

**DHHS Division of Developmental Disabilities and Aging, State Unit on Aging
Aging Advisory Committee Meeting
October 23, 2025
Peterson Senior Activity Center
2020 W. 11th Street
Kearney, NE 68845**

Members Present: Marilyn Alber, Gloria Aron, Kimberly Baumann, Colleen Claassen, Danny DeLong, Charlotte Dowart, Phillip Lyons, Ira Nathan, Linda Schweitzer

Members Absent: Richard Brandow, Sharon Busch, Alma Rosa Varela

Committee Staff Present: Josie Rodriguez, State Unit on Aging Administrator

Guests: Tony Green – Director, Division of Disabilities and Aging, Odessa Schoneberg – State Long-Term Care Ombudsman

This meeting was held in person at the Peterson Senior Activity Center in Kearney, Nebraska. A link was provided for members of the public to attend virtually. The meeting was called to order at 8:35 a.m. by Colleen Claassen, Committee Chair. The roll was taken, and Committee members introduced themselves.

Nebraska Open Meetings Act Announcement

Colleen announced that Committee meetings fall under the Nebraska Open Meetings Act. A copy of the Act was posted in the meeting room.

Review of Minutes

A motion to approve the May 22, 2025 minutes was made by Kim Baumann and seconded by Linda Schweitzer. No changes or corrections were requested.

A roll call vote was taken: Yes – 9; No – 0; Abstain – 0.

Aging Advisory Committee Bylaws

Committee members reviewed the suggested revisions to the bylaws. A request was made to add the word “or” in Section 3 to read: “...in consultation with the Administrator or at the discretion of the Administrator.” A motion was made by Danny DeLong to accept the change and approve the bylaws. Gloria Aron seconded.

A roll call vote was taken: Yes – 9; No – 0; Abstain – 0.

A copy of the revised bylaws can be found at the end of these minutes.

Election of Aging Advisory Committee Chair and Vice Chair

Colleen was nominated for the Committee Chair position. No other members were nominated. With a total of nine votes, Colleen was re-elected Chair. Ira Nathan was nominated for the Vice Chair position. With no other nominations, Ira received nine votes and was elected Vice Chair.

State Plan, Amendment, and Corrective Action Plans

Colleen directed members to the ADvancing States Older American's Act checklist and the timeline to ensure everyone knows what needs to be done. These were sent to members prior to the meeting. Discussion on the Area Plan Needs Assessment, contract with the University of Nebraska-Omaha, SWOT Analysis, needs assessment, creation of subcommittees, and examples of other state plan included the following feedback:

- If Area Agencies on Aging have completed needs assessments, the SUA will review them.
- There is interest in having the SUA do a survey, however doing the same survey may not give the information needed.
- Consider sending a survey to Aged and Disabled Waiver service coordinators.
- How to assess the needs of individuals who do not go to Senior Centers.
- There is interest in meeting with the Center for Public Affairs Research at the University of Nebraska-Omaha and Public Policy Center at the University of Nebraska-Lincoln to talk about a needs assessment and potential contract to conduct the needs assessment.
- Collaborate with Tribes.

Ideas included:

- Break into subcommittees based on State Plan topic areas.
- Data Subcommittee
 - Data Review
 - Colleen, Ira, Kimberly, Gloria, and Danny volunteered
 - Meet with UNL and UNO
 - Look into obtaining data on the number of people with Medicaid and Medicare and SNAP benefits
 - Meet in November and December 2025 to gather information
 - Look at the 2028-2031 State Plan Guidance to align subcommittees with this
 - Have the SUA team provide input
 - Send a survey to members on their areas of interest and skills
 - Colleen and Ira will create the survey
- Additional meetings in 2026 to work on the needs assessment.
 - Virtual meeting in January 2026
 - A Survey Monkey will be sent for each month for members to determine the dates for the meetings in 2026.
- Have a two-day work session for subcommittees to meet and hold a committee meeting the next day.
 - April 20 and 21, 2026 was suggested
 - In January 2026, the Advisory Committee meets to discuss what was learned from the Data Review subcommittee
 - Meet with AAAs to determine their goals

SUA Updates

Josie reported that the SUA has started monitoring the AAAs. This will happen between August 2025 and April 2026. The SUA is also working on a fiscal efficiency improvement project to get reimbursement payments processed for payment within ten days of receipt from AAAs and ADRCs. There is a new system being built to create an online payment processing system for the Fiscal staff. This should save time and decrease the errors in payment processing. It should be ready in Spring 2026.

A question was asked about the \$2M that was to go to AAAs. Tony Green explained that any profits over the cap that Managed Care Organizations (MCOs) see go into the Medicaid Excess Profit Fund, a cash fund that can be used for various purposes. Because there were bills passed by the legislature in 2025 that pulled funding from this cash fund, and the MCOs reporting there would not be anything over the profit margin to put into the cash fund, it is unlikely that there will be enough funds to send to the AAAs. The AAA directors have been informed of this.

There has not been much learned about federal funding other than what has been in the news. Many ACL staff have been furloughed. There are Federal Fiscal Year (FFY) 2025 funds remaining and some AAAs are using carry-over FFY 2024 funds after the SUA received an extension, allowing the AAAs to use these dollars for one additional year. AAAs also have general funds and Medicaid Administrative Claiming (MAC) funding that they can use. It is unknown what the federal funding amount will be for 2026. Tony reported that Medicaid will not be shut down, so the waivers, services, and healthcare funded out of Medicaid won't be impacted by the shutdown. Ancillary supports such as SNAP will be. Nebraska DHHS received word that they will not be processing any November SNAP payments. They are working with AAAs and other community partners in anticipation of more people looking to them for food assistance. If the shutdown continues, other services will be impacted.

Josie shared onscreen the Advancing States Return on Investment Fact Sheets on how the Older American's Act has been important and the value it brings to individuals in the nation and for Nebraska. The data came from progress reports submitted by the State Units on Aging. These can be found at the end of these minutes.

The SUA will be working on the State Progress Report, which is due at the end of February. In November, SUA staff will begin reviewing the data and work with the AAAs to ensure that only individuals who are eligible for services are reported and anyone ineligible is pulled from the reporting system.

Josie shared the State Plan tracking tool used by the SUA to track the goals, objectives, strategies, and measurement. From here, staff can identify what has been met. This will be provided to Committee members at each meeting.

The SUA is working on marketing the ADRC so more individuals know the program exists.

The SUA is starting to implement surveys with the ADRCs. Questions will address consumer satisfaction, program evaluation (how well the ADRC is doing), and outcome information (how are consumers better off as a result of the ADRC).

This legislative session, we are working on officially integrating the SUA into the Division of Developmental Disabilities. We have already started calling it the Division of Disabilities and Aging.

The DDD and Aging Division will be working on the annual report. Once completed, it will be shared with the committee.

Committee members were reminded to meet with the Director of the AAA you represent so that you can provide us with an update and gain a greater understanding of the needs of older adults in the service area you are representing.

Service Area Reports and AAA Director Reports

Committee members provided updates from their respective AAAs. Reports were not provided for all AAAs.

AOWN – Charlotte Dowart reported that at some Senior Centers, attendees feel the words congregate meal contributions means they don't need to pay, that it's voluntary. This makes it more difficult for Senior Centers. In other Senior Centers, there are many contributions. A grocery store in Alliance donates food that is about to expire to the Senior Center for congregate meals. In Sydney, the grocery stores donate to Table of Grace, which then donates to the Senior Center for congregate meals.

Aging Partners – Gloria Aron provided the report for Aging Partners.

- They held a press conference with the mayor and AARP regarding a change to Lincoln ordinance proposing a requirement for “Caution – This Might Be a Scam” signs on crypto currency kiosks.
- Dave Norris, the public information officer, is retiring and his position is being posted.
- Two para transport vehicles have “bit the dust.” They will use City of Lincoln funds to pay for one and their foundation to buy the second. The cost is over \$85,000.
- They continue digital literacy events. Members of the UNL Honors Program are paired with seniors to work on their devices. Five-Nines is also entering the partnership.

Josie added that Aging Partners could publicize GetSetUp at this event to provide additional training opportunities and bring awareness of the program.

ENOA – Ira provided the following report for ENOA:

- Preparing for SUA monitoring visit

- Partnering with our sister agencies (Duet and Region 6) in a **Caregiver Compass Resource Expo** – a free and informative morning of connecting with over 30 community organizations offering support, advice, and relief for caregivers and their loved ones.
- Preparations for ENOA’s holiday programs.
 - Steamfitters and Plumbers Heat’s On Project – Members of the Steamfitters Union volunteer their time one Saturday morning in October to change furnace filters, do a brief look-over of the furnace. (70-75 clients served)
 - Thanksgiving meals sponsored by PenFed Credit Union
 - Thanksgiving meals sponsored by St. Patrick’s Catholic Church in Fremont
 - Salvation Army Turkeyfest
 - ENOA Holiday program - A program where ENOA staff can submit wish lists for their clients and generous donors purchase gifts from the wish list. (600+ clients served)
 - Nutrition Division coordinates pantries for both Thanksgiving and Christmas meals.
- Enhancing the membership of ENOA’s Aging with Spirit Foundation Board. Added an additional four new members – a philanthropist, a marketing expert, a financial planner and a clinical nurse specialist.
- Our annual Walk-a-thon (Sr. Centers fundraiser) was biggest ever. Netted over \$16,000. Increased our sponsorship levels along with providing sponsors with extra value really helped.
- Ira will be attending ENOA’s Advisory Council meetings and will be on the agenda to provide updates from the State Advisory Council, AARP and other updates he may have.
- Since April of 2021, ENOA has had 8 top leadership staff retire. Total number of years served by these 8 individuals was 237 years combined.

NENAA – Kim provided the following report for NENAAA.

At the July meetings, the Agency provides annual reports to the Advisory and Governing Boards. The annual reports are the information from the last fiscal year on units/services for care and case management, nutrition services, supportive services, State Health Insurance Program (SHIP), Medicaid Waiver, etc. For instance, in FY 2025, the Agency provided 9,062 units of care/case management, and 220,574 congregate, home-delivered and to-go meals.

The Agency had a senior center training for the 37 senior centers in our service area. The agenda consists of a presentation from APS (Adult Protective Services), menu planning, fiscal monitoring expectations by the Agency and regulation changes with the Older Americans Act that included:

- The Conflict of Interest Policy, senior center boards and staff must sign the annual statement. The Agency included the Advisory Board with its Policy.
- The NSIP (Nutrition Services Incentive Program) funding can only be used for domestically produced foods that are a part of the meal. Domestically produced are foods grown, processed and prepared in the United States. We encouraged centers to purchase milk, bread and meat with the NSIP funding The Nutrition Supplemental Incentive Program

(NSIP) funding has decreased nationwide. In the past the reimbursement was .70 per meal. The State Unit on Aging adjusted the reimbursement to .50 per eligible meal.

- The Agency's home-delivered meal policy and assessment were updated due to the updated Older Americans Act regulations. The State Unit on Aging defined urban and rural populations. To qualify as an urban community, an area must have at least 5,000 people. Home delivered meal programs in urban areas must deliver at least one home delivered meal per day. The Agency worked with one of our "urban" centers to meet this requirement.

Federal legislative changes:

The Older Americans Act (OAA) programs, State Health Insurance Program (SHIP) and disability programs previously housed under the Administration of Community Living (ACL) will move to a newly renamed agency called the **Administration for Children, Families and Communities (ACFC)**. Title V of the Older Americans Act (Senior Community Employment Program) will reside at the Department of Labor.

In the President's official FY 2026 budget, almost all OAA programs were level funded. Programs listed below that were threatened to be zeroed out are now at level funding:

- Title III D-Evidenced-Based Health Programs
- Title VI Elder Rights which includes the long-term care Ombudsman Program
- State Health Insurance Program (SHIP)
- Aging and Disability Resource Centers (ADRC) Nebraska does not get federal funding for its ADRC programs.
- Adult Protective Services (APS)
- Elder Falls

The President's budget has eliminated funding for:

- The Chronic Disease Self-Management program
- Low-income Home Energy Assistance program
- The Community Services Block Grant
- Title V Senior Community Employment Program

There are funding cuts and changes to:

- Medicaid
- SNAP (Supplemental Nutrition Assistance Program)

The House Appropriation Committee spending bill recommendations have small increases in Title III B supportive services and Title VI Native American Aging program with level funding for the other Older Americans act programs. Currently, there is a federal government shutdown and at this time it has not affected our programs.

Care Management:

The Nebraska Department of Health and Human Services, legal department has determined that

Care Management clients must attest to being a legal U.S. resident or citizen. The SUA provided a Program Instruction (PI) on this with the attestation form for the care management clients to sign. We had 90 days for the form to be completed with our current clients.

Nebraska Legislation in 2025:

LB 603, the care management regulation change, did not make it out of committee this year. The AAA's proposed the language change of "shall pay" to "shall have the opportunity to contribute" for the cost of Care Management services. We are working with DHHS to remove the fiscal note of \$47,500 to this bill.

LB 382, introduced by Senator Meyer, was approved by the legislature and signed by the Governor. This appropriated funds from the Medicaid Managed Care Excess Profit Funds to the Area Agencies on Aging for services. The Agency will provide a higher reimbursement rate to the Senior Center Nutrition Sites. As this funding is only available for two years, we will need to continue our advocacy on funding. We desperately need this funding for our nutrition program.

Staff:

Our main concern at this time is hiring staff. We have had several staff leave due to health issues, moving and working closer to home. It has been a struggle to find and hire quality staff.

Senior Centers:

And congratulations to the Neligh Senior Center for 50 years of service and Pierce Senior Center for 40 years of service. The Wisner Senior Center celebrated 40 years of service and the birthday of Veretta Koehler who celebrated her 105th birthday and was one of the first board members of the Wisner senior center. (See two stories about her in the links below.)

- <https://www.newschannelnebraska.com/story/53159363/a-century-of-change-105-year-old-veretta-koehlers-remarkable-journey>
- https://norfolkdailynews.com/select/wisner-woman-to-celebrate-105th-birthday/article_24412f86-c344-4d91-b4ad-7468e46c7374.html

South Central – Linda Schweitzer reported that the senior center in Hildreth is closing due to lack of funding. There are other senior centers in the South Central area struggling financially. It is unknown how long they will be able to stay open.

West Central – Phil Lyons reported that the Wauneta meal services for seniors is shut down. The Curtis Medical Clinic is closed. Hitch & Hay, the senior transport company in Hitchcock County, will take people anywhere they want to go. Last month, they announced they are cutting back on their days and hours.

Other Business

Legal Risk Detector

Josie provided an overview of the Legal Risk Detector. This is software that the SUA purchased this screening tool to detect potential legal issues for elders in areas such as housing, financial exploitation, abuse, healthcare, and other areas. A care manager would use this during home visits by asking questions from the software. Responses are sent to the Legal Aid of Nebraska Elder Access Line. They then reach out to the individual to talk with them about their needs. Committee

members are encouraged to talk with the AAA they represent to encourage them to use this if they are not already using it. Training the AAAs on how to use the software is provided by the software company.

GetSetUp

Josie asked for feedback on the GetSetUp overview that was provided in August. Colleen noted that after she and Ira met with them, there was a section added on Ageism Awareness. When you sign up for GetSetUp, you will receive a monthly newsletter.

Alzheimer's Disease and Other Dementia Advisory Council

The [Annual Update Report](#) has been submitted to the Clerk of the Legislature. A link to the report can be found on the Alzheimer's Council webpage. Subcommittee members continue to dig deeper into recommendations made in the State Alzheimer's Plan. This information will be presented in the Annual Update Report due to the Legislature on October 1, 2026.

Ombudsman Update

Odessa Schoneberg, State Long-Term Care Ombudsman, reported that one local ombudsman in the NENAAA area is leaving; they are discussing hiring a new local ombudsman.

She is working on their annual report. In 2020, they had 72 volunteers, in 2025 they have 33 volunteers. Volunteers help to decrease the time of travel needed for the regional ombudsmen, allowing them to visit more nursing homes and meet with more residents and staff. A map of the regions that each local ombudsman covers was shared on the screen at the meeting. Local ombudsmen are contracted with six AAAs through funding from the SUA. Members who come across someone with health care experience who is interested in volunteering can direct them to the State Long-Term Care Ombudsman website at <https://dhhs.ne.gov/Pages/Aging-Ombudsman.aspx>.

Ageism Awareness Proclamation

Colleen talked about the Ageism Awareness Day proclamation and showed the proclamation signed by the Governor. The City of Lincoln also had a proclamation.

Next Meeting

Watch for a Survey Monkey poll to schedule the next meetings.

Adjourn

The meeting adjourned at 2:30 p.m.

BYLAWS
(Rules of Procedure)

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

ARTICLE I. AUTHORIZATION

The Nebraska Department of Health and Human Services, State Unit on Aging, hereinafter called the Division hereby establishes the rules for the government (bylaws) of the Department of Health and Human Services Division of Medicaid & Long-Term Care State Unit on Aging Advisory Committee, hereinafter called the Advisory Committee, Nebraska §68-1101, 68-1103 through 68-1106.

ARTICLE II. PURPOSE AND FUNCTION

Section 1. Purpose

The purpose of these Rules of Procedure is to aid the State Unit on Aging Advisory Committee to carry out its objects and purposes. These Rules of Procedure should be considered to be supplemental to the laws of the State of Nebraska pertaining to agencies. Nothing contained herein should be considered to be in conflict with or to have precedence over the statutes of the State of Nebraska and are intended solely for the purpose of aiding the Advisory Committee in carrying out its statutory duties.

Section 2. Duties

It shall be the duty of the Advisory Committee to:

1. Perform such duties as enumerated in Neb. Rev. State Statute Section 68-1104.
2. Advise the State Unit on Aging regarding:
 - (a) The development of the State Plan and on policies which affect older Nebraskans.
 - (b) The needs of the State's older population.
 - (c) Such rules, regulations, policies and standards as may be adopted by the Division;and

- (d) A community aging services budget for submission to the Legislature by the Division.
- (e) Recommendations to State and local agencies serving the aging for purposes of coordinating such agencies' activities and reports from the various state agencies and institutions on matters within the jurisdiction of the Committee.
- (f) The latest developments of research, studies, and programs being conducted throughout the nation on the problems and needs of the aging.
- (g) The mutual exchange of ideas and information on the aging between federal, state, and local governmental agencies, private organizations, and individuals.
- (h) Cooperation with agencies, federal, state, and local or private organizations in administering and supervising demonstration programs of services for aging designed to foster continued participation of older people in family and community life and to prevent, insofar as possible, the onset of dependency and the need for long-term institutional care.

Section 3. Composition. §68-1101

- a. The membership of the Advisory Committee shall consist of twelve (12) members, appointed by the Governor, one from each of the eight planning and service areas as provided for by §81-2213 (6) - and four from the State at large. The members appointed must be residents of the planning and service area from which they are appointed. A vacancy shall exist when a member no longer resides in the planning and service area from which he or she was appointed. Any vacancy on the Committee shall be filled for the unexpired term.
- b. The membership of the Advisory Committee shall meet all requirements of the Older Americans Act and satisfy its regulations.
- c. Advisory Committee members are expected to participate fully in the work of the Committee. If any member is absent, unexcused, from two consecutive meetings, the committee will determine if the member should still be on the committee, by discussion and a vote and a recommendation to the Governor that a replacement be appointed.

ARTICLE III. OFFICERS

Section 1. Officers

The officers of the Advisory committee shall consist of a Chairperson and a Vice-Chairperson, each of whom shall serve for a period of two years from and after the date of their election. The Advisory Committee shall elect new officers at the fall meeting held each two years thereafter. An Advisory Committee member may hold the same office for more than two consecutive terms when extenuating conditions exist. (IE: lack of quorum for meetings to be held, delayed Governor appointments of members)

The Advisory Committee shall elect a Nominating Committee of at least three (3) members. Thirty days prior to the fall meeting, the Nominating Committee shall present to the members a slate of nominees for each office. Nominations may also be made from the floor with prior consent of the nominee.

Section 2. Chairperson

The Chairperson shall, when present, preside at all meetings of the Advisory Committee and shall in general perform all duties incidental to the office of Chairperson and such other duties as may be assigned to it by the Advisory Committee. The Chairperson shall not serve on the Nominating Committee.

Section 3. Vice-Chairperson

The Vice-Chairperson shall perform the duties of the Chairperson in its absence or disability and shall perform other duties as may be assigned to it by the Advisory Committee. The Vice-Chairperson shall not serve on the Nominating Committee.

ARTICLE IV. MEETINGS

Section 1. Formal Meetings

There shall be two formal meetings per year. The first meeting will be held in the Spring of the year and the second meeting in the Fall of the year. The date and location is determined by the Chairperson or majority of Advisory Committee membership in consultation with the Administrator.

Section 2. Special Meetings

Special Meetings may be called by the Chairperson, the Administrator, or at the request of a majority of the members of the Advisory Committee. Special Meetings shall be held in Lincoln, by conference call, or electronically unless otherwise provided by agreement of the Advisory Committee.

Section 3. Committee Meetings

Committees may be formed and meet according to needs of the Advisory role of the Advisory Committee. Committees shall be determined by the Chairperson or majority of Advisory Committee membership in consultation with the Administrator or at the discretion of the Administrator.

Section 4. Open Meetings

All meetings of the Advisory Committee shall be conducted according to the Nebraska Open Meetings Law (Nebr. Statute 84-1408 et. Seq).

ARTICLE V. EXECUTIVE COMMITTEE

The Executive Committee of the Advisory Committee shall consist of the Chairperson, the Vice-Chairperson, and the Chairperson of the Legislative committee. The Executive Committee shall be authorized to perform the duties and functions of the Advisory Committee between their meetings. Other duties may be delegated to the Executive Committee by the Advisory Committee from time to time.

ARTICLE VI. STANDING COMMITTEES

There shall be a Standing Legislative Committee of the Advisory Committee. The Chairperson shall, immediately upon the conclusion of the election of officers, appoint a Chairperson of the committee and members thereof who shall serve until a new Chairperson is elected. The duties of the Standing Legislative Committee are as follows:

- a. To review legislative proposals affecting older Nebraskans and proposals relating to the function and duties of the Advisory Committee and the Division.

The Advisory Committee shall have the power to create special committees to undertake such special studies as members of the Advisory Committee shall authorize and may include non-Advisory

Committee members who are qualified in any field of activity related to the general welfare of the Aged.

ARTICLE VII. QUORUM

Section 1. Advisory Committee.

Seven members of the Advisory Committee shall constitute a quorum for the conducting of business by the Advisory Committee; provided, however, that if less than a quorum is present, those present may reschedule the meeting to a date to be fixed by those in attendance.

Section 2. Executive Committee.

A Majority of the members of the Executive Committee present shall constitute a quorum for the transaction of business by the Executive committee; provided, however, that if less than a quorum is present, those in attendance may reschedule the meeting to a future date to be fixed by those in attendance.

ARTICLE VIII. VACANCIES

In the event that a vacancy occurs in a Standing Committee, the Chairperson of the Advisory Committee shall appoint a new member from the Advisory Committee membership. The new member will serve until an election is held.

In the event that a vacancy shall occur in the office of Chairperson of the Advisory Committee; the Vice-Chairperson shall succeed to the office of Chairperson and the vacancy shall exist in the office of Vice-Chairperson. The vacancy shall be filled in accordance with these Rules of Procedure.

ARTICLE IX. PARLIAMENTARY AUTHORITY

The parliamentary authority of the Advisory Committee shall be Roberts Rules of Order Newly Revised, subject to any special rules that have been or may be adopted by the Advisory Committee. Provided, however, that such rules may not be in conflict with the laws of the State of Nebraska or the Rules of Procedure of the Advisory Committee.

ARTICLE X. AMENDMENTS

These Bylaws may be amended at any meeting of the Advisory Committee by two-thirds vote of those present and voting subject to approval of the Administrator. Written notice of the proposed amendments shall be sent to all members at least thirty days prior to the meeting at which the voting shall take place.

Approved on: _____

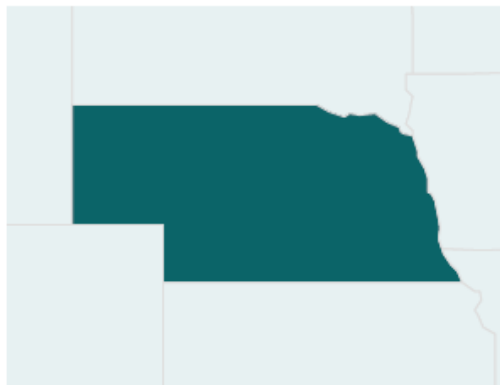
Administrator
Nebraska Department of Health & Human Services
Division of Medicaid & Long-Term Care
State Unit on Aging

Date: _____

Revised, April 22, 2015
Revised October 23, 2025

The Value of Aging Well: Older Americans Act Creates Real Returns Through Community-Based Care in Nebraska

The Older Americans Act funds essential services allowing older adults to remain independent and thrive in their communities, thereby saving taxpayers millions of dollars in institutional care costs. Without these programs, one in five seniors in Nebraska would face food insecurity, isolation, and premature placement in nursing homes. This infographic captures the impact, backed by data from SPR 2023.



Nebraska

77,335

Clients served

1,777,966

Services delivered

\$26,461,726

Funds expended

22.8%

of NE's population is over age 60



Nutrition

1,528,383 meals provided

For many older adults, the meal they receive is often the only meal they can rely on each day



Transportation

23,037 trips completed

Allowing older adults to attend medical appointments, shop for groceries, visit family, and participate in community events



Information & Referral

89,335 contacts made

Connecting older adults to preventive support resources, timely referrals, and life-saving programs



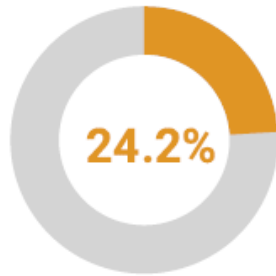
Personal Care

5,631 hours of personal care

Helping older adults with everyday tasks, such as bathing and dressing, to ensure their safety and dignity at home

Estimated ROI of Aging Services

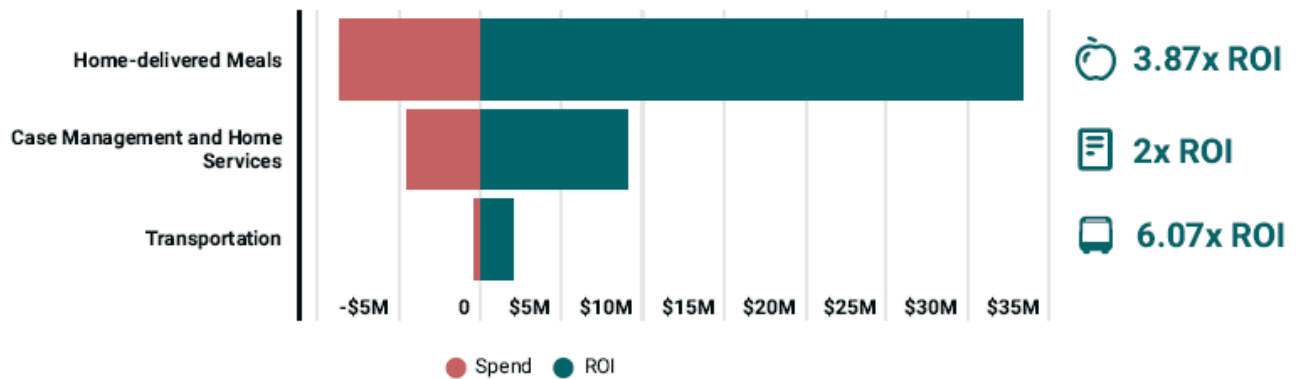
Every dollar invested in aging services generates \$3.30 in community value and taxpayer savings



of clients served are at or below the poverty level

3.3x ROI

(1) With **\$13,378,699** in spending on key home and community-based services, Nebraska achieved an estimated **\$44,111,326** in cost savings by reducing the need for institutional care



7,834 Extra Days⁽²⁾

living in community and avoiding hospital stays and institutional care

Appendix: Data Sources & Calculations

Older Americans Act - State Performance Report (SPR) FFY2023

Clients served, units of service, and total expenditures reported to the Administration for Community Living via the Older Americans Act Performance System (HHS, 2024).

% of Population over 60

Percentage of population over 60 is based on the 5-year estimate from 2019-2023 (U.S. Census Bureau, 2023).

(1) Return on Investment

1-1. ROI for home-delivered meals is calculated as \$3.87 for every \$1 spent. In a study of providing home-delivered meals to high-risk Medicare patients, researchers found that every \$1 spent on home-delivered meals reduced the cost of hospital readmission by \$3.87 (Martin et al., 2018).

1-2. ROI for transportation is calculated as \$6.07 for every \$1 spent. In a study of non-emergency medical transportation for Medicaid beneficiaries, researchers found that the total savings associated with chronic conditions and preventative care was 6.07 times the amount that was spent on non-emergency medical transportation (Rochlin et al., 2019).

1-3. Return for case management and home services is calculated as \$2.00 for every \$1 spent. A study of the effect of care coordination on long-term outcomes found that care coordination and associated services resulted in \$7,920.24 savings per client over 5 years compared to those that did not receive care coordination (Shehu et al., 2025). The average cost of care coordination and associated services was \$3,969.57 per client in this study. We divide the savings by the cost to determine the ROI of 2.0. The study and resulting ROI applies to case management as well as direct services obtained as a result. Because home delivered meals and transportation have more precise ROI estimates, we exclude those from this category, combining case management, personal care, homemaker, and chore services into the case management and home services spend.

(2) Days of Long Term Care Avoided

Given that 15% of older adults spend more than 2 years in a nursing home (Johnson et al., 2019), we assume that 15% of the clients served who are over age 60 are at risk of needing nursing home care – likely a substantial underestimate given our population. Additionally, a study of the relationship between home care service and residential care entry found that every hour of service provided per client per week results in a 6% decrease in the risk of entering residential care (Jorgensen et al., 2018). Therefore, the Days of Long Term Care Avoided is calculated as follows: $(\text{Total hours of service provided} / \text{Total clients over 60} / 52 \text{ weeks/year}) * (.06 \text{ percentage decrease in risk per hour/client/week}) * (\text{Total clients over 60} * .15 \text{ percentage at risk}) * 365 \text{ days/year}$

Johnson, R. W., Dey, J., & Drabek, J. (2019). What is the lifetime risk of needing and receiving long-term services and supports? U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>

Jorgensen, M., Siette, J., Georgiou, A., Warland, A., & Westbrook, J. (2018). Modeling the Association Between Home Care Service Use and Entry Into Residential Aged Care: A Cohort Study Using Routinely Collected Data. *Journal of the American Medical Directors Association*, 19(2), 117–121.e3. <https://doi.org/10.1016/j.jamda.2017.08.004>

Martin, S. L., Connelly, N., Parsons, C., & Blackstone, K. (2018). Simply delivered meals: A tale of collaboration. *The American Journal of Managed Care*, 24(6), 301–304. <https://pubmed.ncbi.nlm.nih.gov/29939505/>

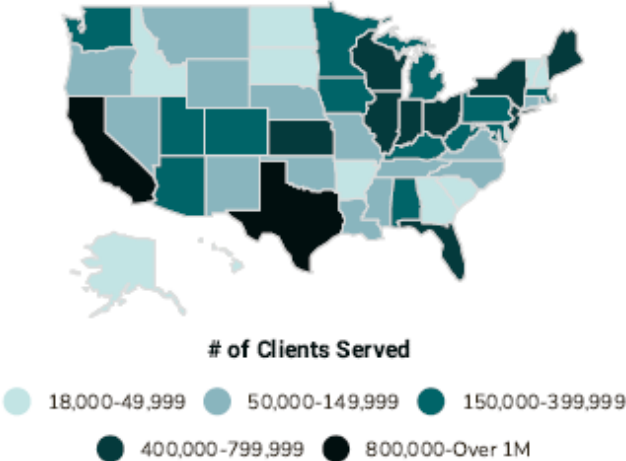
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U.S. Census Bureau. (2023). Population 60 years and over in the United States (American Community Survey 5-Year Estimates Subject Tables, Table S0102). <https://data.census.gov/table/ACSST5Y2023.S0102?g=040XX00US21>

The Value of Aging Well: The Older Americans Act Creates Real Returns Through Community-Based Care

The Older Americans Act funds essential services allowing older adults to remain independent and thrive in their communities, thereby saving taxpayers billions of dollars in institutional care costs. Without these programs, one in five American seniors would face food insecurity, isolation, and premature placement in nursing homes. This infographic captures the impact, backed by data from SPR 2023.



12,503,033
Clients served

\$ 4,217,290,409
Funds expended

296,640,212
Services Delivered

23.3%
of the U.S. population is over age 60



Nutrition

237,695,352 meals provided

For many older adults, the meal they receive is the only meal they can rely on each day



Transportation

14,279,323 trips completed

Allowing older adults to attend medical appointments, shop for groceries, visit family, and participate in community events



Information & Referral

10,961,651 contacts made

Connecting older adults to preventive support resources, timely referrals, and life-saving programs



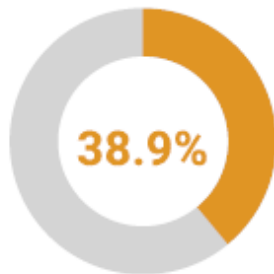
Personal Care

11,305,505 hours of personal care

Helping older adults with everyday tasks, such as bathing and dressing, to ensure their safety and dignity at home

Estimated ROI of Aging Services

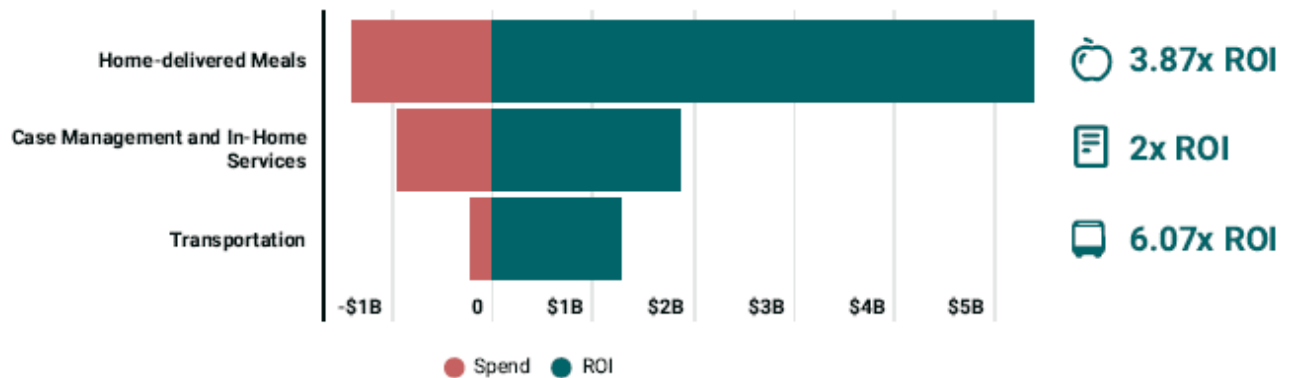
Every dollar invested in aging services through the Older Americans Act generates \$1.90 in community value and taxpayer savings



of clients served are at or below the poverty level

1.9x ROI

⁽¹⁾ With **\$2,521,789,150** in spending on key home and community-based services, Older Americans Act Programs achieved an estimated **\$4,789,051,497** in cost savings by reducing the need for institutional care



1,951,902 Extra Days ⁽²⁾

living in community and avoiding hospital stays and institutional care

Appendix: Data Sources & Calculations

Older Americans Act - State Performance Report (SPR) FFY2023

Clients served, units of service, and total expenditures reported to the Administration for Community Living via the Older Americans Act Performance System (HHS, 2024).

% of Population over 60

Percentage of population over 60 is based on the 5-year estimate from 2019-2023 (U.S. Census Bureau, 2023).

(1) Return on Investment

1-1. ROI for home-delivered meals is calculated as \$3.87 for every \$1 spent. In a study of providing home-delivered meals to high-risk Medicare patients, researchers found that every \$1 spent on home-delivered meals reduced the cost of hospital readmission by \$3.87 (Martin et al., 2018).

1-2. ROI for transportation is calculated as \$6.07 for every \$1 spent. In a study of non-emergency medical transportation for Medicaid beneficiaries, researchers found that the total savings associated with chronic conditions and preventative care was 6.07 times the amount that was spent on non-emergency medical transportation (Rochlin et al., 2019).

1-3. Return for case management and home services is calculated as \$2.00 for every \$1 spent. A study of the effect of care coordination on long-term outcomes found that care coordination and associated services resulted in \$7,920.24 savings per client over 5 years compared to those that did not receive care coordination (Shehu et al., 2025). The average cost of care coordination and associated services was \$3,969.57 per client in this study. We divide the savings by the cost to determine the ROI of 2.0. The study and resulting ROI applies to case management as well as direct services obtained as a result. Because home delivered meals and transportation have more precise ROI estimates, we exclude those from this category, combining case management, personal care, homemaker, and chore services into the case management and home services spend.

(2) Days of Long Term Care Avoided

Given that 15% of older adults spend more than 2 years in a nursing home (Johnson et al., 2019), we assume that 15% of the clients served who are over age 60 are at risk of needing nursing home care – likely a substantial underestimate given our population. Additionally, a study of the relationship between home care service and residential care entry found that every hour of service provided per client per week results in a 6% decrease in the risk of entering residential care (Jorgensen et al., 2018). Therefore, the Days of Long Term Care Avoided is calculated as follows: $(\text{Total hours of service provided} / \text{Total clients over 60} / 52 \text{ weeks/year}) * (.06 \text{ percentage decrease in risk per hour/client/week}) * (\text{Total clients over 60} * .15 \text{ percentage at risk}) * 365 \text{ days/year}$

Johnson, R. W., Dey, J., & Drabek, J. (2019). What is the lifetime risk of needing and receiving long-term services and supports? U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>

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