085	245,775	68,512	1,920	11,419	\$233,269	757,980	40,000
WESTERN (AOWN)	204,253	255,019	67,731	2,301	12,081	\$185,349	726,734	0
NORTHEAST	311,045	386,873	119,030	1,994	17,198	\$473,507	1,309,647	33,271
WEST CENTRAL	197,831	246,831	67,420	2,055	11,564	211,619	737,320	0
TOTAL	\$2,207,910	\$2,751,000	\$793,000	\$19,090	\$126,000	\$2,856,617	\$8,753,617	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	29,435	3,925
EASTERN	86,698	11,560
LINCOLN AREA	46,683	6,224
MIDLAND	31,839	4,245
SOUTH CENTRAL	29,563	3,942
WESTERN (AOWN)	30,638	4,085
NORTHEAST	46,657	6,221
WEST CENTRAL	29,675	3,957

NOTES

Reservation Table Prepared Using 1990 Census

PROGRAM INSTRUCTION**NdoA-00-PI-08****December 2, 1999**

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 2000. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 2000 and ending June 30, 2002.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted and the review criteria which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

The application for recertification must be received by NDoA 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by March 1, 2000.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership.

In addition to the recertification application, please provide the following information:

1. A list of the desired outcomes that are included in the area agency on aging five-year plan that are applicable to the care management unit and the benchmarks that will be used to measure progress toward achievement of the outcome. For each outcome on the list, indicate the activities to be performed by the care management unit in support of the outcome and a timetable which lists the date of completion for each activity (006.01A).
2. A statement of philosophy detailing the approach of the care management unit in: a) involving all support systems of a

client; b) utilizing all available care resources including community-based services and institutionalization; c) coordinating the delivery of a continuum of services, including the coordination with the other areas of the CHOICES Program i.e. Medicaid Waiver staff and Resource Development, when needed; and d) assuring that the persons are receiving, when reasonably possible the level of care that best matches their level of need (006.01A1).

3. A training plan for care management staff (006.04).

The following information should be included if revised since submission of current Plan of Operation.

1. Procedure of Obtaining Public Input. (006.01B)
2. Description of how the care management unit will be operated separately from any direct care program of the area agency on aging. (006.01D)
3. Criteria for use in determining priority of service in the event of insufficient funds. (006.01F)
4. Grievance Procedure. (006.01G)
5. Personnel Policies and Procedures. (006.2A)
6. Organization Chart. (006.02A2, 006.02D1 and 006.02D2)
7. Statement of Client Rights. (006.02E)
8. Procedures Governing Confidentiality of Case Records and Information. (006.02F)
9. Policies and Procedures for Establishment of Client Files. (006.03)
10. Position descriptions for all staff positions added since submission of last plan of operation or a statement describing positions deleted. (006.02A)
11. Any other section of the Plan of Operation which has been revised since last submission.

We are not requesting the submission of budget information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Janice Price.

Sincerely,



Mark Intermill, Administrator
HHS - Division of Aging Services

PROGRAM INSTRUCTION**NDoA-00-PI-07****December 1, 1999****TO:** Directors, Area Agencies on Aging**SUBJECT:** Annual Update to Five-Year & Annual Plan

CONTENT: The information and forms needed to update your five-year and one-year plans and to apply for Fiscal Year 2000-2001 funding are enclosed. Your completed plan should be on file with the HHS Division of Aging Services by April 28, 2000. If you cannot meet this deadline, please contact state unit on aging staff by March 31, 2000.

There is one exception to the April 28 deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS Division of Aging Services by April 14. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

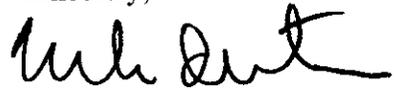
Please note that the area plan has been divided into a five-year plan (July 1, 1999 to June 30, 2004), and an annual plan (July 1, 2000 to June 30, 2001). The five-year plan includes the Description of the Area Agency on Aging, Planning Process, and Outcomes. These sections do not need to be submitted with the annual plan unless significant changes or activities have taken place. The annual plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided. The FY-01 Reservation Table is attached to this Program Instruction.

All necessary forms are included. Budget forms are also available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Mark Intermill. If you have questions or would like technical assistance in developing the plan, please contact the Division of Aging Services.

The following items should be included with this program instruction. Please contact the state unit on aging if you did not receive all of these items.

- Reservation Table
- Table of Contents
- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with a large initial "M" and a long, sweeping tail.

Mark Intermill, Administrator
Division of Aging Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2001

NDOA-2000-PI-07
 December 1, 1999

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-F	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT CASA BASE
BLUE RIVERS	\$198,152	\$244,720	\$68,178	\$11,373	\$226,988	\$749,411	\$0
EASTERN	\$582,742	\$719,918	\$210,124	\$32,793	\$759,904	\$2,305,481	\$28,645
LINCOLN AREA	\$313,383	\$387,254	\$117,299	\$17,343	\$508,688	\$1,343,967	\$19,000
MIDLAND	\$214,238	\$264,610	\$74,706	\$12,229	\$257,293	\$823,076	\$0
SOUTH CENTRAL	\$199,005	\$245,775	\$68,512	\$11,419	\$233,269	\$757,980	\$40,000
WESTERN (AOWN)	\$206,555	\$255,019	\$67,731	\$12,081	\$185,349	\$726,735	\$0
NORTHEAST	\$313,040	\$386,873	\$119,030	\$17,198	\$473,507	\$1,309,648	\$33,271
WEST CENTRAL	\$199,885	\$246,831	\$67,420	\$11,564	\$211,619	\$737,319	\$0
TOTAL	\$2,227,000	\$2,751,000	\$793,000	\$126,000	\$2,856,617	\$8,753,617	\$120,916

PRIORITY SERVICE MINIMUMS		
	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	29,723	3,963
EASTERN	87,411	11,655
LINCOLN AREA	47,007	6,268
MIDLAND	32,136	4,285
SOUTH CENTRAL	29,851	3,980
WESTERN (AOWN)	30,983	4,131
NORTHEAST	46,956	6,261
WEST CENTRAL	29,983	3,998

NOTES:

Reservation Table Prepared Using 1990 Census

CASA allocation Prepared Using 1997 Census Update

PROGRAM INSTRUCTION**HHS-DoAS-00-PI-06****August 23, 1999**

TO: Director, Area Agencies on Aging

SUBJECT: USDA Cash-In-Lieu-of-Commodity Program Agreement

CONTENT: There has been a change in how we are to handle the USDA Cash-In-Lieu-Of-Commodity Program's Annual Renewal Agreement. To reduce the paperwork burden, USDA has determined that agreements signed for Fiscal Year 1998 would be considered the permanent agreement. This final rule was effective November 17, 1997. This obviates the need to complete an agreement each year.

If you have any questions, please contact Tammie Scholz.

Sincerely,



Mark Intermill, Administrator
Division of Aging

PROGRAM INSTRUCTION**HHS-DoAS-00-PI-05****August 5, 1999****TO:** Director, Area Agencies on Aging**SUBJECT:** Nebraska Sales and Use Tax Regulations**CONTENT:** It has been brought to our attention that sales tax is not being administered consistently throughout the Aging Network in Nebraska. To stay in compliance with the Department of Revenue, the following guidelines should be used to determine when sales tax is applicable.

- Any meal being provided to an eligible participant in whom a free will contribution is the method of payment for the meal is considered to be a tax-exempt meal.
- Any meal being provide to a non-eligible participant in whom a set rate has been established for the meal is considered taxable.
- Food sold at a bake sale such as cakes, cookies, and pies are considered to be tax-exempt.
- Any concession food sold such as hot coffee, pop, ice tea, chips, candy bars, hot dogs, are taxable sales of food. Uniquely per Nebraska Sales and Use Tax regulation 1-041.03, the sales tax does not need to be separately stated for concession sales. To properly calculate the sales tax due on concession sales the seller must multiply the total gross receipts, which includes the tax collected, by the applicable sales tax rate. That amount is then subtracted from that total gross and it is that figure that is reported on line 1 of the Nebraska and City Safes and Use Tax Return, Form 10.
- Fund raising events that includes either food or entertainment, recreation, or amusement, in which a set rate has been determined, is considered taxable. Where an item is sold (e.g. a meal, a quilt, an admission) the organization holding the fund-raiser may separately state the fair market value of the item from the donation amount and thereby only remit sales tax on the sales price of the item. The organization must indicate publicly the amount being charged for the

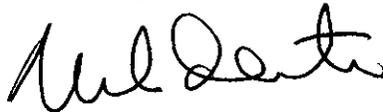
item, the sales tax due on the amount, and amount of the donation. The indication may be made on each ticket, or the organization may prominently display a sign indicating those figures. If the organization does not separately state the amount for the item from the amount of the donation, the total amount is taxable. If however the person conducting such an event chooses to use a free will contribution the event is considered to tax-exempt.

- Crafts being sold are considered to be taxable.

If any of the above conditions exist in your Planning and Service Areas in which the payment of sales tax is necessary, a Nebraska Sales Tax Permit will be required and collection of sales tax on the gross receipts from the sale is mandatory.

If you have any questions, please contact Tammie Scholz.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with a large initial "M" and "I".

Mark Intermill, Administrator
Division of Aging

PROGRAM INSTRUCTION

HHS-DoAS-00-PI-04

July 30, 1999

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY00

CONTENT: The following Care Management Unit rates have been established based on the information provided by the Area Agencies on the Care Management Unit Budget Form that was submitted with the FY00 Area Plan.

AOWN	\$41.59
BRAAA	\$40.50
ENOA	\$48.11
LAAA	\$33.00
MAAA	\$39.87
NENAAA	\$53.99
SCNAAA	\$48.41
WCNAAA	\$52.45

These initial rates were effective July 1, 1999. They will remain in effect unless the Care Management Unit Budget Form is revised as part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval. A budget revision request must be submitted to access the increased allotment for Care Management Services Act funds.

Should you have any questions, please contact Janice Price.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION**HHS-DoAS-00-PI-03****July 29, 1999**

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 1999 to September 1999

CONTENT: The amount of FY 1999 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 1999 to September 30, 1999 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D and Title III-F funds not to exceed the amount listed on the attached schedule for the period July 1, 1999 to September 30, 1999. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 1999 to September 30, 1999. And, since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 1999 to September 30, 1999.

Should you have any questions, please contact Joann Forster or Dan Albrecht.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

cc: Gary
Dan
Joann

NHHS-DIVISION ON AGING SERVICES
 MAXIMUM ACCRUED EXPENDITURES

ATTACHMENT

HHS-DoAS-00-PI-03
 July 29, 1999

FOR THE PERIOD JULY 1, 1999 TO SEPTEMBER 30, 1999

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	TOTAL TITLE III
BLUE RIVERS	\$49,000	\$66,000	\$28,000	\$1,500	\$4,000	\$148,500
EASTERN	143,000	194,000	86,000	4,800	14,000	441,800
LINCOLN AREA	77,000	104,000	48,000	2,600	3,000	234,600
MIDLAND	52,000	71,000	30,000	1,700	3,000	157,700
SOUTH CENTRAL	49,000	66,000	28,000	1,500	3,000	147,500
WESTERN (AOWN)	51,000	68,000	27,000	1,500	5,000	152,500
NORTHEAST	77,000	104,000	49,000	2,700	5,000	237,700
WEST CENTRAL	49,000	66,000	27,000	1,500	4,000	147,500
TOTAL	\$547,000	\$739,000	\$323,000	\$17,800	\$41,000	\$1,667,800

PROGRAM INSTRUCTION

HHS-DoAS-00-PI-02

July 27, 1999

TO: Directors, Area Agencies on Aging

SUBJECT: Choices Monthly Expense Reporting Form Instructions

CONTENT: The attached form has been developed to simplify the reporting of Care Management units of service and monthly costs and SCO and Medicaid Waiver monthly costs. (This will not replace the monthly CASA reporting form).

The information from this report will be recorded on a cumulative basis for each agency and that report will be sent to the agency each month. This information should be verified against the records maintained at the agency. The data will be reviewed formally by Division of Aging Services staff after six months to make adjustments in the approved CM Unit Rate if warranted. The data will also be reviewed at nine months and twelve months. Any change made in the CM Unit Rate will not be retroactive.

Should you have any questions, please contact Janice Price.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

INSTRUCTIONS FOR THE CHOICES MONTHLY EXPENSE REPORTING FORM

The form is to be completed on a monthly basis by the appropriate agency staff and submitted to the Division of Aging Services by the 20th of the following month.

Line 1. Costs for both agency and contracted staff should be included on this line. Administrative, support and supervisory costs should be included on this line. Resource development costs should be included on this line.

Line 2. Travel costs for the Service Coordinators and Resource Developers should be included on this line.

Line 7. Please identify any costs included on this line.

The CM YTD column should be completed with the cumulative total for each line item.

The remainder of the form is similar to the current Care Management Monthly Reporting Form

CHOICES MONTHLY EXPENSE REPORTING FORM - Reporting Month _____

	CM	CM YTD	SCO	Medicaid Waiver
1. Personnel				
2. Travel				
3. Printing & Supplies				
4. Equipment				
5. Building Space				
6. Communication & Utilities				
7. Other				
8. TOTAL COSTS				
9. Total Time Units				
10. Approved Unit CM Rate				
11. TOTAL AMOUNT				
12. DEDUCT:				
a. Client Fees Collected				
b. Maintenance of Effort				
c. Medicaid Revenue Earned				
13. NET AMOUNT				
14. Client Fees Assessed				
15. New Clients Served				
16. Total Clients Served				

AAA Director

Agency

(For HHSS use)

PLAN	ACTUAL YTD	CURRENT MONTH

Fiscal Review:

(name)

(date)

Program Approval:

(name)

(date)

Fiscal Payment Approval:

(name)

(date)

PROGRAM INSTRUCTION**HHS-DoAS-00-PI-01****July 2, 1999**

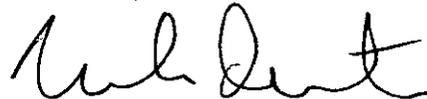
TO: Directors, Area Agencies on Aging

SUBJECT: Revised Reservation Table

CONTENT: Enclosed with this program instruction is a revised reservation table for FY-00. The revised reservation table corrects an error in the reservation table that accompanied 99-PI-09. The original reservation table failed to consider the CASA funds that are incorporated into the Title III amounts in allocating funds in the CASA column. The result was that there was an overallocation of CASA funds. This revised reservation table corrects that error.

I regret any problems that have been caused by the earlier error.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 2000

NDOA-2000-PI-01
 July 1, 1999

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-E	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT CASA BASE
BLUE RIVERS	\$192,820	\$244,720	\$68,178	\$5,332	\$11,373	\$226,988	\$749,411	\$0
EASTERN	566,315	719,918	210,124	16,427	32,793	\$759,904	2,305,481	28,645
LINCOLN AREA	304,216	387,254	117,299	9,167	17,343	\$508,688	1,343,967	19,000
MIDLAND	208,396	264,610	74,706	5,842	12,229	\$257,293	823,076	0
SOUTH CENTRAL	193,647	245,775	68,512	5,358	11,419	\$233,269	757,980	40,000
WESTERN (AOWN)	201,255	255,019	67,731	5,300	12,081	\$185,349	726,735	0
NORTHEAST	303,739	386,873	119,030	9,301	17,198	\$473,507	1,309,648	33,271
WEST CENTRAL	194,612	246,831	67,420	5,273	11,564	211,619	737,319	0
TOTAL	\$2,165,000	\$2,751,000	\$793,000	\$62,000	\$126,000	\$2,856,617	\$8,753,617	\$120,916

PRIORITY SERVICE MINIMUMS		
	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,923	3,856
EASTERN	84,947	11,326
LINCOLN AREA	45,632	6,084
MIDLAND	31,259	4,168
SOUTH CENTRAL	29,047	3,873
WESTERN (AOWN)	30,188	4,025
NORTHEAST	45,561	6,075
WEST CENTRAL	29,192	3,892

NOTES:

Reservation Table Prepared Using 1990 Census

CASA allocation Prepared Using 1997 Census Update

PROGRAM INSTRUCTION

NDoA-99-PI-10

June 11, 1999

TO: Reba Schafer, Lincoln Area Agency on Aging
Beverly Griffith, Eastern Nebraska Office on Aging

SUBJECT: Revision of Title V Allocation Levels

CONTENT: Several significant decisions impacting our Title V allocation to your agency have occurred since our Area Plan Update & One Year Plan instructions (NDoA-99-PI-05) were issued. As the result, we will need revisions to your Title V budgets for FY 1999-00. The revised levels of appropriation are:

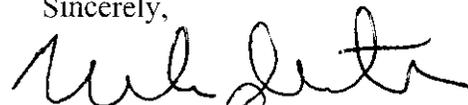
	Admin.	Other Enrollee Costs	Wages & Fringe	Total
ENOA	57,043	52,735	344,000	453,778
Lincoln	5,750	4,968	32,200	42,918
HHS – DOA	4,660	0	0	4,660
Totals	67,453	57,703	376,200	501,356

You have discretion within these budgeting categories. Please remember that the figures for Administrative Costs are maximum allowed while those for Wages & Fringe Benefits are the least allowed.

For a timely granting of funds for this program, please submit revised budgets for your Senior Community Service Employment Programs by June 25, 1999.

If you have questions or need technical assistance, contact Gary Richards at the Division on Aging.

Sincerely,



Mark Intermill, Administrator
Division on Aging Services

PROGRAM INSTRUCTION

NDoA-99-PI-09

June 9, 1999

To: Directors, Area Agencies on Aging

Subject: Revised CASA and Care Management Funds

Content: The appropriations bill for the biennium beginning July 1, 1999 has been enacted. As a result of the bill, the funding available to area agencies on aging through the Community Aging Services Act (CASA) was increased. This program instruction contains information about the amount of funding that each area agency on aging will receive and the procedure for requesting the additional funds.

A revised reservation table has been enclosed with this program instruction. It outlines the CASA funding levels for FY-2000. CASA funds were distributed on the basis of 75+ population. The appropriations bill contained \$3,185,417 in CASA funding. That number was divided by the number of persons over the age of 75 in the state. The 1997 census update was the source of 75+ population information. According the 1997 update, Nebraska's 75+ population is 111,892. The calculation resulted in a 75+ per capita funding level of slightly less than \$28.47.

To request the additional CASA funding, you will need to prepare an area plan revision. The forms that may need to be revised have been enclosed with this program instruction. Please complete all of the applicable forms that will describe the changes to your area plan that will result from the increase in CASA funds. The completed forms will allow the Division of Aging Services to prepare a summary of the services that were made possible as a result of the increased appropriation.

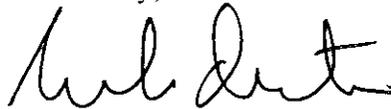
The appropriations bill also included increase funding for the Nebraska Care Management Program. The revised care management funding level is \$1,561,558. Funding for care management will be allocated as follows:

Aging Office of Western Nebraska	\$135,304
Blue Rivers Area Agency on Aging	\$113,682
Eastern Nebraska Office on Aging	\$468,991
Lincoln Area Agency on Aging	\$254,765
Midland Area Agency on Aging	\$128,859
Northeast Nebraska Area Agency on Aging	\$237,145
South Central Nebraska Area Agency on Aging	\$116,827
West Central Nebraska Area Agency on Aging	\$105,985

To request the additional CASA and care management funding, you will need to prepare an area plan revision. The forms that may be affected have been enclosed with this program instruction. A Microsoft Excel 5.0 file that will contain all of the forms that are enclosed with this PI will be provided to you via e-mail. You may either use the paper forms or the spreadsheets to complete the revised budgets. If you submit the paper forms please provide three copies. Please complete all of the applicable forms that will describe the changes that you have made to your area plan as a result of increased funding. The completed forms will allow the Division of Aging Services to prepare a summary of the services that were made possible as a result of the increased appropriation.

Please request the additional funds by September 30, 1999. The earlier the request is made, the earlier you will be able to incorporate the funds into your budgets. If you have any questions about the allocation of funds or the process for incorporating them into your budgets, please contact Joann Forster or me.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with a large initial "M" and a long, sweeping tail.

Mark Intermill, Administrator
HHS-Division of Aging

PROGRAM INSTRUCTION

NDoA-99-PI-08

April 2, 1999

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services were recently published the poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 1999 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$ 8,240	10,300
2	11,060	13,825
3	13,880	17,350
4	16,700	20,875
5	19,520	24,400
6	22,340	27,925
7	25,160	31,450
8	27,980	34,975

The new poverty guidelines have been used to develop the sliding Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed.

One-Person Household

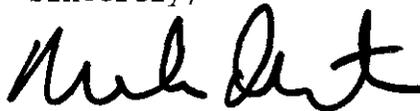
0 - 1,029	0%
1,030 - 1,146	10%
1,147 - 1,256	20%
1,257 - 1,372	30%
1,373 - 1,489	40%
1,490 - 1,599	50%
1,600 - 1,716	60%
1,717 - 1,832	70%
1,833 - 1,942	80%
1,943 - 2,059	90%
2,060 - above	100%

Two-Person Household

0 - 1,381	0%
1,382 - 1,538	10%
1,539 - 1,686	20%
1,687 - 1,842	30%
1,843 - 1,999	40%
2,000 - 2,146	50%
2,147 - 2,303	60%
2,304 - 2,460	70%
2,461 - 2,607	80%
2,608 - 2,764	90%
2,765 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 1999. It should be used in the development of your Fiscal Year 2000 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Mark Intermill
Administrator
Division of Aging Services



PROGRAM INSTRUCTION

NDoA-99-PI-07

March 25, 1999

TO: Directors, Area Agencies on Aging

SUBJECT: Nutrition Program for the Elderly
Initial Level of Assistance for FFY 1999

CONTENT: Enclosed is the March 3, 1999, **Federal Register** notice that announces the initial Federal Fiscal Year (FFY) 1999 Nutrition Program for the Elderly (NPE) per-meal reimbursement rate of \$.5539. For FFY 1998, the initial support level of \$.5607 was sustained throughout the fiscal year, therefore, no adjustment was necessary.

The initial FFY 1999 per-meal support level of \$.5539 will not be increased, and will be decreased only if necessary to keep expenditures within the limit of the NPE's \$140 million FFY 1999 appropriation. This rate should be used on all future requests for NPE reimbursement.

If you have any questions, please contact Tammie Scholz.

Sincerely,

Mark Intermill, Administrator
Division of Aging Services

enc: Federal Register 3/03/99

PROGRAM INSTRUCTION

NDoA-99-PI-06

January 21, 1999

TO: Directors, Area Agencies on Aging

SUBJECT: Allocation of Funding for Care Management Services

CONTENT: The Division of Aging Services is increasing the current allocation of funding for care management services provided by area agencies on aging by \$188,009 for FY-99. The increase in allocation was derived from a reallocation of Program 559 funds from Senior Care Options to care management, unused funding from FY-98 and a small amount of funds appropriated for FY-99 that were not allocated. This increase brings the total care management allocation for FY-99 to \$1,210,964. The following list indicates the amount of that total that will be allocated to each area agency on aging.

Aging Office of Western Nebraska	125,304
Blue Rivers Area Agency on Aging	72,296
Eastern Nebraska Office on Aging	458,991
Lincoln Area Agency on Aging	175,577
Midland Area Agency on Aging	84,968
Northeast Nebraska Area Agency on Aging	149,249
South Central Nebraska Area Agency on Aging	71,359
West Central Nebraska Area Agency on Aging	73,220

This revised allocation will apply only to FY-99. The Legislature and the Governor will determine the level of funding for the program in FY-00 during the upcoming legislative session.

In order to incorporate the new funding into your programs, you will need to submit an area plan revision. Budgetary changes may alter the unit cost for the care management program. As the division receives the revised budgets, we will discuss the necessity of changing your care management rate with you. If you have any questions regarding this matter, please contact me.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION

NDoA-99-PI-05

January 7, 1999

TO: Directors, Area Agencies on Aging

SUBJECT: Annual Update to Five-Year & One-Year Plan

CONTENT: The information and forms needed to update your five-year and one-year plans and to apply for Fiscal Year 1999-2000 funding are enclosed. Your completed plan should be on file with the HHS Division of Aging Services by May 1, 1999. If you cannot meet this deadline, please contact state unit on aging staff by April 15, 1999.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS Division of Aging Services by April 15. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

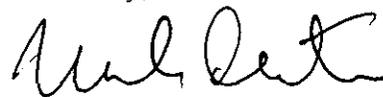
The plan is for five years with one section devoted to what had been the annual or one-year plan. The five-year period is from July 1, 1999 through June 30, 2004. The annual plan is for the fiscal year beginning July 1, 1999 and ending June 30, 2000. This year's plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided. The FY-00 Reservation Table is attached to this Program Instruction.

All necessary forms are included. Budget forms are available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Mark Intermill. If you have questions or would like technical assistance in developing the plan, please contact the Division of Aging Services.

The following items should be included with this program instruction. Please contact the state unit on aging if you did not receive all of these items.

- Table of Contents
- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Taxonomy (Service Definitions);
- Attachment 4: Title V Grant Application Information;
- Attachment 5: Assurances.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION

NDOA-99-PI-04

September 16, 1998

TO: Area Agency on Aging Directors

SUBJECT: Fiscal Year 1999 Reservation Table

CONTENT: The attached reservation table for FY-1999 includes an additional \$150,000 in Title III funding for area agencies on aging. The increased funding is, in part, the result of an increase in the level of Title III funding from the Administration on Aging and a shift in funds from state operations to aid to local government. Funds have been allocated among area agencies on aging in accordance with the intrastate funding formula for Title III funds.

The new reservation table will be effective immediately. You will need a notification of grant award to receive the money. Please provide plan revisions at some point during the fiscal year so that we can issue a notification of grant award.

Sincerely,

Mark Intermill
Administrator

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 1999

NDOA-99-PI-04
 September 23, 1998

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT CASA BASE
BLUE RIVERS	\$192,820	\$240,580	\$63,480	\$5,332	\$11,373	\$166,502	\$680,087	\$0
EASTERN	566,315	705,776	194,078	16,427	32,793	493,543	2,008,932	28,645
LINCOLN AREA	304,216	378,770	107,673	9,167	17,343	308,611	1,125,780	19,000
MIDLAND	208,396	259,931	69,397	5,842	12,229	202,433	758,228	0
SOUTH CENTRAL	193,647	241,608	63,785	5,358	11,419	147,582	663,399	40,000
WESTERN (AOWN)	201,255	251,386	63,608	5,300	12,081	143,189	676,819	0
NORTHEAST	303,739	378,018	108,983	9,301	17,198	375,763	1,193,002	33,271
WEST CENTRAL	194,612	242,931	62,996	5,273	11,564	188,780	706,156	0
TOTAL	\$2,165,000	\$2,699,000	\$734,000	\$62,000	\$126,000	\$2,026,403	\$7,812,403	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,923	3,856
EASTERN	84,947	11,326
LINCOLN AREA	45,632	6,084
MIDLAND	31,259	4,168
SOUTH CENTRAL	29,047	3,873
WESTERN (AOWN)	30,188	4,025
NORTHEAST	45,561	6,075
WEST CENTRAL	29,192	3,892

NOTES

Reservation Table Prepared Using 1990 Census

PROGRAM INSTRUCTION

HHS-DoAS-99-PI-03

August 6, 1998

TO: Directors, Area Agencies on Aging

SUBJECT: Care Management Unit Rates for FY99

CONTENT: The following Care Management Unit rates have been established based on the information provided by the Area Agencies on the Care Management Unit Budget Form that was submitted with the FY99 Area Plan.

AOWN	\$41.46
BRAAA	\$40.50
ENOA	\$50.97
LAAA	\$34.00
MAAA	\$40.11
NENAAA	\$53.92
SCNAAA	\$45.35
WCNAAA	\$48.25

These rates were effective July 1, 1998. They will remain in effect unless the Care Management Unit Budget Form is revised as part of an area plan revision. Any rate changes that result from such a revision will become effective at the time of approval.

Should you have any questions, please contact Janice Price.

Sincerely,



Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION

HHS-DoAS-99-PI-02

July 28, 1998

TO: Directors, Area Agencies on Aging

SUBJECT: Maximum Title III Funds Available July 1998 to September 1998

CONTENT: The amount of FY'98 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 1998 to September 30, 1998 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D and Title III-F funds not to exceed the amount listed on the attached schedule for the period July 1, 1998 to September 30, 1998. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 1998 to September 30, 1998. And, since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 1998 to September 30, 1998.

Should you have any questions, please contact Gary Richards or Dan Albrecht.

Sincerely,



Mark Intermill
Administrator

cc: Gary
Dan

NHHS-DIVISION ON AGING SERVICES
 MAXIMUM ACCRUED EXPENDITURES

ATTACHMENT

HHS-DoAS-99-PI-02
 July 28, 1998

FOR THE PERIOD JULY 1, 1998 TO SEPTEMBER 30, 1998

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	TOTAL TITLE III
BLUE RIVERS	\$49,000	\$71,000	\$21,000	\$1,500	\$6,200	\$148,700
EASTERN	141,000	215,000	63,000	5,100	20,500	444,600
LINCOLN AREA	79,000	109,000	35,000	2,600	7,700	233,300
MIDLAND	72,000	50,000	21,000	1,700	6,900	151,600
SOUTH CENTRAL	49,000	75,000	19,000	1,600	6,300	150,900
WESTERN (AOWN)	43,000	72,000	28,000	1,600	6,800	151,400
NORTHEAST	72,000	110,000	38,000	2,800	9,700	232,500
WEST CENTRAL	45,201	70,020	20,516	1,561	6,798	144,096
TOTAL	\$550,201	\$772,020	\$245,516	\$18,461	\$70,898	\$1,657,096

PROGRAM INSTRUCTION

NDoA - 99 - PI - 01

July 24, 1998

TO: Directors, Area Agencies on Aging

SUBJECT: Process for Payment of Claims for Medicaid-covered Services.

CONTENT: The purpose of this Program Instruction is to describe the process for payment of claims for Medicaid-covered services being performed by the area agencies on aging. As you know, your contracts for the provision of Medicaid HCBS Waiver Service Coordination and Nursing Facility Eligibility Screening for state fiscal year 1999 guarantee a level of funding for the first six months of the year. This document will outline the reports that you will need to submit to claim reimbursement for those services.

To claim reimbursement, you will need to submit the Senior Care Options Billing Document. This is the document that you have been using to claim Medicaid payment for service coordination and screening. Through the document, you provide information about the person served and the nature of the service provided (e.g. screening or service coordination, location of service, qualifications of provider). This information will be used to determine the total earned income. We will compare the total earned income to the guaranteed level of funding and pay the larger of the two amounts. The rate for the first six months for Medicaid HCBS Waiver service coordination will be \$250 per month. Rates for service coordination provided after January 1, 1999 are shown in your contract. The rates for screening will continue at their FY-98 levels.

A revised format for submission of Medicaid HCBS Waiver service coordination claims is being developed. That format will facilitate transmission of information over the Internet. I anticipate the completion of that format in the fall. It will not be used to submit screening claims.

In addition to the Senior Care Options Billing Document, you will need to submit expenditure information. We are not prescribing a format for submission of this information, but the content of the report must include a breakout between expenditures for the screening activity and the HCBS Waiver Service Coordination activity.

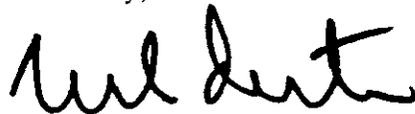
It must also include a breakout of costs by the following categories: Personnel, Travel, Printing and supplies, Equipment, Building Space, Communication & Utilities, Contractual Services, and Other.

This information will be used for two primary purposes. First, it will allow us to monitor the ratio of program costs to program revenues. It is essential that costs and revenues be as close as possible. If revenues exceed costs, it will result in a Medicaid audit exception. If costs exceed revenues, it will result in the AAA sustaining a financial loss. We want to be in a position to adjust payment to minimize either possibility.

The second use of the expenditure information is evaluation of rates. In these first six months, we need to determine if the rates that we are paying reflect the cost of providing the service. This information will allow us to evaluate both the screening rate and the service coordination rate.

The timely submission of these reports will facilitate claims payment. If you have any questions about this program instruction, please contact Pattie Flury or me.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with the first name "Mark" and last name "Intermill" clearly distinguishable.

Mark Intermill, Administrator
Division of Aging Services

PROGRAM INSTRUCTION

NDoA-98-PI-09

June 22, 1998

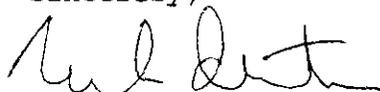
TO: Area Agency on Aging Directors

SUBJECT: Fiscal Year 1999 Reservation Table

CONTENT: The attached Fiscal Year 1999 Reservation Table anticipates a maintenance level of appropriations for next year. Use these funding levels to update your Five and One Year Plans (NDoA-98-PI-04). Special Award Funds may be budgeted in the plan or a revision may be submitted later. These funds are limited to 10% of the FY'98 Reservation Table.

If you have any questions, please give me a call.

Sincerely,



Mark Intermill
Administrator
Division on Aging

Attachments: Reservation Table

NEBRASKA HEALTH & HUMAN SERVICES-DIVISION ON AGING SERVICES
 RESERVATION TABLE AND PRIORITY SERVICE MINIMUMS
 FOR THE YEAR ENDING JUNE 30, 1999

NDOA-98-PI-05
 22-Jun-98

AREA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	CASA	TOTAL RESERVATION TABLE	CARE MANAGEMENT CASA BASE
BLUE RIVERS	\$188,839	\$235,802	\$60,375	\$5,252	\$11,373	\$166,502	\$668,143	\$0
EASTERN	552,717	689,458	183,472	16,155	32,793	493,543	1,968,138	28,645
LINCOLN AREA	296,058	368,981	101,310	9,004	17,343	308,611	1,101,307	19,000
MIDLAND	203,897	254,532	65,887	5,752	12,229	202,433	744,730	0
SOUTH CENTRAL	189,641	236,801	60,660	5,278	11,419	147,582	651,381	40,000
WESTERN (AOWN)	197,761	247,193	60,883	5,230	12,081	143,189	666,337	0
NORTHEAST	295,225	367,801	102,342	9,131	17,198	375,763	1,167,460	33,271
WEST CENTRAL	190,862	238,432	60,071	5,198	11,564	188,780	694,907	0
TOTAL	\$2,115,000	\$2,639,000	\$695,000	\$61,000	\$126,000	\$2,026,403	\$7,662,403	\$120,916

PRIORITY SERVICE MINIMUMS

	ACCESS & IN-HOME 15%	LEGAL SERVICES 2%
BLUE RIVERS	28,326	3,777
EASTERN	82,908	11,054
LINCOLN AREA	44,409	5,921
MIDLAND	30,585	4,078
SOUTH CENTRAL	28,446	3,793
WESTERN (AOWN)	29,664	3,955
NORTHEAST	44,284	5,905
WEST CENTRAL	28,629	3,817

NOTES

Reservation Table Prepared Using 1990 Census

PROGRAM INSTRUCTION

NDoA - 98 - PI - 08

April 29, 1998

TO: Directors, Area Agencies on Aging

SUBJECT: Nutrition Program for the Elderly; FY 1997 Final and FY 1998 Initial Per Meal Reimbursement Rates

CONTENT: Enclosed is the April 2, 1998, **Federal Register** notice that announces the initial Fiscal Year 1998 per-meal reimbursement rate of \$.5607. This adjusted rate applies to all eligible meals served during the year.

For Fiscal Year 1997, the initial per-meal support level of \$.5857 was sustained throughout the fiscal year, therefore, no adjustment was necessary.

As you know, the Department of Agriculture may not increase the initial rate, but can decrease this rate only if it cannot be sustained throughout the year. Adjustments to the Fiscal Year 1998 rates will be reflected in the April 1998 monthly USDA payment and the net retroactive reimbursement.

If you have any questions, please contact Dan Albrecht.

Sincerely,



Mark Intermill, Administrator
Division of Aging

enc: Federal Register 4/02/98



United States
Department of
Agriculture

Food and
Consumer
Service

Mountain
Plains
Region

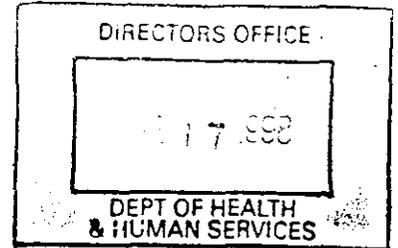
1244 Speer Boulevard
Denver, CO
80204-2581

Reply to
Attn of: MPFD-1:

April 14, 1998

Subject: FDP - Nutrition Program for the Elderly; FY 1997 Final
and FY 1998 Initial Per Meal Reimbursement Rates

To: All Title III Agencies on Aging
All Title VI Indian Tribal Organizations
All FNS Field Offices



Attached is the Federal Register notice announcing the initial Fiscal Year (FY) 1998 NPE per-meal reimbursement rate of \$.5607.

For FY 1997, the initial per-meal support level of \$.5857 was sustained throughout the fiscal year, therefore, no adjustment was necessary. Funds in the estimated amount of \$500 thousand were not paid out for FY 1997 and will, in accordance with the legislative mandate in P.L. 104-180, be carried over into FY 1998 and expended in per-meal reimbursement for that year.

The initial FY 1998 per meal support level of \$.5607 will not be increased and will be decreased only if necessary to keep expenditures within the limit of the NPE appropriation and the FY 1997 carryover.


JOHN N. MERZ
Regional Director
Food Distribution Program

Attachment

PROGRAM INSTRUCTION

NDoA-98-PI-07

March 3, 1998

TO: Area Agency Directors

SUBJECT: Updated Poverty Income Guidelines

CONTENT: The US Department of Health and Human Services were recently published the poverty guidelines in the *Federal Register*. These guidelines are primary factors in determining individual eligibility for many governmental programs. The poverty income levels for 1998 are as follows:

Poverty Guideline

Size of Family	100%	125%
1	\$ 8,050	10,063
2	10,850	13,563
3	13,650	17,063
4	16,450	20,563
5	19,250	24,063
6	22,050	27,563
7	24,850	31,062
8	27,650	34,563

The new poverty guidelines have been used to develop the sliding Care Management Program's sliding fee scale. Using the method described in this program's regulations and making minor adjustments to assure coverage of all income levels, a revised sliding fee scale has been developed.

One-Person Household

0 - 1,005	0%
1,006 - 1,119	10%
1,120 - 1,227	20%
1,228 - 1,341	30%
1,342 - 1,455	40%
1,456 - 1,562	50%
1,563 - 1,676	60%
1,677 - 1,790	70%
1,791 - 1,897	80%
1,898 - 2,011	90%
2,012 - above	100%

Two-Person Household

0 - 1,355	0%
1,556 - 1,509	10%
1,510 - 1,654	20%
1,655 - 1,807	30%
1,808 - 1,961	40%
1,962 - 2,106	50%
2,107 - 2,259	60%
2,260 - 2,413	70%
2,414 - 2,558	80%
2,559 - 2,712	90%
2,713 - above	100%

Sliding fee scales for households with more than two person are available from the Division upon request. The revised sliding fee scale will be effective July 1, 1998. It should be used in the development of your FY-99 budget. If you have questions regarding the sliding fee scale, give me a call.

Sincerely,



Mark Intermill
Administrator
Division on Aging

PROGRAM INSTRUCTION**NDoA-98-PI-04****January 16, 1998**

TO: Directors, Area Agencies on Aging

SUBJECT: Annual Update to Five-Year & One-Year Plan

CONTENT: The information and forms needed to update your five-year and one-year plans and to apply for Fiscal Year 1998-1999 funding are enclosed. Your completed plan should be on file with the HHS Division of Aging Services by May 1, 1998. If you cannot meet this deadline, please contact state unit on aging staff by April 15, 1998.

There is one exception to the May 1 deadline. The Request for a Direct Service Waiver will need to be submitted to the HHS Division of Aging Services by April 15. The earlier deadline is needed to allow the division an adequate time frame for publishing notices of intent to grant a direct service waiver.

The plan is for five years with one section devoted to what had been the annual or one-year plan. The five-year period is from July 1, 1998 through June 30, 2003. The annual plan is for the fiscal year beginning July 1, 1998 and ending June 30, 1999. This year's plan should include information about all funding sources utilized by the area agency on aging and all services that will be provided.

All necessary forms are included. Budget forms are available in Excel Worksheet format. If you would like to submit the budget forms electronically, please contact Mark Intermill. If you have questions or would like technical assistance in developing the plan, please contact the Division of Aging Services.

The following items should be included with this program instruction. Please contact the state unit on aging if you did not receive all of these items.

- Attachment 1: Area Plan Instructions;
- Attachment 2: All forms needed to complete the plan;
- Attachment 3: Aging Network Outcomes;
- Attachment 4: Taxonomy (Service Definitions);
- Attachment 5: Title V Grant Application Information;
- Attachment 6: Assurances.

Sincerely,



Mark Intermill

Administrator, Division of Aging Services

PROGRAM INSTRUCTION

NDoA-98-PI-03

January 16, 1998

TO: Care Management Unit Supervisors
Area Agency on Aging Directors

SUBJECT: Care Management Unit Recertification

CONTENT: Certification for all care management units expires on June 30, 1998. This Program Instruction describes the process to be used by care management units to be recertified for the period beginning July 1, 1998 and ending June 30, 2000.

Title 15 NAC 2.005.01 describes the timeline for submission, the application form to be submitted and the review criteria which will be used in evaluating recertification applications. A copy of Title 15 NAC 2.005 and the sections referenced therein are enclosed.

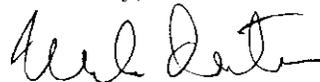
The application for recertification must be received by NDOA 90 to 120 days prior to the end of the certification period. Applications for recertification must be received by April 1, 1998.

The recertification application must be submitted on the enclosed form entitled "Application for Recertification of a Care Management Unit." The application form requests the name and address of the applicant, the name of a contact person, and a certification of intent to seek recertification approved by the governing unit of an applicant which is incorporated or the authorized agent of a sole proprietorship or a partnership. A current plan of operation should be attached.

We are not requesting the submission of budget information with the recertification application. That information will be requested with the Area Plan.

If you have any questions regarding the recertification process, please contact Janice Price.

Sincerely,



Mark Intermill
Administrator, Division of Aging Services

PROGRAM INSTRUCTIONHHS-DoAS-98-PI-⁰²~~111~~

July 2, 1997

TO: Directors, Area Agencies on Aging

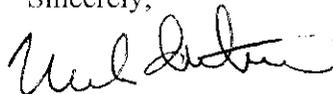
SUBJECT: Maximum Title III Funds Available July 1997 to September 1997

CONTENT: The amount of FY'97 Title III funds which are available to reimburse expenses incurred and/or accrued for the period July 1, 1997 to September 30, 1997 are limited. Therefore, we ask that you expend and/or accrue Title III-B, Title III-C(1), Title III-C(2), Title III-D and Title III-F funds not to exceed the amount listed on the attached schedule for the period July 1, 1997 to September 30, 1997. These limits of available funding may require adjustments to your budgeting and reporting for the period July 1, 1997 to September 30, 1997. And, since we use a combination of state and federal funds, CASA funds and other funds can be used for expenses over the amounts listed on the attached schedule.

The limits were determined by the ratio of Title III Reservation Table to the total Title III funds available for the period July 1, 1997 to September 30, 1997.

Should you have any questions, please contact Gary Richards or Dan Albrecht.

Sincerely,



Mark Intermill
Administrator

cc: Gary
Dan

NHHS-DIVISION ON AGING SERVICES
 MAXIMUM ACCRUED EXPENDITURES

ATTACHMENT

HHS-DoAS-97-PI-02
 July 2, 1997

FOR THE PERIOD JULY 1, 1997 TO SEPTEMBER 30, 1997

REA AGENCY	TITLE III-B	TITLE III-C(1)	TITLE III-C(2)	TITLE III-D	TITLE III-F	TOTAL TITLE III
LUE RIVERS	\$47,000	\$63,000	\$15,000	\$1,500	\$6,000	\$132,500
ASTERN	118,000	171,000	51,000	4,500	30,500	375,000
INCOLN AREA	78,000	89,000	22,000	2,500	3,500	195,000
IDLAND	71,000	46,000	14,000	1,500	5,500	138,000
OUTH CENTRAL	50,000	65,000	14,000	1,500	5,000	135,500
ESTERN (AOWN)	45,000	66,000	22,000	1,500	9,500	144,000
ORTHEAST	64,000	105,000	28,000	2,500	13,000	212,500
EST CENTRAL	50,000	62,000	15,000	1,500	4,000	132,500
TOTAL	\$523,000	\$667,000	\$181,000	\$17,000	\$77,000	\$1,465,000

PROGRAM INSTRUCTION

NDoA-98-PI-01

July 21, 1997

TO: AAA Directors

SUBJECT: Care Management Distribution

CONTENT: The appropriation level for the Nebraska Care Management Program for FY-98 was increased by \$763,225 during the 1997 legislative session. The total appropriation for the program in FY-98 is \$1,024,058. The following list indicates the amount of that total that will be made available for each area agency on aging.

Aging Office of Western Nebraska	115,304
Blue Rivers Area Agency on Aging	54,669
Eastern Nebraska Office on Aging	448,991
Lincoln Area Agency on Aging	110,507
Midland Area Agency on Aging	71,302
Northeast Nebraska Area Agency on Aging	122,853
South Central Nebraska Area Agency on Aging	55,625
West Central Nebraska Area Agency on Aging	43,704

We will use the current method of reimbursing agencies for services provided. Area agencies will be paid a set rate for a unit of service. If an agency does not provide sufficient service to earn their allotment, it will be redistributed to other agencies.

The maintenance of effort requirement remains in effect. Neb. Rev. Stat. 81-2235 prohibits the use of Care Management funds to replace CASA funds used by area agencies on aging to provide care management services prior to August 30, 1987. Four agencies have maintenance of effort requirements. The agencies and the maintenance of effort requirements are listed below.

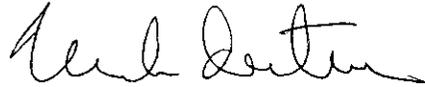
Eastern Nebraska Office on Aging	28,645
Lincoln Area Agency on Aging	19,000
Northeast Nebraska Area Agency on Aging	33,271
South Central Nebraska Area Agency on Aging	40,000

The sum of the Care Management Services Act funding and the CASA maintenance of effort requirement is the amount of state funds that must be expended for the Nebraska Care Management Program. Area agencies on aging, at their election, may expend additional CASA funds for services provided through the Nebraska Care Management Program. Please note that this allocation is applicable to FY-98 only. The amount that has been appropriated for FY-99 is \$260,833. Any increase in that amount will require

legislative action. We will revisit the method of allocating Care Management Services Act funds for years subsequent to FY-98 later this year.

Please prepare a budget for the operation of the Nebraska Care Management Program in your planning and service area based on the information contained in this Program Instruction. A budget form, along with instruction for completion, has been attached to this program instruction. The budget form is also available as a Microsoft Excel file. The Excel spreadsheet will automatically calculate the amounts in the light gray boxes. If you would like to use the Excel spreadsheet to submit your budget, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Intermill". The signature is fluid and cursive, with a prominent initial "M".

Mark Intermill, Administrator

Instructions Care Management Unit Budget Form

Please complete the boxes that are not shaded and return to the HHS Division of Aging Services by August 1, 1997. A version of this form is available on a Microsoft Excel spreadsheet. The Excel spreadsheet will calculate the values in the light gray boxes automatically. You may submit the form electronically. If you would like to use this format, please contact Mark Intermill.

Functional Categories

There are three categories: Care Management (CM), Senior Care Options (SCO) and Other. The Care Management column should provide budget information for the Nebraska Care Management Program. The Senior Care Options column should provide budget information for your Senior Care Options Program. Include all costs, including any development costs in this column. The Other column should provide information about any other service provided through the Care Management Unit. Examples may include insurance assessments and service coordination for other entities, such as employee benefit plans or the Department of Veterans Affairs.

Costs

The first section seeks information about costs of the program. Personnel costs are divided between costs for staff of the care management unit and costs of services provided by persons who work with the care management unit under contract. There are no changes in definitions for the line items used in the calculation of cost.

Income

Your agency's Care Management Services Act allocation is listed in 98-PI-01. Community Aging Services Act line should include your maintenance of effort amount, if applicable, and any additional CASA funds that you will use for the services of the care management unit. Medicaid will be the only source of income for Senior Care Options. If you receive Medicaid reimbursement for services provided to care management clients, who are not eligible for SCO, list that amount in the CM category. Client Fees refers to fees collected on a sliding fee scale for the CM. List any Local Resources received to support the care management unit. Insurance Contract revenue should be listed in the Other column. If income from Insurance Contracts exceeds cost, the balance may be used in the CM column.

Staffing

There are three categories of staffing listed on the form. Please indicate the number of FTE that will be employed for the purpose of SCO, CM and Other. Administrative would include agency staff who support the unit. Examples could include the AAA Director, Fiscal Officer, Secretary, Public Information Officer or any other staff who provides services to the CMU. Supervisory FTE includes the portion of the CMU Supervisor's time that is dedicated to supervision of care managers. If the CMU Supervisor carries a caseload, the amount of time devoted to serving clients should be included in Direct Service. Direct Service includes the FTE dedicated to the direct service of care management clients.

Performance

Indicate the number of hours of care management service you anticipate will be provided in FY-98. For SCO, estimate the number of screenings you will conduct per month and your estimated average monthly SCO Medicaid Waiver caseload.

CARE MANAGEMENT UNIT BUDGET FORM

	CM	SCO	Other	Total
COSTS				
Personnel				
Staff				
Contract				
Travel				
Printing & Supplies				
Equipment				
Building Space				
Communication & Utilities				
Other				
Total Costs				
INCOME				
Care Management Services Act				
Community Aging Services Act				
Medicaid				
Client Fees				
Local Resources				
Insurance Contract				
Other (please list)				
Total Income				
STAFFING (FTE)				
Administrative				
Supervisory				
Direct Service				
Total FTE				
PERFORMANCE				
CM Units of Service (Hours)				
SCO Screenings/Month				
SCO Waiver Clients/Month				
Estimated SCO Revenue				
Care Management Rate				
Cost per FTE				
Hours of Service/Total FTE				
Units of Service/Direct Svc FTE				