

## A. Organization

Address the following in the space provided below:

1. Name a designated project director who is directly responsible to the sponsor for the management of the project. Include information about the director's experience, qualifications and job duties. Indicate if the director will have additional programmatic responsibilities.

Mark Shriver is the designated project director for MMI's ADRC. He supervises Sarah Swanson, who is a faculty member in the MMI UCEDD and director of the Family Care Enhancement Project (FCEP). Sarah Swanson is responsible for managing staff to insure programmatic and physical accessibility for MMI's Options Counselors and maintain overall program compliance. Ms. Swanson has worked at MMI for over twelve years and in that time developed the Family Care Enhancement Program (FCEP). She currently manages a team of over fifteen staff. Ms. Swanson has a leadership team which includes a Program Manager, a Training Coordinator and Program Evaluator who assist Ms. Swanson with managing the FCEP program. Ms. Swanson has her master's degree in public healthcare administration. Dr. Shriver will work with MMI's Business Office for financial oversight of MMI's ADRC as well as UNMC's Sponsored Programs Administration who help to assure full programmatic and accounting compliance.

2. Describe how this program will operate within your organizational structure. How will the ADRC seek guidance and perspective that benefits individuals experiencing disabilities?

MMI is one of the academic units at the UNMC. As a UCEDD, MMI supports both FCEP and MMI's ADRC programs. The MMI UCEDD has a Community Advisory Board (CAB) that is composed of individuals with disabilities, their families, and collaborating agencies and is representative of the ethnic and geographic make-up of the state. The CAB meets at minimum quarterly. However, CAB members are provided opportunities to guide the development of new programs and provide advisement on service delivery throughout the year. Finally, staff hired as MMI Options Counselors either have a disability or are the family member of an individual with disabilities. Their experiences and input directly influence the direction of MMI's ADRC and FCEP programming.

3. Describe the proposed staffing of the ADRC. Include all positions, FTEs, contracted labor, and responsibilities.

MMI Options Counselors are employees of UNMC and are caregivers of children, youth and adults with disabilities and/or are individuals themselves with disabilities and who have specialized training to offer peer-to-peer support educating clients on the services that are available to them and connecting them to these services.

MMI's Option Counselors will provide the following ADRC activities:

- Information and Referrals
- Options counseling
- Benefits Assistance
- Transitional Options Counseling

MMI will provide 21.5% FTE of a PRC for this project. Dr. Shriver will provide 1.5% FTE for direction of the project and supervision of personnel. Sarah Swanson's fte will be supported by other grant/contract funding.

4. Describe the ADRC's physical location in the service area. Include how individuals experiencing disabilities can be accommodated when utilizing the physical location. Describe how individuals who are unable to go to the physical location will be able to connect with the ADRC. MMI's Options Counselors will be embedded in organizations that support people with disabilities and their families across the lifespan. These organizations are both programmatically and physically accessible for people with disabilities. Therefore, MMI Options Counselors can meet face-to-face with clients in the collaborating agency, they can provide support by phone, email and by using Zoom, a HIPPA-compliant video conferencing system that UNMC has fully adopted and has been used by NE Medicine to support their patients virtually.
5. PeerPlace is the software used to track client information and units of service. Grantee is required to follow State Unit on Aging prescribed data entry practices. Describe your experience with PeerPlace and how a client and service unit tracking system will be implemented. MMI's current Options Counselor, Michelle Kelly, has extensive training and demonstrated fidelity in the use of PeerPlace. MMI Options Counselors will follow the State Unit on Aging's data entry practices and utilize PeerPlace as a documentation repository to record work done by our team. PeerPlace will also serve as a care coordination tracking system that allows our staff to send and receive referrals from ADRC partners, document the services provided to clients, and triage referrals to other ADRC partners as needed. MMI Options Counselors will detail the type of ADRC service provided and input time tracking units to log time spent for each client.
6. The ADRC will be welcoming and accessible. Describe how the ADRC will work with individuals who experience all types of disabilities, those who do not speak English as a first language, or whose culture may affect how they use the ADRC.

MMI fully complies with the Americans with Disabilities Act (ADA) and we uphold the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Specifically, we tailor our services to honor the culture and language preferences across diverse populations. Every agreement we hold with collaborating organizations also requires full compliance with federal regulations and prohibits discrimination. We collaborate with organizations that share our belief in having programs that are accessible and inclusive to the clients we serve. This means that we strive to hire people with disabilities, their families, and are actively recruiting staff from diverse and historically under-represented populations. Many MMI PRCs and other staff are bilingual, multilingual, and all staff have access to Propio, an on-demand interpreter phone line that is available 24 hours a day, 365 days a year.

7. Describe how the ADRC will ensure that its services are objective, unbiased, and in the best interest of the client.

When a MMI Options Counselor receives an ADRC referral, they work to identify the needs of the client, understand their priorities, and then link them with the resources they need. Referrals are provided based on the client's needs, with special consideration for the client's geographical residence and barriers that might prohibit the client from accessing their community, including needed services and support. Typically, a list of services is offered so the client has a choice of providers available to them. While the MMI Options Counselor is employed by UNMC, they do not necessarily serve as the front door to all UNMC services. However, they can act as a liaison and help clients navigate UNMC and other health systems' services.

8. Describe current & future collaborations as it relates to the ADRC.

MMI's Family Care Enhancement Project has a robust referral structure that will help to generate referrals. Collaborations currently exist with the Early Development Network, the Medically Handicapped Children's Program, existing ADRC organizational partners, and 211 United Way of the Midlands. Collaborations also exist with the multiple clinics and agencies across the state with which we currently hold agreements. These include Children's Physician's in Kearney; Independence Rising, a Center for Independent Living in Western Nebraska; Western Behavioral Health, a mental health provider in Western Nebraska; Midtown Health Clinic and the Arc of Norfolk in the Northeast part of the state; Bluestem Health and Complete Children's Health in Lincoln; and Boys Town, Charles Drew, One World, CHI and UNMC in Omaha.

9. Describe how the agency will implement a quality assurance process.

MMI's evaluation team works with MMI's ADRC leadership team to evaluate the quality of services. Monthly, evaluation staff run quality assurance reports for each Options Counselor. These reports detail the number and type of referrals provided and the intensity of the support. Evaluation staff also annually survey participants and collaborating agencies/organization for their overall satisfaction. Efforts to collect monthly participant satisfaction are underway. In our continuous quality improvement process, data are evaluated and changes are made to ensure quality of the program and services provided.

**B. Service Provision (30 Points)**

10. Describe the marketing and outreach the ADRC will utilize to make these services known to members of the target population. Address how the ADRC will reach individuals who are isolated as well as community agencies and service providers in the service area. Identify how the ADRC will work with hospitals, nursing homes, assisted living facilities, and home health care agencies to accept referrals.

In the state's annual ADRC report for 2021, the ADRC served eleven clients under the age of twenty-one. It only served 395 individuals between the ages of 22 and 64. These numbers are not proportional to the population base for children with disabilities/special healthcare needs and adults with disabilities in our state. We will seek to help ADRC increase these numbers. Our program embeds MMI Options Counselors

into organizations that people with disabilities and their families frequent. We promote our program by participating in health fairs, community coalitions, and even facilitate support groups. A brochure that markets our program and includes an email address and phone number to access staff will be disseminated to schools, ESU's, services/care coordinators, community agencies and disseminated in community outreach events. Monthly our staff hosts educational webinars that feature a speaker that is disseminated across the state. MMI also has a Community Outreach department that disseminates a monthly newsletter, supports an active Facebook page with a new page specifically set up to promote statewide events. Finally, our printed materials are written in plain language and translated into Spanish, Nebraska's second most predominant language.

11. Describe how the ADRC will provide Information & Referral services.

Informational and Referral (I&R) services can occur a variety of ways. This service may be delivered in person, over the phone, or by email. Referrals might come from ADRC partners, the 211 referral system, physicians, or anyone needing information about long-term services and supports. Upon receipt of an I&R, MMI Options Counselors will assess the client's short and long-term needs, identify resources to meet those needs, and provide a referral to the resource-if this is in line with the client's request. Our Options Counselors will also follow up in a week or so to check in. The contact and information provided to the caller will be documented in PeerPlace. Clients are welcome to contact Counselors again should they need additional assistance.

12. Describe how the ADRC will provide Options Counseling services.

Options Counseling helps individuals in need of long-term services and support (LTSS) to gain knowledge of the publicly and privately funded services available to support them and their families. MMI Options Counselors explain the programs that are available to clients and then assist them in filling out paperwork. Services can be provided in a face-to-face setting and/or over zoom, a HIPAA compliant telehealth system. The information provided the client will be logged in PeerPlace to collect the client's basic demographics, their needs, and the assistance provided.

13. Describe how the ADRC will provide Transitional Options Counseling services.

MMI Options Counselors educate individuals in need of LTSS on their options regarding home and community-based services. We find that many individuals who meet an institutional, nursing home or intermediate level of care aren't always familiar with Medicaid Waivers-especially if they are residing with their family caregiver. This conversation becomes eminent when a caregiver gets ill, aged, or the individual in need of LTSS needs more intensive supports. MMI options counselors provide information about Nebraska's HCBS Waivers, helps them apply and discusses other programs that are available to meet the client's needs. Currently, Nebraska's developmental disability waivers have a significant waiting list and are not accessible to many, so a critical role that MMI Options Counselors play is educating the client and family on the waiting list, supporting them in the application process, and helping them understand why they need to add their name -even if they cannot access services for 5-10 years. Additionally, as youth transition from the school system, their families often need assistance helping their young adult acquire services and supports that help them achieve independence and independent living skills.

14. Describe how the ADRC will provide Benefits Assistance.

MMI Options Counselors educate individuals and families on the programs that may be available to support their long-term care needs. Many clients may not know that they might be eligible for Medicaid based on disability status, waiving parental income for children on Medicaid Waivers, or eligibility based on SSI, as examples. They also frequently need to be educated about ABLE Accounts, a way to access Medicaid without consideration of the resource caps. Often clients and their families need to be taught about the specific services that a Waiver might offer. For example, Nebraska's Aged & Disabled Waiver offers a different service array than the state's Developmental Disabilities Comprehensive Waiver. Clients often seek assistance about programs that help pay for assistive technology, durable medical equipment, or may need information about how to appeal a health insurance (Medicaid or private) denial. Options counselors can meet face-to-face with clients, provide information over the phone, by email or by meeting through Zoom.

15. Describe how the ADRC will provide Mobility Training.

This is a service that MMI has decided not to pursue at this time.

16. Describe how the ADRC will provide individuals seeking assistance with home care with a home care registry as well as information about their rights and responsibilities as home care consumers.

The Nebraska Resource and Referral System (NRRS) offers a directory of home health agencies who are licensed with the state of Nebraska. This directory is searchable by zip code and by service type. Individuals who receive support from a home care service has the right to privacy and to have grievances addressed in a timely manner. They also will have the right to refuse service, participate in the approval of services and any changes in service, receive care in a way that promotes his or her dignity and individuality; and receive information on the cost of services and whether those costs are covered by insurance or a public or private program. If the client has concerns about their rights, they will be directed to the Consumer Protection Division in the office of the Attorney General, the State Unit on Aging, the long-term care ombudsman, the protection and advocacy system or other state and local agencies responsible for or interested in the rights of home care consumers.

17. Describe how the ADRC will provide individual and systems advocacy. This includes information about client rights and assistance with exercising those rights.

A core philosophy for MMI's ADRC Program is to teach families and individuals the skills to advocate for themselves. Sometimes this means we sit side-by-side and help clients fill out forms. Other times it means that we conference call with families and other organizations to help them get the answers to questions or we show them where to gain access to the resources they need. We provide information but let the client make the decisions. Sometimes there are systems-issues where a determination is made that does not seem in line with state policy or a decision is made that does not support the needs of the client. In these instances, MMI Options Counselors teach clients how to appeal adverse decisions and exercise their rights. Other times we connect clients to the state ombudsman or legal aid organizations such as Disability Rights NE, Legal Aid, Education Rights Counsel, or even encourage them to reach out to their state senator for assistance.

18. Describe the role the ADRC will have in emergency preparedness and response in the service area. Will the ADRC have the equipment necessary to operate remotely or at an alternate work location? If the ADRC has an emergency preparedness plan, please attach it.

MMI has been able to support staff throughout the Covid-19 pandemic and also through blizzards, flooding and other situations that prohibit them from working within the office. Staff have access to laptops, headphones, a softphone connected to their laptop, and the ability to work remotely. MMI policies allow for work flexibility with staff working in remote locations. UNMC utilizes zoom, a HIPAA compliant web-based meeting platform which allows MMI staff to meet with each other or with clients. Staff can remote into email, voicemail, and are able to access other platforms needed to work remotely.

## Units of Service Tab

For those services currently provided by your organization, enter the projected number of units to be provided for the current year ended June 30, 2023.

For those services to be provided for the year ended June 30, 2024, enter the projected number of units to be provided for those 12 months.

## 2. ADRC Budget tabs

There are three "budgets" on this tab, an initial proposal budget, a revised budget, and a "Net Adjustments" budget.

### **Initial Proposal Budget (To be completed for the November 2022 submission)**

Please enter your agency's budget for the coming year in the top section. This will eventually become the agency's approved budget to work from for budget revisions.

**Columns H - R (Lines 1-17c.)**

Lines 1-8b. For each service the applicant plans to provide, enter the best estimate of costs for each cost category for the period of July 1, 2023 through June 30, 2024. For any amounts listed on line 8b, provide the relevant information on the ContractorSubaward Details tab. Any items listed on line 4 should meet the definition provided on the Equipment Itemization tab and additional information must be entered on that tab.

Lines 10 - 15. No match or agency support is required for this budget, so these fields have been hidden and should remain blank.

Line 17b. CASA ADRC: The Composite total ADRC should be equal to the allocated amount under the ADRC column on the Reservation Table.

17c. MAC Return: Funds on this line are 1) estimated to be received by the agency as a result of participation in Medicaid Administrative Claiming and 2) used to support a Medicaid-related service.

**General Information - all tabs**

Columns and rows that are not relevant to this funding have been hidden/grayed out.

Additional rows can be unhidden on the ContractorSubaward Details tab, if needed.

Enter the applicant name where requested.



**Revised budgets (Not used for the 5/31/22 submission)**

The agency's proposed revised budget is entered in the "Revised Budget" section. If no changes are proposed in a service type(s), simply enter the same data entered above from the last approved budget. To move funds from one program to another program, reduce expenses and revenue in the first, and add it to others. Changes will be reflected in the "Net Adjustments" budget on each tab. NO DATA is entered in the "Net Adjustments" section.

**3. Notes on Budget Changes**

1. Agencies may rebudget between categories (line items) of up to 5% of the grant award without SUA approval. For example, if awarded amount is \$300,000, an agency may make budget changes of up to \$15,000 without needing SUA approval. All service minimums for in-home, access, and legal services must still be met. "Categories" refers to lines 1 through 8b.

Enter Applicant  
Name

Date

Applicant Name			Units of Service				
Taxonom y#	Service Name	Service Unit	07/01/23 - 12/31/23 (Actual)	01/01/24 - 06/30/24 (Projected)	07/01/23 - 06/30/24 (Combined)	07/01/24 - 06/30/25 (Projected)	Change (%)
<b>ADRC Direct Services</b>							
40	<a href="#">Information &amp; Referral</a>	Contact	11		11	10	0.00%
41	<a href="#">Options Counseling</a>	Hour	142	100	242	240	-0.93%
42	<a href="#">Transitional Options Counseling</a>	Hour			-	5	0.00%
43	<a href="#">Benefits Assistance</a>	Hour	4	2	6	5	-9.09%
44	<a href="#">Mobility Training</a>	Hour			-		0.00%
45	<a href="#">Point of Entry</a>	Hour			-		0.00%
46	<a href="#">Unmet Service Needs</a>	Hour			-		0.00%
47	<a href="#">Home Care Provider Registry</a>	Hour			-		0.00%

**FY 2025 BUDGET - ADRC**

**Applicant Name - Initial Proposed B**

**ADRC SERVICES**

[Taxonomy #, Service, Unit Measure]	40. Info & Referral (1 contact)	41. Options Counseling (1 hour)	42. Transitional OC (1 hour)	43. Benefits Assistance (1 hour)	44. Mobility Training (1 hour)	45. Point of Entry
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**COST CATEGORIES**

1. Personnel	\$626	\$14,458	\$316	\$316		
2. Travel						
3. Print & Supp.						
4. Equipment						
5. Build Space						
6. Comm. & Utilit.						
7. Other	\$251	\$5,784	\$125	\$125		
8a. Raw Food						
8b. Contractual						
<b>9. GROSS COST</b>	<b>\$877</b>	<b>\$20,242</b>	<b>\$441</b>	<b>\$441</b>	<b>\$0</b>	<b>\$0</b>

**FUNDING**

17b. CASA ADRC						
17c. MAC Return						
<b>19b. TOTAL SUA COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

21. CM Client Responsibility

Projected Units	10.00	240.00	5.00	5.00	0.00	
Gross Cost (9) Per Unit	\$ 87.70	\$ 84.34	\$ 88.20	\$ 88.20		
Match (16b) Per Unit	\$ -	\$ -	\$ -	\$ -		
Total SUA (19b) Per Unit	\$ -	\$ -	\$ -	\$ -		
CM (19) Per Unit						

FY 2025 BUDGET - ADRC

udget

[Taxonomy #, Service, Unit Measure]	46. Unmet Service Needs	47. Home Care Provider Registry	ADRC TOTAL	TOTAL
<b>COST CATEGORIES</b>				
1. Personnel			\$15,716	\$15,716
2. Travel			\$0	\$0
3. Print & Supp.			\$0	\$0
4. Equipment			\$0	\$0
5. Build Space			\$0	\$0
6. Comm. & Utilit.			\$0	\$0
7. Other			\$6,285	\$6,285
8a. Raw Food			\$0	\$0
8b. Contractual			\$0	\$0
<b>9. GROSS COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,001</b>	<b>\$22,001</b>
<b>FUNDING</b>				
17b. CASA ADRC			\$0	\$0
17c. MAC Return			\$0	\$0
<b>19b. TOTAL SUA COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
21. CM Client Responsibility				

Projected Units				
Gross Cost (9) Per Unit				
Match (16b) Per Unit				
Total SUA (19b) Per Unit				
CM (19) Per Unit				

**Applicant Name**  
**COST ITEMIZATION**

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

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

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

Including an item here does not serve as a prior approval request for the purchase of any capital expenditure or equipment item, and approval of an Area Plan budget does not serve as SUA's approval to purchase any item here.

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**Budget Narrative – Munroe-Meyer Institute**

<b>Object Class Category</b>	<b>Federal Funds</b>	<b>Non-Federal Cash</b>	<b>Non-Federal In-Kind</b>	<b>TOTAL</b>	<b>Justification</b>
<b>Personnel</b>	\$15,716			<b>\$15,716</b>	<p>Mark Shriver, Project Director. 1.50% FTE @ \$181,689 = \$2,725                      Mark Shriver benefits @ 29.30% = \$798.00</p> <p>Michelle Kelly, Parent Resource Coordinator/ADRC Options Counselor.                      21.50% FTE @ \$43,157 = \$9,279                      Michelle Kelly benefits @ 31.40% = \$2,914</p> <p>Total = \$15,716</p>
<b>Travel</b>	\$0.00			<b>\$0.00</b>	NA
<b>Print &amp; Supp.</b>	\$0.00			<b>\$0.00</b>	NA
<b>Equipment</b>	\$0.00			<b>\$0.00</b>	NA

<b>Build Space</b>	\$0.00			<b>\$0.00</b>	NA
<b>Comm. &amp; Util.</b>	\$0.00			<b>\$0.00</b>	NA
<b>Other</b>	\$6,285			<b>\$6,285</b>	Indirect Rate calculated at federally negotiated rate of 40% = \$6,285



<b>Contractual</b>	\$0.00			<b>\$0.00</b>	NA
<b>TOTAL</b>	<b>\$22,001</b>			<b>\$22,001</b>	