

Attachment L – 2026 Amendment

The information below includes updated and/or additional language added to the 2024-2027 approved Nebraska State Plan on Aging. All other information in the approved plan will remain the same.

Topic Area	Amendment
<p><b>45 C 1321.31(b)(2)</b>  <b>A change in the name or organizational placement of the State agency.</b></p>	<p>The language below is added to the federal goals section on pg. 13 of the State Plan, after the following section: "The SUA became part of Medicaid and Long-Term Care (MLTC) in 2007. In 2014, the State Long-Term Care Ombudsman (SLTCO) was appointed and began as a direct report to the DHHS Chief Executive Officer. In 2018, the SLTCO became a direct report to the DHHS Executive Team."</p> <p>On June 10, 2024, the Nebraska Department of Health and Human Services reorganized the State Unit on Aging (SUA), moving it from the Division of Medicaid and Long-Term Care to the Division of Developmental Disabilities. The SUA notified the Administration for Community Living of the change and noted that revisions to the Nebraska Community Aging Services legislation and the Nebraska Administrative Code would be required for the change to be effective, and that SUA would amend the state plan once the statutory changes took place. In the fall of 2025, the State Long-Term Care Ombudsman Program was moved under the State Unit on Aging for enhanced collaboration and administrative support.</p> <p>On April 17, 2026, the Nebraska Legislature signed and formally enacted Legislative Bill 867 into Nebraska state law. The bill renamed the Division of Developmental Disabilities to the Division of Disability and Aging and will officially take effect three calendar months after the official adjournment of the 2026 legislature, which is July 18, 2026. The SUA continues to be responsible for developing and administering the State Plan on Aging and working in collaboration with the other home and community-based services within the Division of Disability and Aging. Updated Division of Disability and Aging organizational charts are in Attachment N.</p> <p>Another legislative change during the Nebraska 2026 legislative session was the merger of the Nebraska MLTC Aging Advisory Committee and the Alzheimer's and Other Dementia Advisory Council. The State Unit on Aging provided administrative support to each group. Both governor-appointed groups were eliminated, and a new Aging, Alzheimer's, and Dementia Advisory Council was</p>

	<p>created. The purpose of the Council is to examine the needs of aging individuals and individuals living with Alzheimer's disease or other dementia, the services available in the state for those individuals and their family caregivers, and the ability of health care providers and facilities to meet the current and future needs of these individuals. Fourteen voting members are appointed by the governor, who represent individuals with experience and expertise in aging, Alzheimer's, and dementia. The committee will continue to provide advice, recommendations, input, and monitoring related to the state plan and aging programs that the SUA provides. The SUA Administrator is a non-voting member of the new Council.</p>
<p><b>Regulation compliance.</b></p>	<p><b>All areas below are amendments made to Attachment B – Information Requirements.</b></p>
<p><b>45 CFR 1321.27 (c) State Plan is informed by and based on area plans.</b></p>	<p>The SUA developed a procedure to ensure state plans are informed by and based on Area Plans. The procedure includes information on the process the SUA will use, including setting up a series of meetings with Area Agencies on Aging (AAA) to identify needs and priority areas within their service areas. The SUA will conduct a statewide needs assessment and hold listening sessions in each service area to identify local needs.</p> <p>The text below is added as an amendment to page 84 of Attachment D, the State Plan for Aging Public Hearing.</p> <p>The FY 24-27 Nebraska State Plan on Aging was developed based on AAA Area Plans for the same planning period. This was accomplished through a series of SUA and all AAA pre-work information and training sessions, as well as pre- and post-plan development meetings. Pre-work information and training sessions were held with AAAs 11 times from July 2022 to November 2022. Topics included the development of a new taxonomy, three meetings regarding the state and area plan goals, and three meetings regarding the development of Area Plan budgets. An additional meeting was held with all AAAs and the University of Nebraska at Omaha to discuss the statewide needs assessment survey and the completed listening sessions. A pre-plan development training on the state and area plan guidance took place in December 2022 in Kearney, Nebraska. The SUA and AAAs presented mini-sessions on numerous topics, including Matching Statewide Chronic Conditions to Health Programs and aligning AAA goals with Federal goals. A final post-plan development meeting with the SUA and AAAs was held in April 2023 to allow the AAAs to provide feedback on the draft SUA Nebraska State Plan on Aging.</p>

<p><b>45 CFR 1321.27(d): A description of how the greatest economic need and the greatest social need are determined and addressed.</b></p>	<p>To ensure compliance with the 2024 Older Americans Act (OAA) regulation update, the SUA developed a program instruction for the AAAs that defines the greatest social and economic need and specifically identifies Native Americans. This guidance also requires AAAs to develop and maintain service priority procedures that meet the updated definitions of greatest social and economic need.</p> <p>The State Unit on Aging met with the AAAs on various occasions in 2024 to review and discuss the updated definition of greatest economic and greatest social need.</p> <p>The greatest economic need definition was updated to "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.</p> <p>The definition of the greatest social need was updated to "the need caused by non-economic factors, which include:</p> <ol style="list-style-type: none"> <li>(1) Physical and mental disabilities.</li> <li>(2) Language barriers.</li> <li>(3) Cultural, social, or geographical isolation, including due to: <ol style="list-style-type: none"> <li>(i) Racial or ethnic status;</li> <li>(ii) Native American identity;</li> <li>(iii) Religious affiliation;</li> <li>(iv) Sex;</li> <li>(v) HIV status;</li> <li>(vi) Chronic conditions;</li> <li>(vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;</li> <li>(viii) Interpersonal safety concerns;</li> <li>(ix) Rural location; or</li> <li>(x) Any other status that: <ul style="list-style-type: none"> <li>• Restricts the ability of an individual to perform normal or routine daily tasks; or</li> <li>• Threatens the capacity of the individual to live independently; or</li> <li>• Other needs as further defined by State and area plans based on local and individual factors.</li> </ul> </li> </ol> </li> </ol> <p>The Program Instruction includes prioritization information for Title III E Caregiver services, which includes:</p>
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	<p>(1) Caregivers who are older individuals with the greatest social need, and older individuals with the greatest economic need (with particular attention to low-income older individuals);</p> <p>(2) Caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and</p> <p>(3) If serving older relative caregivers, older relative caregivers of children or adults with severe disabilities.</p> <p>The SUA also included requirements for Area Agencies on Aging to target services to meet the needs of those in greatest social and economic need, including the development and maintenance of a policy and procedure for service prioritization for services funded under the Older Americans Act. The policy must outline service-priority procedures based on the definition of the greatest social and economic need.</p> <p>The SUA provided the following recommendations in the program instruction for agencies to target services to meet the needs of those in greatest social and economic need:</p> <ul style="list-style-type: none"> <li>• Establish offices or contracts with providers in rural counties to provide services specifically to those counties and consider higher provider rates or other incentives for services in rural counties.</li> <li>• Focus outreach efforts and services on the most rural counties, where clients may be most isolated.</li> <li>• Focus outreach efforts on topics relevant to older adults and caregivers with the greatest economic and social needs (as defined above).</li> <li>• Ensure that the governing board and/or advisory council include individuals with diverse backgrounds.</li> <li>• Allocate specific percentages of service units to different services for rural clients to ensure that clients in more metro areas are not overrepresented.</li> </ul> <p>Beginning in 2026, the SUA included in the yearly monitoring a request for information from the AAAs regarding the number of individuals served in their service areas to ensure alignment with the Intrastate Funding Formula (IFF) weighted categories of the AAAs.</p>
<p><b>45 CFR 1321.27 (g) and 45 CFR 1321.53: Native American GEN &amp; GSN and activities to</b></p>	<p>The SUA has engaged and continues to collaborate with tribal populations in Nebraska. As noted in the 2024-2027 State Plan in the Title VI section on pages 98 and 99, for Aging, Title VI services are administered through four Nebraska Tribes: Omaha, Santee</p>

<p><b>increase access and coordination for Native American older adults.</b></p>	<p>Sioux, Winnebago, and Ponca. All but Ponca Title VI programs reside in the Planning and Service Area of the Northeast Nebraska Area Agency on Aging (NENAAA). NENAAA continues to work closely with the tribes and, specifically, contracts with the Santee Sioux and Winnebago Tribes for nutrition services; identifies program needs; provides care management and Medicaid waiver services for eligible tribal elders; and provides technical assistance. In 2025, a tribal elder from the Winnebago Tribe of Nebraska joined the NENAAA Advisory Board. NENAAA continues to contract with Nebraska Legal Aid to provide legal services and legal clinics specializing in Native American elder law. NENAAA continues to actively participate in various local events to ensure tribal elders are aware of available services.</p> <p>To ensure compliance with the 2024 OAA regulation update, the SUA developed a program instruction for the AAAs, defining the greatest social and economic need, which specifically identifies Native Americans as a greatest economic and social need population. The SUA continues to use an IFF to distribute state and federal funding through subawards to Area Agencies on Aging to provide services and support for older adults in Nebraska. The SUA updated the IFF in 2022, which included a variety of factors, including new weighted federal priority percentages based on priority populations. The IFF includes priority for Nebraskans over the age of 60 who live at or below the federal poverty level, who are a minority and are 65 years and over, who have a disability and are 65 years and older, and who are of rural status. The ACL approved the IFF on September 21, 2022, through a state plan amendment.</p> <p>This program instruction also requires AAAs to develop and maintain service priority procedures that meet the updated definitions of greatest social and economic need.</p> <p>Additionally, the SUA also developed program instructions that specifies the responsibilities and requirements the Nebraska Aging Network, which includes the State Unit on Aging, Area Agencies on Aging, will do to ensure compliance with section (42 U.S.C. 3027), and (42 U.S.C. 3026(a)(11)(B)) of the Older American Act and 45 CFR 1321.27 (g), 45 CFR 1321.53, 45 CFR 1321.69, 45 CFR 1321.95, and 45 CFR 1321.103.</p> <p>The program instruction includes the following:</p>
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	<ul style="list-style-type: none"> <li>• The State Unit on Aging will set up quarterly meetings with the Nebraska Title VI Directors and the Area Agency on Aging directors, and will attend the DHHS tribal consultation meetings with Nebraska tribes that already take place to assist in determining the greatest economic and social needs specific to Native American persons.</li> <li>• Require area agencies on aging where there are Native American tribal elders in any planning and service area, including those living outside of reservations and other tribal lands, to demonstrate how they will pursue activities, including outreach and coordination to increase access to services provided by the agency to those elder Native Americans.</li> <li>• The State Unit on Aging, Area Agencies on Aging, and service providers shall include information to Title VI Directors and staff on: <ul style="list-style-type: none"> <li>○ What programs are available for tribal elders</li> <li>○ How Title VI programs will refer individuals who are eligible for Title III and/or VII services.</li> <li>○ How services will be provided in a culturally appropriate and trauma informed manner; and</li> <li>○ Share opportunities for tribal populations to serve on advisory councils, workgroups, boards, and/or state or area agency advisory councils</li> </ul> </li> <li>• Facilitate networking opportunities between the SUA, area agencies on aging, Nebraska DHHS tribal liaisons, the State of Nebraska Office of Health Disparities, Nebraska tribes, including Nebraska Title VI Directors, and tribal organizations to integrate state, local, and tribal knowledge, resources, and efforts in the identification and location of Native Americans with the greatest economic and social need in the state.</li> <li>• The State Unit on Aging, Area Agencies on Aging, and service providers will coordinate and collaborate with tribes, tribal organizations and Native American communities and make available to Title VI programs, information about Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, include Title VI Directors and staff in email distribution lists, presentations, and encourage attendance at public hearings.</li> <li>• Offer technical assistance to area agencies on aging on outreach strategies, educational initiatives, identification of relevant cultural trainings, and foster networking among DHHS tribal liaisons, tribal representatives, tribal organizations, and Native American communities.</li> </ul>
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<p><b>45 CFR 1321.27 (k)</b>  <b>How the state agency will use funds for the prevention of elder abuse, neglect, and exploitation.</b></p>	<p>The elder abuse, neglect, and exploitation funding the SUA receives is used to fund a portion of the salary for the Legal Assistance Developer (LAD). The legal services developer provides technical assistance to the AAAs and legal services providers, including prioritizing services for individuals with the greatest economic or social needs. The LAD also manages a robust elder justice and elder rights array of programs including the coordination and support of legal clinics in the state through the Nebraska Law colleges for older adults to gain access to power of attorney, advance directives, powers of healthcare, and other documents to prevent guardianship and support financial management; an annual elder justice training to raise awareness, prevent, and proactively advocate and respond to elder abuse, financial exploitation, and legal needs; World Elder Abuse Awareness Day activities; an elder rights coalition of active stakeholders; and promotes and provides training on the Legal Risk Detector software provided by the SUA through a contract with ProBono.net to increase access to legal services and identify clients legal issue needs. The LAD collaborates with the State Long-Term Care Ombudsman and works closely with Adult Protective Services (APS), including monthly statewide calls regarding cases and systemic issues. securing and maintaining the legal rights of older adults</p> <p>No elder abuse, neglect, and exploitation funds are allocated to the AAAs.</p>
<p><b>45 CFR 1321.29</b>  <b>Evidence of providing a minimum public comment period for review of the state plan.</b></p>	<p>The Nebraska State Unit on Aging makes the public aware of the State Plan Public Hearing through a variety of avenues, including the Nebraska Public Meeting Calendar, the DHHS Division of Disability and Aging website, the SUA website, and different advisory councils within DHHS. The SUA will:</p> <ul style="list-style-type: none"> <li>(a) Have mechanisms and varied methods to periodically obtain the views of older individuals, family caregivers, service providers, and the public, with a focus on those in greatest economic and social need.</li> <li>(b) Consider those views when developing and administering the State plan, as well as policies and procedures regarding services provided under the plan.</li> <li>(c) Establish and comply with a reasonable minimum time period (at least 30 calendar days) for public review and comment on new State plans as set forth in § 1321.27 and State plan amendments requiring approval of the Assistant Secretary for Aging as set forth in § 1321.31(a). State agencies may request a waiver of the minimum time period from the Assistant Secretary</li> </ul>

	<p>for Aging during an emergency or when time-sensitive action is otherwise necessary.</p> <p>(d) Ensure the documents noted in paragraph (c) of this section and final State plans and amendments are available to the public for review, as well as available in alternative formats and other languages if requested.</p>
<p><b>45 CFR 1321.93</b>  <b>Legal assistance provider requirements.</b></p>	<p>The SUA developed a program instruction and a Nebraska Legal Assistance Program State Standards Guidance document that includes the requirements AAAs must follow to have a legal assistance program. The guidance also includes information on the requirements for selecting and contracting with legal assistance providers. The SUA Legal Assistance Developer provides technical assistance through a quarterly legal services program meeting.</p>
<p><b>45 CFR 1324, Subpart A</b>  <b>Ombudsman program and State agency coordination, allocation, and use of funds.</b></p>	<p>Nebraska's State Long-Term Care Ombudsman Program empowers and enhances the lives of residents in long-term care facilities by resolving issues and advocating for their rights. The program provides individual advocacy to facilitate the resolution of complaints and to protect the rights of residents; systems advocacy to identify boarder concerns and advocate for systemic changes that will benefit the health and well-being of residents of long-term care facilities; education to residents, their families, and facility staff on a variety of issues related to aging, long-term care, and residents' rights; information and referral to empower individuals to resolve concerns and complaints on their own behalf; and consultation with facilities to make recommendation for protecting and improving the care and quality of life residents'.</p> <p>The program is located within the Nebraska Department of Health and Human Services (DHHS) Division of Disability and Aging (DDA) State Unit on Aging. The program was previously located within operations organizational structure of DHHS. It was moved under the State Unit on Aging in the fall of 2024 due to an organizational change and to enhance coordination with SUA.</p> <p>The State Long-Term Care Ombudsman (SLTCO) administers the statewide program, having both program and personnel management of the team, which includes 6.5 Aging Services Ombudsman staff and volunteers across the state. The SLTCO serves on a full-time basis and is not responsible for leading, managing, or performing the work of non-ombudsman services or programs except on a time-limited, intermittent basis.</p>

**Coordination**

While maintaining strict operational independence from the SUA and the DDA to ensure objective advocacy, the State Long-Term Care Ombudsman Program (SLTCOP) coordinates closely with the State Unit on Aging (SUA). The SUA Administrator provides vital administrative support to sustain the program, and both entities collaborate through regular meetings with SUA team members. These touchpoints include fiscal meetings to determine program funding allocations, NORS fiscal reporting, consultations with the legal assistance developer, and other meetings related to ongoing program needs. Additionally, the State Long-Term Care Ombudsman (SLTCO) collaborates on cross-divisional efforts related to care quality, abuse, neglect, and elder justice.

The SLTCO program has always operated under a decentralized organizational structure, entering into agreements with the AAAs to assist in carrying out the program's functions and responsibilities.

The SLTCO program decided to change its structure from a decentralized to a centralized model, effective July 1, 2026. The local Ombudsman representatives will be employees of the State of Nebraska. The decision was made after a few AAAs identified difficulties in hiring local Ombudsmen, and the State Long-Term Care Ombudsman identified opportunities to enhance program management and efficiency, creating a more unified program. The program will continue to have local Ombudsman and volunteers across the state who will assist in achieving program goals. Volunteer management and recruitment will remain the same, with the local Ombudsman responsible for recruiting and maintaining volunteers, and the program maintaining the statewide volunteer list and providing technical assistance and support to the local Ombudsmen as needed.

**Allocation and use of funds**

The current IFF states, "Title VII funds are distributed to participating AAAs and are determined by the State Long-Term Care Ombudsman on an annual basis. Considerations are the number of facilities, beds, Ombudsmen, and volunteers serving in each area." This change does not impact the IFF methodology.

Page 71 of the 2024-2027 Nebraska State Plan for Aging, Attachment C – Intrastate Funding Formula, is amended with the following language.

	<p>"Title VII funds will be used by the SLTCO program to fund specific, identifiable activities conducted by internal DHHS Aging Services Ombudsman program team members, as allowed in 45 CFR 1324.13(f). The SLTCO program will use Title VII funding, in addition to Title III funding, to support the program's state operations.</p> <p>The State Unit on Aging (SUA) reserves the designated Long-Term Care Ombudsman Program funding allocation under OAA Title III-B before applying the Intrastate Funding Formula (IFF). The remaining Title III funds will then be distributed to Area Agencies on Aging (AAAs) in accordance with the approved IFF. The remaining Title III funds will then be distributed to Area Agencies on Aging (AAAs) in accordance with the approved IFF. Operating under a centralized organizational model, the SUA will utilize these reserved Title III-B funds, alongside all Title VII Ombudsman allocations, which are statutorily exempt from the IFF, to directly support and fund state employees who carry out the program's advocacy mandates statewide. Through this centralized funding structure, the State explicitly assures full compliance with the required statutory minimum Maintenance of Effort (MOE) expenditures, ensuring that total financial resources dedicated to the Ombudsman program remain at or above the legally required historic baselines.</p>
<p><b>Administrative Terminology Alignment</b></p>	<p>The amendment updates terminology in the State Plan to align language, streamline reporting metrics, and enforce data consistency across state data repositories, in accordance with current federal and state guidelines, including Federal Executive Order 14168 and Nebraska Executive Order No. 23-16. Demographics align with the primary OAA statutory targeting criteria ("greatest social/economic need").</p> <p>The Nebraska Department of Health and Human Services certifies that these terminology updates do not alter, reduce, or restrict individual client service eligibility, nor do they modify the state's compliance with federal non-discrimination statutes and the Older Americans Act.</p>