



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

September 19, 2023

The Honorable Jim Pillen,
Governor of Nebraska
P.O. Box 94848
Lincoln, NE 68509-4848

Dear Governor Pillen:

I am pleased to inform you that the Nebraska State Plan on Aging under the Older Americans Act for October 1, 2023 through September 30, 2027 has been approved.

The State Plan outlines significant activities that will serve as a guide for Nebraska's aging service network during the next four years. Of particular note is your commitment to gathering input from across the state with multiple listening sessions and a large survey and identifying multiple ways to support family caregivers.

I appreciate your commitment and dedication to ensure the continuity of quality services for older adults in Nebraska and am delighted to see that the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care, State Unit on Aging (DHHS) continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and the Nebraska State Unit on Aging in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Lacey Boven, Regional Administrator, at (816) 702-9963. I value your dedication and commitment toward improving the lives of older persons in Nebraska.

Sincerely,

A handwritten signature in cursive script that reads "Alison Barkoff".

Alison Barkoff
Senior official performing the duties of the
Administrator and the Assistant Secretary for Aging

Cc: Edwin Walker, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Lacey Boven, Regional Administrator

Nebraska State Plan on Aging

October 1, 2023 – September 30, 2027

NEBRASKA
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

**State Unit on Aging
Division of Medicaid and Long-Term Care**

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Verification of Intent

The Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care, State Unit on Aging (DHHS), is the designated authority to administer the Nebraska State Plan for Aging Services in accordance with all requirements of the Older Americans Act, as amended and pursuant to the regulations promulgated thereunder (the Act). It is primarily responsible for the coordination of all state activities related to the purposes of the Act, namely, the development of a comprehensive and coordinated system for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as an effective and visible advocate for older persons in Nebraska.

By and through the authority of the Governor, the following Nebraska State Plan for Aging Services for the State of Nebraska for the period October 1, 2023, through September 30, 2027, is proffered for approval by the U.S. Assistant Secretary for Aging. This submission includes all assurances and plans to be implemented by DHHS under the provisions of the Act during the referenced time period, including those assurances set forth in Attachment A hereto.

5/15/2023
(Date)

(signed) 
Kevin Bagley, DHA, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Executive Summary

The Nebraska State Plan for Aging Services is the planning document by which the Nebraska Department of Health and Human Services (DHHS) adheres to the Older Americans Act (OAA) with regard to services provided thereunder, including programmatic activities and services for older adults, and family caregivers.

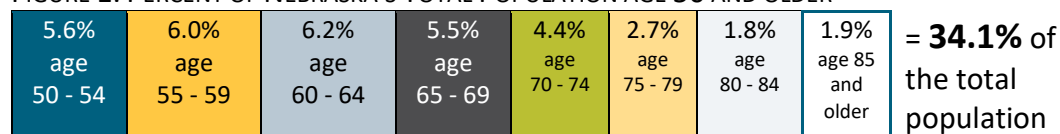
Nebraska is presenting a four-year State Plan for Aging (Plan) for the period October 1, 2023, through September 30, 2027 (Federal Fiscal Years 2024-2027).

The Plan is a written description and assurances to the U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging (ACL/AoA). This allows Nebraska to receive funds under the Act. The Plan also provides vision and direction to the Nebraska aging network.

This Plan reflects the DHHS mission of “helping people live better lives.” The mission of the State Unit on Aging (SUA) is to “promote the dignity, independence, and freedom of choice for older Nebraskans and persons with disabilities.” The State Plan incorporates the mission and goals of the SUA into the body of the plan and includes comments received online and from the public hearing held on May 3, 2023.

The SUA began gathering information from the public and stakeholders in 2022 with in-person statewide listening sessions conducted in 19 locations. Paper surveys were also mailed to 2,200 adults age 50 and over. These activities were conducted through a contract with the University of Nebraska – Omaha, Department of Gerontology, College of Public Affairs and Community Service. This provided an independent survey and information gathering experience for the Plan. This report includes an assessment of the demographics of the aging population in Nebraska and is published with reports on the [SUA website](#). Diagrams in this section are based on the [UNO State Aging Plan Report 2022](#).

FIGURE 1. PERCENT OF NEBRASKA'S TOTAL POPULATION AGE 50 AND OLDER



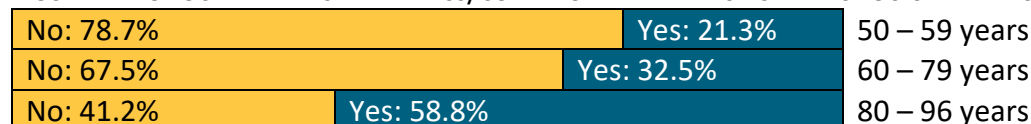
In 2021, more than one-third (34%) of Nebraska’s population was age 50 or older. There is a distinct difference between urban and rural at the age 50 point. People 50 and over represent 43% of the residents in non-metro counties. People 50 and over only represent 33% of metro counties. The population on average is white, non-Latino (88%). This percentage grows with the age cohort, from 81% for those 50-54, to 94% for those 85 and over. Women begin to outnumber men by the age of 65-69, and this dramatically increases with age. By the time they are 85+, women represent 64% of this cohort, and men represent just 36%.

Listening session participants were older on average (age 77) than the paper survey participants (age 69). Areas of concern and programs of interest were healthcare, financial security, nutrition, housing, preventing elder abuse and exploitation, programs to help people with dementia and their families, and assisted living.

The SUA and AAAs are addressing many of these concerns through programs at the local level – including partnerships with the Department of Insurance Senior Health Insurance program (SHIP), Aging and Disability Resource Centers (ADRCs), Medicaid, the Nebraska Department of Transportation (NDOT), Division of Public Health (DPH), Local Health Departments, Adult Protective Services (APS), Department of Agriculture (DoA), the Elder Rights Coalition, and more.

As expected, 81% of those surveyed want to age in place, and 88% overall expect to live in a home or condo that they or a family member currently owns. Of those surveyed, the younger cohorts had fewer health conditions and limits to activities. Of those age 50-59, only 21% had limitations. Of those 80-96, 59% had limitations.

FIGURE 2. DO YOU EXPERIENCE AN ILLNESS/CONDITION THAT LIMITS ACTIVITIES YOU CAN PARTICIPATE IN?

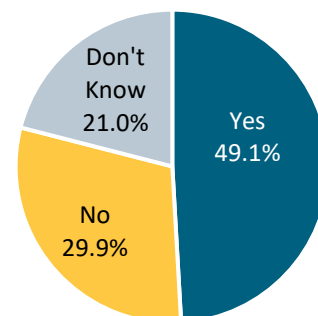


The SUA and AAAs address health limitations through health promotion and disease prevention programs and social activities at senior centers.

Caregiving is of great concern, and in light of the workforce issues across the country, it becomes startling that about half of those surveyed did not know who would help them if they needed care. When survey participants were asked if they had someone besides a spouse/partner who would be willing and able to help with basic personal activities like eating or dressing, only 49% could identify a possible caregiver.

Of those providing care for a family member or a friend, 86% are alone.

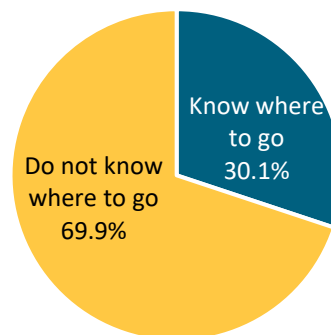
FIGURE 3. DO YOU HAVE RELATIVES OR FRIENDS (BESIDES SPOUSE/PARTNER) WHO WOULD BE WILLING AND ABLE TO HELP YOU OVER A LONG PERIOD OF TIME?



Of those indicating they had memory loss, dementia, or were a caregiver of someone meeting these conditions, almost 70% did not know where to go for help.

Senior centers were not widely utilized by the respondents to the surveys and sessions. Only 20% had used a center. The SUA and AAAs upon learning this, began discussions with center staff on a revitalization effort. Some are not attracted to the activities, and others are unaware of services. Work groups are tackling both issues.

FIGURE 4. DO YOU KNOW WHERE TO GO FOR HELP WITH ALZHEIMER'S DISEASE OR DEMENTIA?



Broadband is working its way across Nebraska. The Legislature was investing in broadband prior to the pandemic, and the additional federal funds have helped greatly in this effort. For a broadband desert, it is interesting to note that 64% of respondents indicated they use an internet search for services for older adults. Almost 45% talk to friends about services, and just under 17% contact an AAA or ADRC. The SUA, AAAs, and ADRCs are making progress to simplify the information channels about services through merging the ADRC online provider list with 211 in 2022. In addition, 211 will join the ADRC provider network in July 2023.

The SUA reviewed the Plan at the Aging Advisory Committee meeting on April 13, 2023. [OAA \(Sec. 307\(a\)\(19\)\)](#)

Context

Critical Issues and Future Implications

Nationally, there is a rapid expansion of the aging population. The first Baby Boomers reached 65 years of age in 2010. By 2035, the Nebraska 60 and older population will increase by 36%. Although many Nebraskans age 60+ are still in the workforce, more Nebraska baby boomers are expected to begin using services offered by the Aging Network. Resources committed to community support options must match the dramatic increase in at-risk older persons.

[Attachment H](#) outlines demographic information regarding the Nebraska population, including disability, poverty, minority status, mortality, Alzheimer-related deaths, and the gender ratio. According to the 2021 American Community Survey 5-year estimates, Nebraska has slightly more children under 18 years at 485,910 than older adults than those over 60 with 428,418.

Nebraska passed Medicaid expansion in November 2018. In October 2022, the State Unit on Aging analyzed those receiving aging services and those participating in Medicaid between July 2021 and June 2022. Approximately 4,608 clients received aging services and Medicaid services during the time frame. Aging services remain the “last stop” before Medicaid for several clients.

Between October 2021 and September 2022, Nebraska’s aging network served 28,847 older adults.

Causes of Death

According to the finalized CDC WONDER data, Nebraska’s top ten causes of death in 2020 were cancer, heart disease, COVID-19, chronic lower respiratory diseases, accidents, stroke, Alzheimer’s Disease, Hypertension, and Influenza/Pneumonia. The top causes vary between age groups. According to [Nebraska’s 2020 health disparities report](#), the top causes of death from 2011 to 2015 for older adults were heart disease, cancer, chronic lower respiratory disease, stroke, unintentional injury, Diabetes Mellitus, Alzheimer's Disease, Liver Disease, Suicide, Influenza/Pneumonia, Hypertension, and kidney disease. To address older adult healthcare needs, the Aging Network will continue to offer evidence-based programs on health promotion, disease prevention, and chronic disease self-management and support vaccination efforts.

AAAs coordinate multiple programs to help older Nebraskans lead healthier lives. Training helps manage chronic disease, lifestyle changes, and improving balance to prevent falls. Access and in-home services provide supports to remain living at home. Congregate meals and center activities engage people, address social isolation, and provide nutritious meals. Home-delivered meals can bridge a short-term need or extend the time someone can remain at home, and provide a daily check-in visit.

Quality Management

The SUA previously contracted with the Auditor of Public Accounts (APA) to perform fiscal monitoring of AAAs. The contract ended on 6/30/23 due to staffing levels at the APA. The SUA fiscal team will resume financial testing of subrecipients beginning in FY24. [Goal 5](#) provides further details.

State Priorities & Focus Areas

Internal and External Partner Collaboration and Coordination within the Aging and Disability Network

AAAs facilitate the access and coordination of community-based, long-term services and supports through numerous programs. These include, but are not limited to, OAA-funded In-Home, Access, and Caregiver services and the state-funded Care Management and Aging and Disability Resource Center (ADRC) programs.

Medicaid Waiver programs additionally coordinate community-based, long-term care services for individuals who reside at home and are at risk for institutionalization due to their limited ability to function independently. Service Coordinators assist the client in choosing and receiving services, monitor the services, and coordinate the person-centered plan.

AAAs also refer clients to the Nebraska DHHS for state programs that additionally seek to facilitate the provision of long-term care in home and community-based settings, such as ACCESSNebraska, and the Disabled Persons and Family Services (DPFS) program.

The SUA and AAAs collaborate and coordinate with multiple partners for community-based, long-term care services to assist older adults and individuals experiencing disabilities to remain in the community setting of their choice for as long as possible. AAAs develop service prioritization criteria which include:

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities who can return to their homes if they receive community-based services.

Nebraska continues to work toward the integration of health, health care, and social services systems, including efforts through contractual arrangements as well as incorporating aging network services with HCBS funds by other entities such as Medicaid. [ACL SUA Directors Letter #01-2021 \(Expanding Access\)](#)

ACCESSNebraska

Eligibility determination for Nebraska DHHS Economic Assistance and Medicaid programs is handled through phone calls to Customer Service Centers. Clients may also visit a local office to speak with a worker in person. Applications and change reports may also be made online at <https://iserve.nebraska.gov/>.

SUA Involvement: Representatives from the SUA assess the impact on older persons through discussions with AAAs and local senior centers. ADRCs can assist with benefits assistance.

Social Services Block Grant (Title XX)

The Social Services for Aged and Disabled Adult Program (SSAD) provides services to individuals who are aged, blind, or disabled and need assistance remaining as independent as possible. Eligibility is based on client income and their need for the requested service. The SSAD program provides services to clients who do not qualify for Medicaid or are ineligible for assistance from other programs. Support services include congregate or delivered meals, adult day care, transportation, and homemaker services.

SUA Involvement: The Aging Network has historically relied on this program as a significant source of support services for a physically and economically at-risk older population. One hundred eighty-seven individuals were served congregate meals, and 2,129 were served home delivered meals in 2022.

Aged and Disabled HCBS Waiver

This Waiver provides home and community-based services to support Medicaid-eligible across the lifespan who are aged or have disabilities, whose care needs meet nursing home level of care requirements, and who have assessed service needs. Services funded by Medicaid through this program are adult day health care, assisted living, assistive technology and home modifications, personal care, companionship, home-delivered meals, and respite.

Over half of the persons served through this program are 65 and over. The program funds services for about 7,000 persons in any given month, with a maximum of 8,000 unduplicated persons (approved slots) for the waiver year from August 1, 2022- July 31, 2023.

DHHS administers this waiver program, the Division of Developmental Disabilities (DDD), in addition to the other 1915(c) waivers. The AAAs have provider agreements with DDD to coordinate services for persons aged 18 and older who meet Waiver eligibility requirements.

SUA Involvement: A close working relationship exists between the SUA and the Divisions of MLTC and DDD, Home and Community Based Services (HCBS) staff. MLTC requested through CMS, and was granted, the ability to use enhanced FMAP state dollars as match for the ARPA grants received by the SUA in 2021. Nebraska was the only state to request this use of enhanced FMAP in this manner. A conference call with ACL, CMS, and Nebraska was held to discuss the issue. [OAA Sec. \(307\(a\)\(17\)\)](#)

Disabled Persons and Family Support (DPFS)

This program is overseen by the DHHS Division of Children and Families and provides state funding for services for individuals with disabilities to help them continue to live independently or to assist families in supporting a disabled member at home. Types of supported services range from personal care, home health care, housekeeping, payment of medical supplies, medical mileage, and special equipment and home modification.

SUA Involvement: The SUA facilitates collaborative efforts and cooperation between the Disabled Persons and Family Support programs, and the AAAs. The SUA and AAAs have received training from the Division of Children and Families on DPFS services and how to make appropriate referrals to this program. AAAs can refer clients to this program in instances where supportive services are unable to be provided by other programs.

Admission to a Nursing Facility Level of Care (formerly Senior Care Options)

An "Admission to a Nursing Facility Level of Care" assessment is completed for persons seeking Medicaid funding in a nursing facility. Determinations for "Admission to a Nursing Facility" for persons 65 and older are completed by AAAs and League of Human Dignity offices. Individuals and their families are provided with information on possible home and community-based options as alternatives to nursing facility services, such as MLTC PACE (Program for the All-Inclusive Care for the Elderly) program, MLTC Personal Assistance Services (PAS) or DDD for the four Nebraska Waivers including the Aged and Disabled (AD) Waiver.

SUA Involvement: A close working relationship exists between the SUA and the DHHS Home and Community-Based Services teams. SUA and DDD teams share contract management responsibility for a fiscal testing contract for Targeted Case Management subawards.

Lifespan Respite Services

This State program provides funding for eligible unpaid primary family caregivers to purchase respite services. The DHHS Division of Children and Families oversees the Nebraska Lifespan Respite Network, which provides support to the family caregiver and care recipient, as well as recruitment and screening of respite providers, assistance with provider matching, and sharing of respite resources.

SUA Involvement: Through collaboration with the Nebraska Caregiver Coalition, the SUA and Lifespan Respite work together to advocate for those in need of respite services. [ACL SUA Directors Letter #01-2021 \(Caregiving Infrastructure\)](#)

Program of All-inclusive Care for the Elderly (PACE)

The Centers for Medicare and Medicaid Services (CMS) approved the Nebraska Medicaid State Plan Amendment (SPA) for PACE, transmittal # 12-04 October 24, 2012, with an effective date of February 1, 2013, as requested by the state. PACE is a voluntary managed care program for persons aged 55 and older. PACE provides additional long-term care options for eligible individuals by offering a comprehensive array of Medicare and Medicaid institutional and community-based services for those who meet a nursing facility level of care and live in the designated service area of the PACE provider. PACE services include primary care, physician and nursing services, social services, social restorative therapies, physical and occupational therapy, personal care and supportive services, nutritional counseling, recreational therapy and meals, along with additional services deemed necessary by the interdisciplinary team (IDT). PACE provider organizations assume financial risk for preventive, primary, acute, and long-term care services. [OAA 301\(a\)\(2\)\(D\)](#)

SUA Involvement: A SUA representative worked with the Initial PACE review team within the Division of MLTC. Currently, the Division of MLTC is coordinating with Immanuel Health Systems in submitting a PACE application for CMS approval.

Nebraska AARP

As a nonpartisan organization, the Nebraska AARP is a leading force in the Aging and 50+ network. AARP Nebraska is dedicated to empowering people to choose how they live as they age while also striving to create a society in which all people live with dignity and purpose. AARP Nebraska works to strengthen communities and advocate for what matters most to families with a focus on health security, financial security, and personal fulfillment. The SUA continues to have a strong partnership with the Nebraska AARP and works with them on many levels.

State Health Insurance Program

The State Health Insurance Program (SHIP) educates people on Medicare, assisting eligible adults to make informed decisions about health insurance.

The Nebraska Department of Insurance contracts with three of the AAAs and other organizations to operate local SHIPs. SHIP counselors discuss Medicare benefits, Medicare Advantage products, and Medicare Supplement policies. Each contracting AAA also provides information and assistance for older adults regarding Medicare Part D, answers questions, sponsors enrollment events, makes relevant referrals, resolves problems, and advocates on behalf of the beneficiary with pharmacies, Part D plans, Social Security and Medicare. A network of SHIP staff and volunteers disseminate written materials, offer community presentations, and provide private counseling sessions to older Nebraskans and individuals with disabilities.

Senior Medicare Patrol

The Senior Medicare Patrol (SMP) is located with SHIP at the Nebraska Department of Insurance. Three AAAs contract with the Department of Insurance to operate the program at their respective local level. The SMP program plays a pivotal role in helping prevent healthcare fraud and abuse. The SMP volunteers reach into the communities to educate seniors and disseminate materials on protecting, detecting, and reporting healthcare fraud/abuse and other potential abuses that victimize seniors. SMP staff refer, investigate, and help resolve issues related to the abuse and financial exploitation of seniors.

This work is accomplished by collaborating with Medicare contractors, the Attorney General's Office, the Medicaid Fraud Control Unit, and the Medicaid Program Integrity Unit within the Nebraska Department of Health and Human Services. In 2020, 1420 SMP volunteers provided a total of 4,224 hours of service and conducted 101 group outreach and education events reaching an estimated 6,153 individuals. SMP volunteers and staff interacted with or on behalf of 6,834 Medicare beneficiaries (source: Office of Inspector General 2020 Performance Data for the Senior Medicare Patrol Projects, May 2020).

Medicare Improvements for Patients and Providers (MIPPA)

The Medicare Improvements for Patients and Providers (MIPPA) is co-located with SHIP and SMP at the Nebraska Department of Insurance.

Federal Goals

The SUA prepared the State Plan for Aging to meet the requirements of Section 307 of the Act. The SUA developed goals, objectives, strategies, and outcomes that define the strategy to fulfill its commitment to older Nebraskans. Partners and stakeholders provided input and updates to these collaborative programs. To meet the goals of the SUA mission statement, Nebraska utilized the Administration on Community Living Strategic Action Plan national goals for 2013-2018 and additional ACL SUA Directors Letter #01-2021 guidance, as outlined below:

- Goal 1: Advocacy
- Goal 2: Protect Rights and Prevent Abuse
- Goal 3: Individual Self-Determination & Control
 - including COVID-19 recovery efforts, and advancing equity
- Goal 4: Long-Term Services and Supports
 - Including expanding access to home and community-based services, and building a caregiving infrastructure
- Goal 5: Effective and Responsive Management
- State Goals

The Act provides the framework for developing a comprehensive and coordinated aging services system in the United States. As provided in the Act, the Administration on Aging designates an SUA in each state. The SUA is responsible for developing and administering a State Plan for Aging.

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.

The SUA has a 12-member Advisory Committee appointed by the Governor. The committee advises the SUA on the needs of older Nebraskans and reviews its policies and budgets.

[Attachment F](#) provides more details on committee members and DHHS hierarchy.

The Nebraska aging network includes eight AAA service areas designated in state statutes. The agencies serve older citizens in each of the 93 counties. AAA Offices are in Beatrice, Hastings, Kearney, Lincoln, Norfolk, North Platte, Omaha, and Scottsbluff. The SUA and AAAs utilize the Nebraska Administrative Code for grievance procedures. [OAA \(Sec. 307\(a\)\(5\)\)](#)

Goals are listed with strategies, measurements, and baseline details. Dates for goals and measurements relay their status as short-term, intermediate, and long-term. Further explanation with background on goals is included in [Attachment E](#).

Goal 1: Promote advocacy programs for persons in all living situations.

Long-Term Care Ombudsman Program (LTCOP)

Objective 1:

Expand the Nebraska Long-Term Care Ombudsman Program over the plan period, through September 30, 2027.

#	Strategy	Measurement	Baseline Measurement	Baseline Date
1	Work with AAAs to establish and increase the volunteer base in all Planning & Service areas, with a special focus on areas that have low numbers of volunteers.	Increase the number of volunteers statewide by 10%.	71 volunteers	10/1/2022
2	Manage existing funding to increase the number of local long-term care ombudsman programs.	Increase the number of facility visits annually by 10%.	3,136 visits	10/1/2022
3	Support existing local programs in recruiting volunteers.	Increase the number of local long-term care ombudsman programs by 10%.	5 local LTO programs	10/1/2022

Objective 2:

Increase awareness of and protect the rights of older Nebraskans in long-term care facilities, including their right to be free from abuse, neglect, and financial exploitation. Ensure that residents have the right to live in the least restrictive environment possible.

#	Strategy	Measurement	Baseline Measurement	Baseline Date
4	Conduct facility staff in-service training at long-term care facilities across the state regarding residents' rights and how to prevent, identify and report abuse and financial exploitation of residents.	Using the data from the National Ombudsman Reporting System (NORS) 2022 report, increase or maintain the number of facility staff in-service training through September 2027.	26 in-service trainings	10/1/2022
5	Conduct residents' rights and abuse training at the Nebraska Health Care Association annual training for long-term care facility social services designees.	Using the data from the (NORS) 2022 report, increase or maintain resident and family council participation through September 2027.	3 sessions	10/1/2022
6	Provide education and information on residents' rights and abuse at Resident and Family Council meetings in long-term care facilities across the state.			
7	Provide facility consultations throughout the year to facility staff.	Using the data from the (NORS) 2022 report, maintain the number of cases and consultations through September 2027.	2,092 cases & consultations	10/1/2022
8	Provide information and consultations to residents and individuals on residents' rights and resolve complaints by or on behalf of residents.			
#	Strategy	Measurement		
9	Provide residents' rights and abuse materials to seniors, those in long-term care facilities, and their friends and family.	Materials are updated and distributed to facilities on an annual basis.		

Objective 3:

Work collaboratively with other agencies to analyze and monitor proposed state legislation that impacts the quality of care and life of residents in long-term care facilities.

#	Strategy	Measurement	Baseline Measurement	Baseline Date
10	Produce an annual report on the Long-Term Care Ombudsman program that provides program and fiscal impact information. Distribute the annual report to the Governor, the Legislature, and the Department of Health & Human Services.	Using the data from the (NORS) 2022, increase the amount of time spent reviewing and commenting on bills related to residents in long-term care facilities through September 2027.	25% of State Long-Term Care Ombudsman Time	10/1/2022
11	Using the data from the (NORS), 2017 report increases time spent monitoring legislation that impacts the quality of care and quality of life of residents in long-term care facilities from FFY 24 through FFY 27.	Using the data from the (NORS) 2022, increase the amount of time spent reviewing and commenting on bills related to residents in long-term care facilities through September 2027.	10% of State Long-Term Care Ombudsman Time	10/1/2022

Objective 4:

Work collaboratively to support training and education for long-term care facility staff on various communication modalities.

#	Strategy	Measurement
12	Identify resources for effective communication for individuals who are deaf, hard of hearing, blind, have speech impairments, have brain injuries, and other communities.	Publish resources for continuing education online. Share Long-Term Care Ombudsman in-service training schedule to facilitate co-located opportunities.
13	Share resources with long-term care facilities.	
14	Share Long-Term Care Ombudsman in-service training schedule to facilitate co-located opportunities.	Schedule in-service Long-Term Care Ombudsman facility staff training and share with facilities regionally.

Objective 5:

Work collaboratively with stakeholders to identify and address system changes for older adults who experience difficulties in their communities.

#	Strategies	Measurement
15	Identify groups who encounter older adults experiencing difficulties in their communities.	Build a list of external resources with opportunities for engagement by September 30, 2024.
16	Share information regarding services provided through AAAs and ADRCs.	Share resources with all interested parties by December 30, 2024, with annual updates.
17	Identify areas where legislative or regulatory changes may benefit older adults experiencing difficulties in their communities.	Develop an initial service and intervention description of currently available options, and identify any gaps in service for further research, review, or statutory revisions, by December 30, 2024, with updates thereafter.

Goal 2: Promote and develop programs to protect rights and prevent abuse.

Elder Rights Protection/Elder Justice

Objective 1:

Identify, strengthen, and enhance collaboration of programs at all levels that impact the rights and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

#	Strategy	Measurement
18	Develop and maintain strategic partnerships with organizations such as the Better Business Bureau, Nebraska Bankers Association, Disability Rights Nebraska, Lincoln Police Department, and the Nebraska Caregiver Coalition to encourage, educate, and empower stakeholders on the rights and prevention of abuse, neglect, and exploitation of older adults and people with disabilities.	Seek 3 new partnerships by September 30, 2027, with organizations not currently collaborating by serving on the Statewide Elder Rights Coalition or with the local aging network. OAA (Sec. 721(b)(10)(C)(v))

Objective 2:

Educate and empower stakeholders on the rights and prevention of abuse, neglect, and exploitation of older adults and people with disabilities.

#	Strategy	Measurement
19	Develop and disseminate tools to help older adults and people with disabilities to protect themselves from elder abuse and financial exploitation.	<p>Disseminate the Advance Directives brochure and Supported Decision-Making booklet in English and Spanish through partner organizations to increase access to these resources for older adults and people with disabilities. Seek 2 new events and 3 new groups locally in distributing the brochures. OAA (Sec. 307(a)(12))</p> <p>Disseminate the "Managing Someone Else's Money – Help for agents under a power of attorney" Guide to educate and empower older Nebraskans and people with disabilities about elder abuse and financial exploitation. The publication will be posted on social media and copies will be distributed to AAAs, APS, and other organizations on an ongoing basis. Seek 2 new events and 3 new groups locally to distribute the brochures. OAA (Sec. 721(a))</p>
20	Enhance outreach strategies throughout the aging network to educate and empower stakeholders on the availability of the tools listed under Strategy 1 using mediums such as public speaking engagements, newsletters, websites, and social media.	Increase awareness of elder abuse, neglect, and financial exploitation through publications and social media postings. This will be measured by tracking the publications ordered and the number of postings on social media. OAA (Sec. 307(a)(12))

Objective 3:

Facilitate individual access to advocacy and representation to protect individual rights and prevent abuse.

#	Strategy	Measurement	Baseline Measurement	Baseline Date
21	Develop and maintain strategic partnerships with organizations such as the Better Business Bureau, Nebraska Bankers Association, Disability Rights Nebraska, Lincoln Police Department, and the Nebraska Caregiver Coalition to encourage, educate, and empower stakeholders on the rights and prevention of abuse, neglect, and exploitation of older adults and people with disabilities.	Seek 3 new partnerships by September 30, 2027, with organizations not currently collaborating by serving on the Statewide Elder Rights Coalition or with the local aging network. OAA (Sec. 721(b)(10)(C)(v))		
22	Through direct legal services representation, ElderAccessLine® services, referrals to the Volunteer Lawyer Project, and the Long-Term Care Ombudsman Program promote the availability of services to prevent abuse, neglect, and exploitation of older adults and people with disabilities.	Increase the number of clients represented through the Legal Services Program by 5%. OAA (Sec. 307(a)(11))	13,700 clients	10/1/2022
		Ensure referrals to the Volunteer Lawyer Project are made up to the maximum allowable capacity (40) through Legal Aid of Nebraska. OAA (Sec. 307(a)(11))	35 referrals	10/1/2022

Legal Services

Objective:

Integrate low-cost mechanisms to address priority legal issues, including legal issues related to elder abuse, neglect and financial exploitation.

#	Strategy	Measurement		
23	Continue to fund the Legal Aid of Nebraska statewide ElderAccessLine® to serve older Nebraskans in greater economic and social need on priority legal issues.	Legal Services provider contracts will outline outreach and services to targeted groups such as economically and socially needy, people with disabilities, and minorities. Data will be presented in the annual report and measured against each AAA demographic to determine whether the services provided are proportional.		
#	Strategy	Measurement	Baseline Measurement	Baseline Date
24	Organize law school clinics across the state to help older Nebraskans with the preparation of wills, power of attorney documents, and advance directives.	The number of individuals served through the law school and contracted attorney clinics and the total number of documents prepared will help determine the performance outcome.	3 clinics, 60 clients served	FY 2022
25	Implement the Legal Risk Detector statewide with all AAAs.	The number of AAAs implementing the online Legal Risk Detector will increase from 2 (in 2022) to 8 AAAs by September 30, 2024.	2 AAAs	FY 2022
#	Strategy	Measurement		
26	Investigate implementing the online Legal Risk Detector in other service areas. Possibilities include long-term care ombudsmen, adult protective services, public guardians, and hospital social workers.	Identify and introduce outside agencies to Legal Risk Detector.		

Goal 3: Promote and develop programs to support individual self-determination & control.

Title III-D Programs - Health Promotion / Disease Prevention

Objective:

Promote the use of evidence-based programs throughout the aging network and explore new opportunities to provide evidence-based programs for communities.

#	Strategy	Measurement
27	Provide guidance, education, and promotion of Health Promotion Disease Prevention programming that address Nebraska’s top chronic health conditions.	Provide information and technical assistance to the AAAs regarding current and new Title III-D programming by educating AAA staff and local health departments quarterly while promoting successful programming and funding efforts that help address Nebraska's top chronic health conditions by September 30, 2027.
28	Promote Health Promotion and Disease Prevention programming that addresses the spread of infectious respiratory diseases to all service areas by September 30, 2027.	Provide information and technical assistance on current and new Health Promotion Disease Prevention programming, which addresses immunization status, infectious disease, and vaccine-preventable diseases quarterly through September 30, 2027. OAA (Sec. 102(14)(B),(D))
29	Promote Health Promotion and Disease Prevention programming that serves older adults living with HIV/AIDs, as well as caregivers of older adults.	Provide information and technical assistance on current and new Health Promotion Disease Prevention programming, which addresses the needs of older adults living with HIV/AIDs and caregivers of older adults quarterly by September 30, 2027. ACL SUA Directors Letter #01-2021(Advancing Equity)
30	Collaborate with local health departments on health promotion and disease prevention.	Work with Four-Corners Health Department on evidence-based classes, providing oversight and technical assistance, through September 30, 2024.

State Senior Volunteer Program

Objective:

Provide volunteer community service opportunities for older persons which promote the dignity, independence, and freedom of choice of seniors to live in their residence of choice.

#	Strategy	Measurement
31	Support agencies to recruit and assign volunteers with an emphasis on volunteers from minority groups, people with disabilities, and hard-to-reach individuals.	Conduct semi-annual meetings with Senior Volunteer Program Coordinators to discuss new and review current recruitment strategies which focus on volunteers from minority groups, people with disabilities, and hard-to-reach individuals through September 30, 2027.
32	Support agencies to train volunteers on issues such as recognizing the signs of elder abuse, neglect, and financial exploitation, fall prevention, safety, and medication safety.	Maintain the number of quarterly volunteer trainings conducted by contractors through September 30, 2027.

Aging & Disability Resource Centers (ADRC)

Objective 1:

Maximize the utilization of ADRC services in Nebraska by working with participating agencies to further integrate into the aging and disability network.

#	Strategy	Measurement
33	Collaborate with ADRC sites to offer needed ADRC services locally and statewide.	The SUA will participate in ADRC Leadership and Quality Assurance team meetings quarterly through September 30, 2027.
34	Provide information on and promote the use of ADRC services to statewide aging, disability, and caregiver advocacy organizations through the Nebraska Caregiver Coalition.	SUA will provide information on the utilization and availability of ADRC services to the Nebraska Caregiver coalition at monthly meetings through September 30, 2027.
35	Maintain alternative and sustainable funding streams.	The SUA and ADRC agencies will continue Federal Financial Participation (FFP) program through September 30, 2027.
36	Collaboratively review and potentially implement a process for measuring client satisfaction with ADRC services.	With ADRC Leadership Team, review guidelines for measurement of client satisfaction with ADRC services by September 30, 2027.

Objective 2:

Review the need for and potentially promulgate regulations for the ADRC program in accordance with state statute, and within federal guidelines.

#	Strategy	Measurement
37	Identify components for regulations and the intersection of services within the SUA funding mix.	Document the components for regulations, the process, and intersecting services within DHHS, MLTC, and SUA by December 31, 2024.
38	Develop written regulation draft for internal review within DHHS.	Draft regulations for internal review within DHHS by June 30, 2025.
39	Submit the regulation draft to the Governor for approval. Make amendments as necessary.	Submit draft regulation to the Governor’s office by December 30, 2025.
		Hold a public hearing by June 30, 2026.
		Implement ADRC regulations and funding process by August 15, 2027, for the FY28-31 funding period.

Self-Directed and Person-Centered, Trauma-Informed Care

Objective:

Support self-determination and individual control for older adults and caregivers through promotion and implementation of person-centered, trauma-informed education and services. [OAA \(Sec. 307\(a\)\(26\)\)](#)

#	Strategy	Measurement
40	The SUA will research continuing education through various methods regarding the delivery of person-centered, trauma-informed services. The goal of this training is to expand the capacity to provide Person-Centered, Trauma-Informed (PCTI) services and support for older adults and their families with a history of trauma.	The Nebraska SUA will share annual training opportunities throughout the plan period. OAA (Sec. 102(41))

Goal 4: Support and promote long-term services and supports for persons in all living arrangements.

Title III-B In-Home Services

Objective:

Assist older Nebraskans to improve their health and live in the community through the availability of and access to high-quality, community based in-home and access services, which will maximize their health and allow them to live in the community setting of their choice as long as possible.

#	Strategy	Measurement
41	Support AAAs providing III-B In-Home Services to older Nebraskans.	Review and document community partnerships, including providers of in-home services, annually by September 30, 2027.
42	Target provision of services to Older Nebraskans at greatest risk for negative impact due to social determinants of health and those in rural areas, including minority individuals regarding race, religion, LGBTQ+ persons, and persons with disabilities	Collaborate with AAAs to develop 3 strategies to identify, reduce, and respond to social isolation for individuals at risk for negative impact due to social determinants of health and those residing in rural areas by September 30, 2027. OAA (Sec. 301(a)(1)E and OAA (Sec. 321(a)(8))
43	Ensure quality of services through the use of Long-Term Services and Supports satisfaction client surveys for those receiving in-home services.	Review and document client satisfaction rates annually through September 30, 2027.
44	Collaborate with a community-based organization that specializes in advocacy for individuals who experience brain injuries to provide training on fall-related TBIs to Nebraska's AAAs.	The SUA will make a TBI screening tool available for Nebraska AAA use by September 30, 2027. OAA (Sec. 321(a)(8))
45	Enhance existing programs to become more intergenerational and dementia-friendly with a focus on clients experiencing the greatest social need.	Collaborate with AAAs to develop 3 strategies to incorporate intergenerational and dementia-friendly aspects into existing programs by September 30, 2027. OAA (Sec. 201(f)(2))
		The SUA will participate in the Alzheimer’s State Plan development and state committee throughout the plan period.
46	Improve tribal elder access to in-home services.	Collaborate with tribal teams to offer in-home visits and services.
		The SUA will work with the Winnebago Tribe on a Public Health Workforce Grant, for in home visits and services through September, 30, 2024.

Title III-B Access Services

Objective:

Assist older Nebraskans, as well as Nebraskans experiencing disabilities, to improve their health and live in the community through the availability or and access to high-quality, community based in-home and access services, which will maximize their health and allow them to live in the community setting of their choice as long as possible.

#	Strategy	Measurement
47	Support AAAs providing III-B Access Services to older Nebraskans.	Review and document community partnerships, including providers of access services annually through September 30, 2027.
48	Target provision of services to Older Nebraskans with mobility and transportation needs and those in rural areas and incorporate innovative practices developed during the pandemic that have increased access to services.	Collaborate with AAAs to develop 3 strategies that focus on increasing access to services, particularly those in rural areas, those with mobility, and those with transportation needs by September 30, 2027. ACL SUA Directors Letter #01-2021(Expanding Access)
49	Ensure quality of access services through the use of a Long-Term Services and Supports client satisfaction survey, which includes clients receiving access services.	Review and document client satisfaction rates annually through September 30, 2027.
50	Collaborate with AAAs and other local agencies to increase awareness of available resources and services for Minority and LGBTQ+ older adults as well as the health and economic welfare of all older individuals.	Update the Nebraska Benefit and Resource Guide to include resources for older minorities and LGBTQ+ Nebraskans by September 30, 2027. ACL SUA Directors Letter #01-2021(Expanding Access)
		Update the Nebraska Benefit and Resource Guide with resources related to the health and economic welfare of older individuals by September 30, 2027. OAA (Sec. 202(a)(7))

Title III-C Nutrition Services

Objective 1:

Work to provide nutritionally insecure older adults with more nutrition options.

#	Strategy	Measurement
51	Increase the prevalence and use of nutrition education with older adults throughout all AAA service areas.	Develop an online nutrition education resource webpage for older adults with the University of Nebraska Lincoln's Education Extension office by September 30, 2027.
52	Support AAAs regarding preferences, cultural considerations, and medically tailored meals for all nutrition services provided and especially to those participants and older adults who are low-income minority older individuals with limited English proficiency.	Provide program training, best practice curriculum, cultural training, and medically tailored menu option guidance to AAAs quarterly by September 30, 2027. OAA (Sec. 339(2)(A)(iii)) , (Sec. 307 (a)(14)(B)) , and (Sec. 307 (a)(15)(A))
53	Support meal service automation methods for AAAs to prevent malnutrition.	Provide automation technical assistance to interested AAAs and senior centers as needed through September 30, 2027.
54	Provide transparency and best practice to AAAs about the latest information surrounding all III-C services.	Utilize resources from the Nutrition Resource Center to provide up-to-date programming to the AAAs monthly by September 30, 2027.

Objective 2:

Delay institutionalization in high-risk and non-Medicaid individuals.

#	Strategy	Measurement
55	Support AAAs to maximize the use of SNAP benefits for older adults in Nebraska to prevent malnutrition.	Provide guidance to the AAAs regarding best practices for utilizing SNAP benefits for older adults throughout their service area and develop methods to ensure SNAP information and education are available to eligible older adults by September 30, 2027. OAA (Sec. 307 (a)(4))
56	Utilize the latest nutrition screening process and tools to better assist older Nebraskans in maintaining a better nutritional status and prevent malnutrition.	Incorporate new tools, such as the enhanced DETERMINE tool, into the use of AAAs, to increase the number of options and pathways to help older adults who are at nutritional risk by September 30, 2027. OAA (Sec. 330)
57	Continue to increase awareness of nutritional assistance programs for high-risk, non-Medicaid individuals, with particular attention to older adults with disabilities, low-income individuals, and older adults with limited English-speaking abilities.	Provide AAAs technical assistance to prevent malnutrition and maximizing the use of nutrition programs, food banks, emergency services, and references utilizing Nebraska 211, AAAs, the SUA, and public service information by September 30, 2027. OAA (Sec. 307 (a)(4)) , Sec. 307 (a)(16) , and (Sec. 307 (a)(17))

Objective 3:

Maintain Title III-C Nutrition Services for older Nebraskans

#	Strategy	Measurement
58	Identify ways a nutrition site aligns with community needs in rural and urban communities.	Promote the use of senior center surveys by the AAAs for the individual participants as well as utilizing SUA senior center surveys for senior centers biennially by September 30, 2027. OAA (Sec. 307 (a)(10))
59	Continue to build partnerships with private, non-profit, and community-based entities to ensure the survival of local nutrition programs.	Encourage the continued use of senior center voucher meal programs, present to the AAAs success stories with private, non-profit, and community-based entities, and promote new innovative ways to expand nutrition services through monthly nutrition coordinator meetings by September 30, 2027. OAA (Sec. 301 (a)(1)(E))
60	Support AAAs in the use of local volunteers for assisting in various functions of nutrition sites as well as offering them a meal on the same basis as meals provided to participating older individuals.	Encourage AAAs to utilize local volunteers and as well as eligible individuals to volunteer at their nutrition site or senior center and provide the AAAs with guidance and technical assistance on best practices for volunteer recruitment annually through September 30, 2027. OAA (Sec. 307 (a)(2)(A) and (B))

Title III-E Caregiver Services (Family Caregiver Support Program) (NFCSP)

Objective 1:

Assist Nebraska caregivers to access National Family Caregiver Support Program services that best match their needs, maximizes care receiver independence and allows them to live in the community setting of their choice as long as possible.

#	Strategy	Measurement
61	Support AAAs providing Caregiver Services to older Nebraskans.	Review and document community partnerships, including providers of III-E Caregiver services annually through September 30, 2027.
62	Provide support to family caregivers with the greatest social and economic needs through training and education, including investigation, research, and dissemination of best practices.	Provide technical assistance and resources from the National Council on Aging and other professional resources to Nebraska AAAs, which focus on LGBTQ+, minority, and rural caregiver support groups, by September 30, 2027. OAA (Sec. 373(e)(1))
63	Ensure the quality of III-E Caregiver services through the use of a National Family Caregiver Support Program client satisfaction survey.	Review and document client satisfaction rates annually through September 30, 2027.
64	Provide technical assistance and support to AAAs in implementing recommendations from the RAISE Family Caregiver Advisory Council.	Establish quarterly Family Caregiver Support Program Supervisor meetings to collaborate and discuss current hot topics and current health and economic welfare issues affecting older adult caregivers and provide support to Nebraska AAAs by September 30, 2027. OAA (Sec. 202(a)(7))
		Utilize quarterly Family Caregiver Support Program Supervisor meetings to plan the implementation of the recommendations and goals from the RAISE Family Caregiver Advisory Council by September 30, 2027. ACL SUA Directors Letter #01-2021(Caregiving Infrastructure)

Objective 2:

Advocate for caregivers through increasing public awareness and understanding of their needs and interests.

#	Strategy	Measurement
65	Work with the Nebraska Caregiver Coalition to facilitate information, promote interest, and provide education to AAAs and other community-based organizations regarding the needs of Nebraska caregivers.	The SUA will provide the Nebraska Caregiver Coalition with monthly updates from the Lifespan Respite Network through September 30, 2027.
		The SUA will provide the Caregiver Coalition with quarterly updates from the National Technical Assistance Center on Grandfamilies and Kinship Families through September 30, 2027. ACL SUA Directors Letter #01-2021(Caregiving Infrastructure)

State Care Management Services

Objective:

Utilize the Care Management Program to promote and increase the accessibility of all aspects of community life for older Nebraskans.

#	Strategy	Measurement
66	Establish a quarterly Care Management meeting to collaborate and discuss current hot topics, health, and economic welfare issues, including assistive technology, affecting older adults and provide support to Nebraska AAAs.	Complete quarterly meetings with Nebraska Care Management supervisors through September 30, 2027. OAA (Sec. 202(a)(7)) and (Sec. 321(a)(11))
67	Utilize the Nebraska Care Management program to strengthen cultural experiences, activities, and services, including the arts, to enhance social connectedness among underserved and underrepresented populations. OAA (Sec. 202(a)(5))	Provide support and share information to AAA’s Care Managers through education from speakers from groups with various backgrounds annually through September 30, 2027.
		Provide information on available cultural experiences, activities, and services, including the arts, to enhance social connectedness to Care Managers during quarterly Care Management meetings through September 30, 2027.
68	Ensure quality Care Management services through the use of a Care Management Program client satisfaction survey.	Review and document Care Management Program services through client satisfaction rate annually through September 30, 2027.

Promotion, Branding, Community Reach

Objective:

Review program offerings at senior centers, attendance, and community needs at an aggregate level, with an eye on engagement improvements.

#	Strategy	Measurement
69	Discuss with AAA directors and staff on a regular basis to establish plans.	Conduct meetings, in person or virtual, with interested members of the Aging Advisory Committee, the AAA directors, staff, senior centers, and others. Meet two (2) or more times per year, during the plan period, through June 30, 2027.
70	Identify areas of program interest and solicit volunteers to research those segments for information sharing with the group.	Develop a white paper on senior center engagement areas to address, with priorities and projected timeframes. Provide an initial report by October 30, 2024. Subsequent evaluation and input each year thereafter, by October 30, 2025, 2026, and 2027.

Goal 5: Promote effective, responsive, and accountable management practices.

Fiscal

Objective:

Support AAAs in fiscal accountability, utilizing tools of risk assessment, and working in tandem to maximize federal funding for programs that support sustainability at the local level.

#	Strategy	Measurement
71	Assess contractor vs. subgrant status for each subrecipient.	Determine each agency's contractor or subrecipient status annually.
72	Assess the risk of each subrecipient.	Complete forms for each agency annually and review annual single audit reports.
73	Maximize pandemic-related funding provided for services.	Utilize and track enhanced FMAP as a match for American Rescue Plan Act funding (ARPA). ACL SUA Directors Letter #01-2021(COVID19 Recovery)

Monitoring and Oversight

Objective 1:

Review financial transactions, oversight, and reach by AAAs and their providers. Review time-study materials and work with agencies on cost allocation plans. Support AAAs in utilizing funds locally to meet the needs of their clients and residents age 60+. Process reimbursements in a timely fashion.

#	Strategy	Measurement
74	Gather information regarding the rural reach, services, and funding options available to the AAAs.	Develop and publish a standard set of monitoring tools for each fiscal year.
75	Review agency service priority criteria (including those residing in rural areas and potential for isolation). The AAAs frequently note referrals for services from Health and Human Services, Adult Protective Services, and hospitals as criteria for priority as the agencies can help arrange and coordinate services in rural areas where services and providers are scarce, resulting in the need for assistance in obtaining services.	Conduct monitoring of agencies annually, utilizing established monitoring tools and federal service priorities.

#	Strategy	Measurement
76	Monitor subrecipients fiscal performance annually.	Complete a risk analysis on each subrecipient annually.
		Conduct annual fiscal testing of each subrecipient receiving federal funds awarded by the SUA.
77	Conduct periodic client comparisons between OAA/SUA funded clients and the Division of Public Health, Vital Records Unit, deceased file, to identify possible overlap and reduce the possibility of expenditures for clients who are deceased. Providing this information to the AAAs will further support their individual data cleanup efforts.	Provide results of client comparison between OAA/SUA funded clients and the Medicaid client database to each AAA. If client information is obtainable for further research, include this.
		Provide results of client comparison between OAA/SUA funded clients and the Division of Public Health, Vital Records, deceased resident file with each AAA.
		Follow up with each subrecipient on findings from reviews, audits, and comparisons, as necessary, with documentation and fiscal remediation as necessary.

Objective 2:

Review and simplify data collection policies. Monitor and adhere to federal and state data collection standards.

#	Strategy	Measurement	Baseline Measurement	Baseline Date
78	Provide technical assistance to Legal Assistance providers to collect and report required data points.	1. The missing aggregated client Poverty Status should be less than 5%.	28.43%	FY 2022
		2. The missing aggregated client Minority Status should be less than 5%.	10.61%	FY 2022
#	Strategy	Measurement		
79	Maintain ≤ 5% missing client demographic data for all registered services.	Review Missing Data reports at the AAA level twice a year, once for an SPR submission (October – December) and once during monitoring. OAA (Sec. 307(a)(6))		
80	Improve data collection strategies to meet state and federal reporting requirements.	Offer annual consultations with AAAs and other providers to review, reduce, and improve data collection methods.		

State Goals

To support the aging and disability network with tools and materials of use in carrying out their work at the local level. To act as an advocate and facilitator of relationships between organizations in the network.

Support boards and committees

Objective:

The SUA, in conjunction with the AAA directors, and members of the State Aging Advisory Committee, will research training options for volunteers at the state and local level.

#	Strategy	Measurement
81	Identify education useful for boards and committees serving the Nebraska aging and disability network.	Document information from AAAs and the SUA in use with local and state committees by January 31, 2024.
		Document resources available for volunteer boards and committees by June 30, 2024.
		Document gaps in educational resources for volunteer boards and committees by September 30, 2024.
		Develop a training plan for the aging network volunteers by June 30, 2025.
		Publish the online training plan and materials for the aging network volunteers by July 31, 2024.
		Establish and implement review dates of training materials and plans beginning January 1, 2025, 2026, and 2027 during the plan period.

Utilization of surveys

#	Strategy	Measurement
82	Contract for biennial surveys of individuals 50 and over statewide, beginning in 2024.	Implement one or more contracts to conduct biennial surveys of individuals 50 and over statewide by March 30, 2024, and 2026.
		Publish biennial survey results of statewide surveys by September 30, 2024.
83	Conduct biennial surveys of senior centers beginning in 2024.	Conduct a biennial survey of senior centers by June 30, 2024, and 2026.
		Publish biennial senior center survey results by December 2024 and 2026.

Attachment A – State Plan for Aging Assurances
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older American Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be— . . .

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the

planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publican for review and comments required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
 - (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—

- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
- (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
- (C)
 - (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
 - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;
 and that meet the requirements under section 676B of the Community Services Block Grant Act; and
 - (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
- (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
 - (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and

- (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

- (13) provide assurances that the area agency on aging will—
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
 - (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
 - (15) provide assurances that funds received under this title will be used—
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
 - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
 - (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
 - (18) provide assurances that the area agency on aging will collect data to determine—
 - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
 - (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.
- (b) (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
- (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

- (d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
- (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and

- may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
- (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
- (f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
- (2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
- (B) At a minimum, such procedures shall include procedures for—
- (i) providing notice of an action to withhold funds;
 - (ii) providing documentation of the need for such action; and
 - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
- (3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
- (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
- (1) contracts with health care payers;
 - (2) consumer private pay programs; or
 - (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

- (a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:
- (1) The plan shall—
- (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a

uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) be based on such area plans.

- (2) The plan shall provide that the State agency will—
- (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
 - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—
- (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
 - (B) with respect to services for older individuals residing in rural areas—
 - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
 - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
 - (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- (5) The plan shall provide that the State agency will—
- (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
- (6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with

such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

- (7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.
(B) The plan shall provide assurances that—
 - (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
- (8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—
 - (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.
- (9) The plan shall provide assurances that—
 - (A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and
 - (B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.
- (10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.
- (11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.
- (13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.
- (14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
 - (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
- (15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
 - (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
- (16) The plan shall provide assurances that the State agency will require outreach efforts that will—
- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority

- older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order...



*Cynthia Brammeier, Administrator
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Nebraska Department of Health and Human Services*

5/17/2023

Date

Attachment B – Information Requirements

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Nebraska Response: Nebraska approached the service prioritization from multiple coordinated angles. In 2022, the SUA updated the Intrastate Funding Formula, and included data regarding low-income, minority, rural residence, and limited English proficiency within each service area for calculation and allocation of funds.

The Nebraska intrastate funding formula was updated in 2022 and includes population age 60+, land, minority, and poverty census data. Six of the eight AAAs in the state are in non-metropolitan areas. [Attachment C](#) includes the funding formula in more detail.

The SUA has not been required to take the actions as assured in section [OAA \(Sec. 307\(a\)\(15\)\(A\)\)](#). Nebraskans speak primarily English. According to the US Census Bureau 2021 American Community Survey, 95.1% of Nebraskans aged 65 years and over speak English at home.

There are approximately 17,937 Native American individuals residing in Nebraska, according to the US Census Bureau 2021 American Community Survey. Of those, about 4,500 are aged 45 or older. Nebraska has three Tribal Reservations, all of which are located in the Northeast Nebraska Area Agency on Aging (NENAAA) service area. NENAAA contracts with all three, providing congregate meals in senior centers. These programs are outlined in the NENAAA area plan. NENAAA also contracts with Legal Aid of Nebraska to provide additional assistance and outreach to Native American elders beyond their traditional service contract. This includes assistance via the ElderAccessLine as well as the Native American AccessLine and holding one law clinic annually for Native Americans in the service area. Legal Aid of Nebraska also provides information and cards to senior centers primarily serving Native Americans in addition to training to NENAAA staff and volunteers serving Native American elders.

In 2023, the SUA awarded the Winnebago Tribe a Public Health Workforce Grant, for in home visits and services to Tribal elders and their caregivers. The SUA is excited to collaborate with the Winnebago Tribe on this project. This project period is through September 30, 2024, unless it receives a no cost extension from the ACL.

Although the Ponca Tribe does not have a reservation, they are a recognized Tribe and receive ACL funding. The SUA is interested in collaborating more with the Tribal teams in this plan period.

Nebraska includes verification from AAAs that their prioritization of clients meets the federal priority guidelines listed. Area Plan instructions include these priorities and must provide sufficient coverage prior to State approval. Monitoring of program participation rates is conducted annually, and statistical data are gathered on participation rates.

The SUA has promoted Census data online for use by the AAAs. The SUA has embraced additional demographic data analysis and encouraged the AAAs to use these publicly available tools.

The SUA provides AAAs with Area Plan instructions with assurances as required by the OAA, for inclusion in Area Plans. Training is conducted for AAAs by the SUA regarding this material. The SUA reviews each Area Plan to ensure the provision of required assurances. The SUA monitors each AAA annually and periodically reviews agency policies, procedures, and practices related to assurances. In this instance, service priority procedures are reviewed to ensure compliance with OAA requirements, as noted in the assurances. [OAA \(Sec. 307\(a\)\(16\)\)](#)

Monitoring includes gathering information regarding the rural reach, services, and funding options available to the AAAs. A review of the agency's service priority criteria is conducted (including those residing in rural areas with an increased potential for isolation). The AAAs frequently note referrals for services from DHHS, Division of Children and Families, Adult Protective Services (APS), and hospitals as criteria for priority as the agencies can help arrange and coordinate services in rural areas where services and providers are scarce, resulting in the need for assistance in obtaining services.

In Plan period, the SUA will conduct quarterly Care Management and Family Caregiver Support Program Coordinator meetings with AAAs. The SUA will use information and resources from the Older Adults Equity Collaborative Resource Library to support education regarding best practices in serving diverse communities throughout Nebraska. The SUA and AAAs utilize the Older Adults Equity Collaborative (OAEC) member Services and Advocacy for GLBT Elders (SAGE) to provide direct, virtual training to the SUA and AAAs. [OAA \(Sec. 307\(a\)\(14\)\(B\)\)](#)

Legal services for rural areas are measured using the statewide reporting system and reported in an annual report. Title V Senior Community Service Employment Program services in rural areas are based on the Equitable Distribution Report submitted to USDOL. This program is now operated by the Nebraska Department of Labor. [ACL SUA Directors Letter #01-2021\(Expanding Access\)](#) and [OAA \(Sec. 305\(a\)\(2\)\(E\)\)](#)

Legal Aid of Nebraska provides outreach to the Intercultural Senior Center and will host at least one law clinic in the plan period. A legal services provider offers legal outreach at both the Asian Center and at pop-up events. Media airings on legal services are made on radio and

television throughout the year. The agency developed materials on Advance Directives in Spanish. These are available online and in print.

The AAAs utilize client intake forms requesting income information about clients interested in OAA services. This is not a requirement to receive services, nor is it means-tested. However, it does allow for information to show when OAA funds are being utilized by the most impoverished. There are intake form questions regarding whether or not they self-identify as being "In Poverty" without asking for any income specifics. In an effort to address minority populations, some AAAs are utilizing non-English speakers to address minority populations previously underserved that have limited English proficiency.

AAA Area Plans describe emphasis placed on individuals residing in rural areas in the Planning Process section. For Example, one agency includes focusing on public presentations regarding available services in the most rural areas as well as using local contacts in the most rural areas to help identify those at risk of isolation and institutionalization. Additional examples from several organizations include funding transportation in rural areas and requiring contractors to target and outreach to identify older individuals with an emphasis on rural individuals.

[Low-Income Minority Individuals with Limited English Proficiency](#)

Four-year Plan instructions and annual updates for the AAAs require adherence to the OAA priorities, including addressing low-income and minority individuals with limited English proficiency.

AAAs reviewed surveys and offered more language options and training for senior centers, which focus on identifying potential clients with limited English proficiency. AAAs provide information regarding agency services in Spanish and one customized website with the ability to translate content into dozens of languages. Assistance for Russian-speaking older individuals is provided through the Jewish Community Center.

Targeted health clinics and nutrition counseling to Karen and Kurdish immigrants are offered by another agency as well as programming and outreach to assist the local Vietnamese population in connecting with In-Home and Community services through a native Vietnamese-speaking care manager at the Asian Community Center and the Malone Center.

Nebraska has 3 Reservations; all three are located in the Northeast Nebraska Area Agency on Aging service area. NENAAA has programs in all three areas, providing congregate meals from senior centers. These programs are outlined in the NENAAA area plan. The Ponca Tribe does not have a reservation but is a recognized Tribe. The SUA will work with the Winnebago Tribe on a Public Health Workforce Grant, for in home visits and services. NENAAA also contracts with Legal Aid of Nebraska to provide additional assistance and outreach to Native American elders beyond their traditional service contract. This includes assistance via the ElderAccessLine as well as the Native American AccessLine and holding one law clinic annually for Native Americans in the service area. Legal Aid of Nebraska also provides information and cards to

senior centers primarily serving Native Americans in addition to training to NENAAA staff and volunteers serving Native American elders.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Nebraska Response: The Nebraska State Unit on Aging enjoys a collaborative relationship with the Assistive Technology (AT) Division within the State Department of Education. This includes meeting with the AT team and advisory committees and connecting the AT team for training with AAAs and ADRCs. The AT Division provided three trainings to Nebraska’s AAAs and ADRCs previously. This relationship continues with plans for updates as needed. The SUA reviews AAA Area Plans and completes annual monitoring to ensure that AAAs are planning and implementing strategies for utilizing Information & Referral as well as Technology & Equipment services to assist older adults and to access information as well as assistive devices and technology. OAA (Sec. 306(a)(6)(I)).

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Nebraska Response: Area Agencies on Aging maintain emergency preparedness plans and work with senior centers on emergency response efforts. Annual monitoring of the Area Agencies on Aging includes a review of disaster plans. Nebraska experiences natural disasters annually. The need to prepare and the experience of the response are parts of the landscape. Tornadoes are an annual event, some of which have a devastating impact on communities. The AAA approach varies between areas. In 2019, a bomb cyclone caused significant weather events across the state, including a blizzard in the panhandle and historic flooding in 88 of the 93 counties. Shelf-stable meals were purchased with an ACL disaster grant. Shelf-stable meals became a permanent part of the nutrition program during the pandemic. AAAs increased their local involvement with emergency preparedness teams locally during the pandemic. These liaisons continue to provide a broader understanding of programs offered among local agencies. OAA (Sec. 306(a)(17)).

Section 307(a)(2)

The plan shall provide that the State agency will — ...

(C) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Nebraska Response: Nebraska outlines the minimum funding for Access, in-home, and legal assistance with the funding table estimates annually. This information is further verified with AAA budget submissions, and deficiencies are updated and corrected prior to plan approvals. The estimated budget table (aka “reservation table”) provided to the Area Agencies on Aging, and developed by the State Unit on Aging, outlines specific minimum funding requirements as follows: 15% Access, 15% In-Home, and 2% Legal. [OAA \(Sec. 307\(a\)\(2\)\(A\)&\(B\)\)](#) and [Sec. 307\(a\)\(2\)\(C\)](#)

Section 307(a)(3)

The plan shall—

...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Nebraska Response: Nebraska will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000. This is included in the intrastate funding formula. Funding is expected to decrease with the ending of the hold-harmless. State Funding increased in 2020. Reviewing FFY22 data, approximately 61% of all clients are rural. However, only 23% of all service units were provided in rural areas. “Rural” and “Non-Rural” designations follow the US Department of Agriculture Rural-Urban Commuting Area (RUCA) designations. For the four years of this Plan, Rural spending is estimated to be \$1,821,037 in 2024, \$1,821,037 in 2025, \$1,821,037 in 2026, and \$1,821,037 in 2027.

Nebraska has 93 counties, 67 counties of which have less than 10,000 in total population per the 2017 – 2021 American Community Survey. Nebraska's population is concentrated in urban counties: Douglas, Sarpy, Lancaster, and Hall, along or near Interstate 80. Nebraska's population has been migrating toward Interstate 80 and will continue to migrate near I-80.

Three Nebraska cities (Omaha, Lincoln, and Grand Island) have a population of 50,000 or more and are considered urban/non-rural by RUCA standards.

The Nebraska Legislature appropriates funding in two-line items for aging aid specifically. This amount has grown since 2000. Projected funding for FFY23 is as follows:

FIGURE 5. FEDERAL FUNDING - STATEWIDE DISTRIBUTION FOR FFY 2023

Federal Funding – Statewide - \$7,917,552						
Title A / NSIP	Title III-B	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	Title VII
\$993,217	\$1,482,893	\$2,872,204	\$1,717,234	\$87,513	\$663,768	\$100,724

FIGURE 6. FEDERAL FUNDING - 23% OF SERVICE UNITS ARE RURAL

Federal Funding – Rural - \$1,821,037 (23%)						
Title A / NSIP	Title III-B	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	Title VII
\$228,440	\$341,065	\$660,607	\$394,964	\$20,128	\$152,667	\$23,167

FIGURE 7. TITLE III-B PRIORITY SERVICE MINIMUMS

Priority Service Minimums		
Access	In-Home	Legal Services
15%	15%	2%

The methods used to meet the needs for services in the fiscal year preceding the first year to which such plan applies include congregate and home delivered meals, access, in-home, legal, long-term care ombudsman, ADRC, information services, evidence-based programs, care and case management, transportation, social activities, respite, and caregiver services. Additional investment from the SUA administrative funds for legal risk detector software.

Nebraska’s population growth is modest but grew enough to maintain three congressional seats. An increase of 4.5% to 5% per decade is expected until 2030 (.05 % per year). The population aged 65+ is projected to increase from 240,000 in 2010 to 400,000 by 2030, or 67% in 20 years (3% per year).

The state’s racial and ethnic diversity will increase, and the growing minority population will tend to be younger. [OAA \(Sec. 307\(a\)\(3\)\)](#) and [\(Sec. 307\(a\)\(9\)\)](#)

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Nebraska Response: In 2022, the SUA updated the IFF. In the update, a calculation of land was included to particularly support the more rural service areas. Additionally, AAAs must include in their area plans how rural residents will be served. Six of the eight AAAs are in rural areas. The other two include rural counties and senior centers. Planning in all eight AAA service areas includes engagement with residents in each county. The AAAs solicit information regarding programs and needs from each county as they are developing area plans and establishing or maintaining programming at the local level. [OAA \(Sec. 307\(a\)\(10\)\)](#)

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Nebraska Response: In 2022, the SUA updated the IFF. In the update, a calculation of low-income minority individuals and limited English proficiency was included to support the service areas with higher concentrations of residents in these categories. Additionally, AAAs must include in their area plans how these residents will be served. AGID data for 2016 identified 4,640 persons aged 60+ as a low-income minority. Planning in the eight AAA service areas analyze low-income minority individuals, with other OAA priority categories, in order to maintain and enhance programming in their service areas. The most popular written materials at the state and local levels are translated into Spanish. Several State developed legal documents are available in Spanish and English. The ADRC website has a translation option to display in multiple languages.

Per the AGing, Independence, and Disability program data (AGID) (table NEs21056), the number of people aged 60 and over with income in the past 12 months below the poverty level living in Nebraska by race and ethnicity, 2015 – 2019:

FIGURE 8. ESTIMATED ENGLISH PROFICIENCY FOR MINORITIES BELOW POVERTY LEVEL

Race or Ethnicity	Speaks English “Not Well”	Speaks English “Not At All”
Black or African American alone	40	0
Asian alone	120	115
Native Hawaiian and Other Pacific Islander alone	0	0
American Indian and Alaska Native	0	0
Some other race alone or Two or more races	0	1,600
Hispanic or Latino:	175	285
Total	335	2,000

Note: **American Indian and Alaska Native** designations include alone or in combination with other race designations. **Some other race alone or Two or more races** excludes American Indian and Alaskan Native combinations.

[OAA \(Sec. 307\(a\)\(14\)\(A\)\)](#) and [Sec. 307\(a\)\(14\)\(B\)\)](#)

Section 307(a)(21)

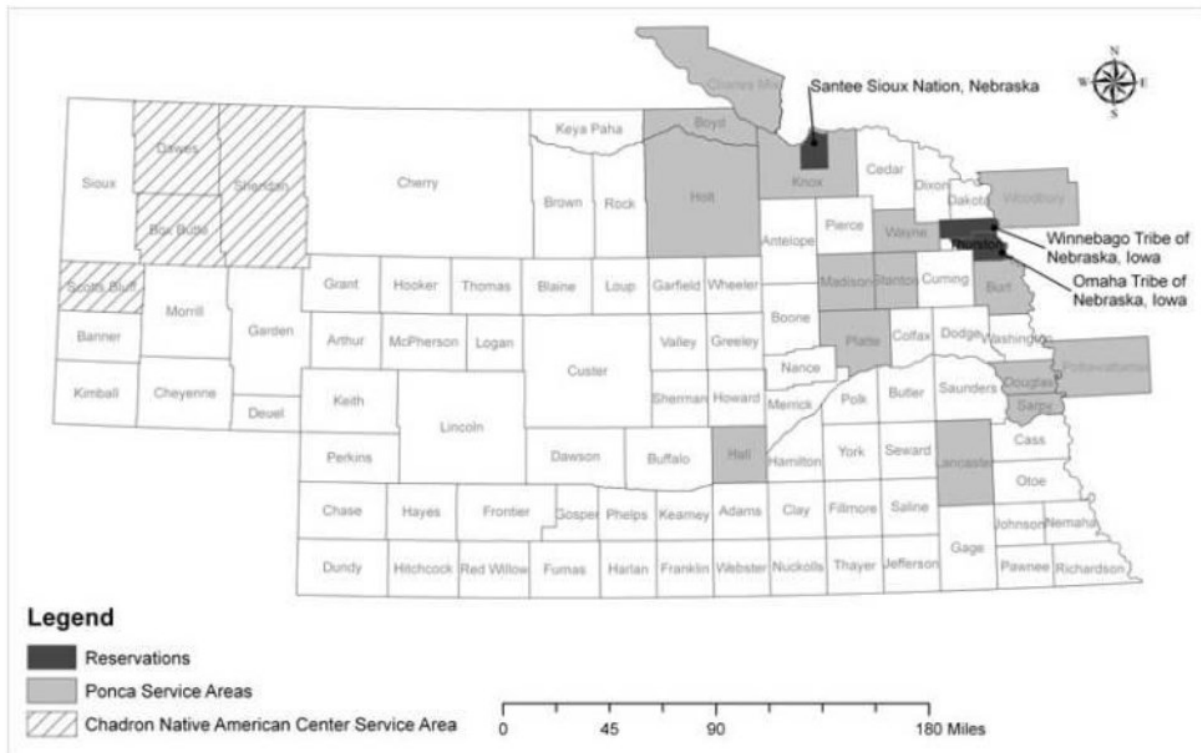
The plan shall —

...

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Nebraska Response: All of the AAAs provide support to tribal members who reside in their service areas and need services. Additionally, the SUA awarded a Public Health Workforce CARES Act grant to the Winnebago Tribe for in-home support to elders. Nebraska has three Reservations; all three are located in the Northeast Nebraska Area Agency on Aging service area. NENAAA has programs in all three areas, providing meals from the senior centers, and enjoys a good working relationship with the communities. These programs are outlined in the NENAAA area plan. The Ponca Tribe does not have a reservation but is a recognized Tribe. Please see the Nebraska map of reservations and Ponca Tribe service areas below:

FIGURE 9. LEGAL AID OF NEBRASKA'S MAP OF NATIVE SERVICE AREAS



[OAA \(Sec. 307\(a\)\(21\)\(A\)\)](#)

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

Nebraska Response: In 2022, the SUA contracted with the University of Nebraska – Omaha, Department of Gerontology, CPACS, for listening sessions and surveys statewide. This report includes an assessment of the demographics of the aging population in Nebraska and is published on the SUA website. This data was used in the preparation of this four-year State Plan for Aging and that of the AAA four-year state plans. The SUA intends to contract for this type of survey on a biennial basis. The State Unit on Aging and the AAAs evaluate the demographics of the population when developing programming. The SUA has promoted Census data access online for use by the AAAs for this purpose. The SUA has embraced additional demographic data analysis and encouraged the AAA's use of these publicly available tools. The 2020 Census is providing valuable information to the State and the AAAs for further program use. Area Agencies on Aging Area Plans describe emphasis being placed on individuals residing in rural areas in the Planning Process section; examples include focusing on providing informational presentations regarding available services in rural areas, funding transportation in rural areas, and requiring contractors to target and outreach to identify older individuals with an emphasis towards individuals who are rural. [OAA \(Sec. 307\(a\)\(27\)\)](#)

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Nebraska Response: The Nebraska SUA is included in the State COOP. The Department plan includes all Divisions and Units and is managed by a team within the Division of Public Health (DPH). The SUA further supports collaborative connections with the AAAs and local emergency

preparedness teams The DPH issued daily information for the department and state early in the pandemic. This slowed to weekly, then monthly dashboards for the general public. Information is maintained and utilized for analysis and planning. Nebraska AAAs worked with local health departments and community organizations to support older adults in response and recovery to the COVID pandemic. Details are provided in [Attachment E](#) of this Plan.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Nebraska Response: The Nebraska SUA is included in the State Continuity of Operations Planning (COOP), managed by the Division of Public Health within DHHS. The State Unit on Aging Administrator is involved in the Nebraska Department of Health and Human Services State Public Health Emergency Preparedness and Response Plan. This plan is updated annually. [OAA \(Sec. 307\(a\)\(29\)\)](#)

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307— . . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

Nebraska Response: Nebraska SUA meets all of the requirements listed in this section. These requirements are addressed through area plans submitted by AAAs, SUA monitoring of AAAs, and collaboration with state and local agencies. The Long-Term Care Ombudsman oversees all Long-Term Care Ombudsman programming across the state. As such, the LECO developed a policy manual and trained all local and volunteer ombudsmen. The Long-Term Care Ombudsman services are conducted through state employees, AAA Ombudsmen, and dozens of trained volunteer Long-Term Care Ombudsmen. Legal services programming is overseen by the SUA legal assistance developer. AAAs participate in a contract with Legal Aid of Nebraska, which answers the Elder Access Line. The SUA funds statewide participation in the Legal Risk Detector software, developed by ProBono.Net, under a contract with the Department of Justice.

The online legal risk detector will be introduced to outside organizations for consideration of implementation. Additional services are provided by contracted attorneys. Legal Clinics are coordinated and scheduled with the in-state law schools. Since October 1, 2019, 350 clients have been served, and 1,464 legal documents have been prepared. The Long-Term Care Ombudsman Program and the SUA have entered into a Memorandum of Understanding to collaborate on issues related to elder abuse prevention and legal services. This is considered a “best practice” by ACL and required under the LTCO regulations. Revised LTCOP Regulations were signed in September 2020.

- (2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

Nebraska Response: The Long-Term Care Ombudsman will hold public hearings to obtain the views of older individuals receiving an LTCO service. Regular meetings with the AAAs and other local entities with an LTCO program and other interested persons are held annually.

- (3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

Nebraska Response: The Long-Term Care Ombudsman will hold public hearings in order to obtain the views of older individuals receiving an LTCO service. Regular quarterly meetings with the AAAs and other local entities with an LTCO program and other interested persons are held annually.

- (4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

Nebraska Response: The State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter. The State Unit on Aging is meeting this requirement through several programs between the LTCOP and elder rights. Financially, AAA service minimums are required and monitored. At the state level, the legal services developer manages a robust elder justice and elder rights array of programs, including an annual elder justice training, an elder rights coalition of active stakeholders, manage the Legal Risk Detector software through a contract with ProBono.net, and coordinates statewide World Elder

Abuse Awareness Day activities. The LAD serves on the Better Business Bureau Advisory Board, chairs the Elder Rights Coalition, and is appointed to the Supreme Court Commission on Guardianships and Conservatorships. The SUA works closely with Adult Protective Services, including monthly statewide calls regarding cases and systemic issues. The APS staff and AAAs are working in tandem in preventing and reporting elder abuse, neglect, and exploitation with joint presentations in the communities to raise awareness of elder abuse, develop materials to enhance awareness of elder abuse, and raise awareness through media campaigns. The SUA has administered previous Title IV grants for elder justice and continued the programming built through those, such as the annual training. The SUA has supported the Administrative Office of the Courts and Legal Aid grant applications for additional elder justice programming.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

Nebraska Response: The State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of OAA (Sec. 712(a)(5)(C)), on the eligibility of entities for designation as local Ombudsman entities under OAA (Sec. 712(a)(5)). Entities interested in being designated local Ombudsman may contact the SLTCO for consideration.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) upon court order.*

Nebraska Response: With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

The LTCO and SUA-LAD coordinate with APS program staff where appropriate. The APS program is within the Division of Children and Families. The APS program specialist participates in the Elder Rights Coalition and public information efforts statewide. The Elder Rights Coalition quarterly meetings provide a platform to discuss elder abuse prevention strategies. The coalition is represented by local law enforcement, the state Attorney General's Office, the Office of the Public Guardian, the Nebraska Department of Banking, APS, and the SLTCO.

The SUA, APS, AAAs, and the LTCO collaborate to observe World Elder Abuse Awareness Day activities and conduct public education to identify and prevent elder abuse throughout the year. Elder abuse reports are maintained with APS staff and are not accessible by others at DHHS. The LAD coordinates an annual training for professionals statewide. Educational credits are available to professionals. Local law enforcement regularly presents financial exploitation case investigations at the training.

The LTCOP provides Abuse and Neglect presentations to long-term care facilities on a regular basis. These presentations are also available to any entity that works with the older population upon request.

The LTCOP case files and reports are available only to the LTCO on a separate database maintained by the SUA.

Attachment C – Intrastate Funding Formula

The SUA issues State grants & Federal subawards to the Area Agencies on Aging to support local programs and services. The SUA administers Title III, Title VII, OAA grants, as well as State-appropriated funds from the Nebraska Community Aging Services Act (CASA) and Care Management funds. State Aging and Disability Resource Center (ADRC) funds are included in the CASA appropriation.

Funding is allocated to the Area Agencies on Aging through an Intrastate Funding Formula (IFF) developed in accordance with guidelines issued by the United States Assistant Secretary for Aging for the Administration on Aging, Administration on Community Living (ACL).

A request for proposals (RFP) was issued in 2020 to hire a vendor to consolidate the IFF and State funding components into one electronic format. Further work included modifications to the IFF. HCBS Strategies, of Maryland, was selected for the project. A funding formula change must include a public hearing and input from the Area Agencies on Aging. The AAAs were made aware of the RFP process, its publication, the hiring of the vendor, the progress of evaluating census data and limitations of small population counties, the final selection of available data for consideration, comparisons of the decennial census data impact on the IFF, and multiple options were considered for the modifications. AAA directors met with the vendor on multiple occasions for IFF considerations, and impact analysis. Further scenarios with input from the AAAs were administered with the IFF proposals. A final option was selected in February 2022 by the State which kept the impact as minimal as feasible.

A public hearing was held regarding the proposed IFF option on April 27, 2022, in Lincoln, Nebraska State Office Building, Lower Level-B, at 1:30 pm. There was no testimony provided in writing, or verbally.

The IFF approval letter from ACL is included with this submission.



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

September 21, 2022

Kevin Bagley, Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Dear Director Bagley:

I am pleased to inform you that the Nebraska State Plan on Aging amendment to update the Intrastate Funding Formula (IFF) under the Older Americans Act effective October 1, 2022 has been approved.

Thank you for submitting the documentation to Lacey Boven, ACL Region VII Regional Administrator, via email dated June 16, 2022, seeking ACL's approval to amend the State Plan by replacing the IFF contained in the State Plan with the revised IFF.

Based upon the documentation and assurances you have provided during this process, ACL hereby approves Nebraska's request to amend the State Plan by replacing the IFF contained in the State Plan with the Revised IFF as of October 1, 2022.

The Administration for Community Living looks forward to working with you and the Nebraska Department of Health and Human Services in the continued implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Lacey Boven, Regional Administrator, at 816-702-4180. I appreciate your dedication and diligent efforts in seeing this process through to completion.

Sincerely,

A handwritten signature in black ink that reads "Alison Barkoff".

Alison Barkoff
Acting Administrator/Assistant Secretary for Aging

Cc: Edwin Walker, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Lacey Boven, Regional Administrator
Cynthia Brammeier, Administrator, NE SUA

Funding Type Descriptions

FIGURE 10. FUNDING SOURCES AND DESCRIPTIONS

Funding Type	Governing Agency	Description	IFF Change (Yes/No)
Title III-A	ACL	Allocated on a formula based upon the number of NSIP eligible meals served in the most recently available federal fiscal year (FFY). The ACL uses this method for nationwide allocation.	No
Title III-B	ACL	Supportive Services: <ol style="list-style-type: none"> 1. Minimum of 15% of all allocation must be used for Access Services. 2. Minimum of 15% of allocation must be used for In-Home Services. 3. Minimum of 2% of allocation must be used for Legal Services. 	Yes
Title III-C(1)	ACL	Congregate Nutrition	Yes
Title III-C(2)	ACL	Home Delivered Nutrition	Yes
Title III-D	ACL	Preventative Health	Yes
Title III-E	ACL	Family Caregivers Support	Yes
Title VII	ACL	Ombudsman & Elder Rights	No
CASA	SUA	State-appropriated funds that support a variety of state and Federal aging services. Once allocated, it is at the AAA's discretion on which aging services are supported.	Yes
Care Management	SUA	State-appropriated funds that help older Nebraskans identify and utilize services that meet their needs.	Yes

Title III & VII follow federal fiscal years (FFY). A federal fiscal year starts on October 1 and runs through the following September. FFY 2022 & FFY 22 refers to October 2021 through September 2022.

CASA & Care Management follow state fiscal years (SFY). A state fiscal year starts on July 1 and runs through the following June. SFY 2022 & SFY 22 refers to July 2021 through June 2022.

Previous IFF Issues/Current IFF Solutions

FIGURE 11. PREVIOUS IFF ISSUES/SOLUTIONS

Issue with prior IFF	What is changing	Why
1. Decennial census data is used for demographics.	Census data will be updated annually based on the 5-year American Community Survey (ACS).	This will avoid a funding ‘cliff’ for smaller populations. Based on Federal recommendations.
2. Baseline (allocated equally) amounts created a funding “cliff” for smaller populations.	Baseline amounts were changed.	This will avoid a funding ‘cliff’ for smaller populations.
3. Federal priorities for service recipients are not included. Federal priorities include: economic need, social need, minority older individuals, limited English proficiency, residing in rural areas, caregivers of individuals with Alzheimer’s disease, COVID-19 recovery, advancing equity, access to home and community-based services and building caregiving infrastructure.	Federal priorities are included - if census data is available and statistically valid. Percentages for demographic categories will be used. Age 60+ & below Federal Poverty level; Age 65+ and a disability; Age 65+ and minority; Age 65+ and living alone.	Federal priorities were not considered in the formula. This will meet Federal requirements. Small population counties limit how granular this can be accurately measured. This will further meet Federal intent and assist those most in need.
4. Does not consider land area (travel time).	A percentage is added for land area for the service area.	Some service areas require providers to drive longer distances to clients.
5. State funds distribution used overlapping data which skewed the end result.	Weights for Federal and state funds are the same. Data is not overlapping.	This normalizes the funding across programs and avoids a double count of any one category.
6. The formulas were managed across multiple spreadsheets, taking considerable time and opportunity for errors.	The new tool includes all funding sources for subawards through the SUA.	This will save staff time and reduce the opportunity for errors.
7. Care Management (state funded program) contained irregularities.	Care Management now has a base percentage and service unit logic.	This will have clearly documented, and validated logic and formulas.

Title III-A NSIP (No Changes)

Federal grants received from ACL for the OAA NSIP program are allocated to each state based upon the number of NSIP eligible meals served in the most recently available federal fiscal year (FFY), and the state's portion of the total. This methodology is also used at the state level. No changes were made to this formula.

Title VII (No Changes)

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.

Designated Amounts

Some programs/contracts have a set amount from CASA funding.

FIGURE 12. DESIGNATED FEDERAL AND STATE FUNDS

SFY 2021: Program/Contract	CASA Amount
Ombudsman Match	\$7,500
Ombudsman Program	\$15,000
ElderAccess Line	\$75,000
State Senior Volunteer Program	\$125,000
ADRC	\$613,912
Total	\$836,412

CASA funding provides the State match for federal awards. This is calculated as an estimate in January prior to the next Federal Fiscal Year. Subawards are issued or amended with each Federal Notice of Award, and the CASA funds allocated as Match are added with the Federal funds to each subaward at that time.

Data Sources

Population characteristic data are from American Community Survey 5-year estimates. The SUA will use the most recent, rolling ACS 5-year estimates to obtain more reliable data from all PSAs each year. By using the most recent ACS 5-year data, it prevents the large funding swings that are seen with the decennial census.

Population characteristic data are from American Community Survey (ACS) 2019 5-year estimates. Data can be found at www.data.census.gov. The U.S. Census Bureau releases ACS estimates each year. The SUA will use the most recent, rolling ACS 5-year estimates to obtain more reliable data from all PSAs each year.

FIGURE 13. AMERICAN COMMUNITY SURVEY DATA DESCRIPTIONS

Variable	Calculation Description
60+ Population	S0101_C01_028E- Estimate 60 years and over
60+ & at or below FPL	Sum of Estimate Income in the past 12 months below poverty level: <ul style="list-style-type: none"> • B17001_015E- Male 65 to 74 years • B17001_016E- Male 75 years and over • B17001_029E- Female 65 to 74 years • B17001_030E- Female 75 years and over
65+ & a Minority	S0101_C01_030E- Estimate 65 years and over MINUS the Sum of White, Non-Hispanic: <ul style="list-style-type: none"> • B01001H_014E- Estimate Male 65 to 74 years • B01001H_015E- Estimate Male 75 to 84 years • B01001H_016E- Estimate Male 85 years and over • B01001H_029E- Estimate Female 65 to 74 years • B01001H_030E- Estimate Female 75 to 84 years • B01001H_031E- Estimate Female 85 years and over
65+ & Lives Alone	<ul style="list-style-type: none"> • ALU8E023- Estimate: 65 years and over: Lives alone
65+ has a Disability	Sum of Individual With a Disability: <ul style="list-style-type: none"> • AMC4E016- Estimates: Male: 65 to 74 years • AMC4E019- Estimates: Male: 75 years and over • AMC4E035- Estimates: Female: 65 to 74 years • AMC4E037- Estimates: Female: 75 years and over
Land Area	US Census Bureau’s USA Counties 2011 publication
Service Units	The most recently completed state fiscal year service units. Service units are available from aging software: PeerPlace.

Baseline Amounts

State administration and Ombudsman funding are allocated within OAA guidelines before aid is awarded.

FIGURE 14. FEDERAL ADMINISTRATION, STATE ADMINISTRATIVE MATCH

	OAA Allocation	OAA Requirement
Title III, State Administration	OAA allowable amount	
Title III-B, Long-Term Care Ombudsman Administration	Program support	
State Match	250,000	25%

State Match for Federal Administrative funding is appropriated at the agency level with other administrative funds to the Department of Health and Human Services, Medicaid and Long-Term Care Division. The State Match for \$750,000 in Federal Administrative funding is \$250,000. This is applied prior to aid and IFF calculations.

Each updated Funding Type has a new baseline or fixed amount. The fixed amount will be allocated equally to the eight AAAs. 12.5% of the baseline amount will go to each AAA.

FIGURE 15. FIXED BASELINE AMOUNT BY FUNDING STREAM

Funding Type	Total Fixed Amount	Fixed Amount per AAA
Title III-B	\$500,000	\$62,500
Title III-C(1)	\$1,000,000	\$125,000
Title III-C(2)	\$700,000	\$87,500
Title III-D	\$33,000	\$4,125
Title III-E	\$285,000	\$35,625
CASA as Match	\$60,000	\$7,500
Remaining CASA	\$700,000	\$87,500
Total	\$3,278,000	\$409,750

Each AAA is allocated \$409,750, subject to the availability of awarded State and Federal funds. Awarded State and Federal funds received in excess of the fixed amounts is allocated according to the weighted Federal priorities. For example, if Nebraska receives \$1,591,609 in Title III-B funding, the first \$500,000 of Title III-B is allocated evenly. Each AAA will receive \$62,500. The remaining \$1,091,609 is allocated based on weighted Federal priorities.

FIGURE 16. FORMULA FOR TITLE III-B FIXED AMOUNT

Amount Received	Fixed Amount (Baseline)	Remaining Funding
\$1,591,609	- \$500,000	= \$1,091,609

FIGURE 17. FORMULA FOR FIXED AMOUNT DISTRIBUTION FOR TITLE III-B

Fixed Amount (Baseline)	# of AAAs	Each AAA's Fixed/Baseline Amount
\$500,000	÷ 8	= \$62,5000

CASA as Match: The State provides its required III-B, III-C(1), and III-C(2) service match, and a portion of the III-E service match on Title III subawards. The State Match (CASA as Match), is pulled from the total State CASA appropriation each year before the remaining CASA funds are allocated to each program.

New/Current IFF Priorities

Statistically valid data is used to meet Federal priorities including:

FIGURE 18. NEW IFF PRIORITIES

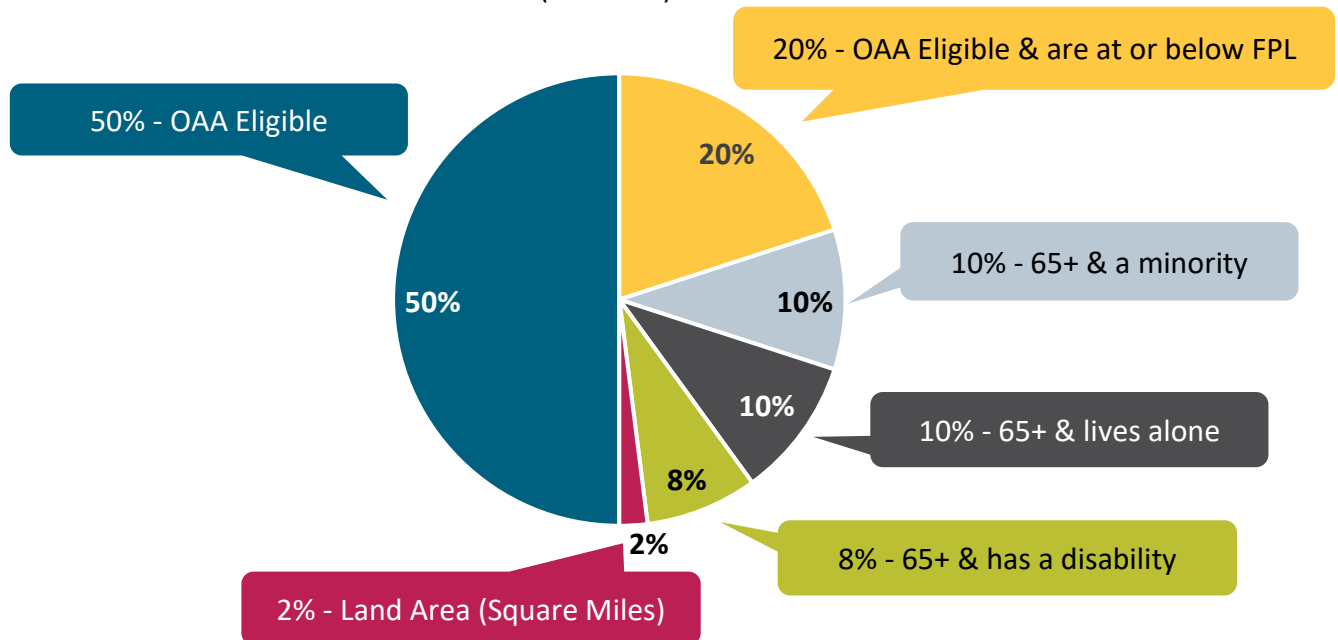
Variable	Description	Federal Priority
60 + Population	Nebraskans over the age of 60,	Determine Eligibility
60+ & at or below FPL	Nebraskans that are 60+ and are at or below the Federal Poverty Level.	Economic Need
65+ & a Minority	Nebraskans that are a minority and are 65 years and over.	Social Need
65+ & Lives Alone	Nebraskans that live alone and are 65 years and over.	Social Need
65+ & Has a Disability	Nebraskans that have a disability and are 65 years and over.	Social Need
Land Area	Nebraska County square miles. (Highlights travel time/rural status.)	Social Need
Service Units	Previous year's units (State Care Management program only)	Equitable

Remaining Funding Calculations for Title III B, C-1, C-2, D, and E; CASA Priority Weighting

FIGURE 19. PRIORITY WEIGHTING BY VARIABLE (TABLE)

Variable	Weight
60+ Population	50%
60+ & at or below FPL	20%
65+ & minority	10%
65+ & lives alone	10%
65+ & has a disability	8%
Land Area	2%

FIGURE 20. PRIORITY WEIGHTING BY VARIABLE (PIE CHART)



Federal Priority by AAA

Per the 2019 ACS 5-year estimates:

FIGURE 21. PRIORITY POPULATIONS BY AAA

Agency	60+ Population	60+ & at or below FPL	65+ a minority	65+ & lives alone	65+ & has a disability	Land Area
Aging Office of Western NE	22,918	2,111	1,278	5,442	5,758	14,180.97
Blue Rivers AAA	21,536	1,740	332	4,916	5,264	4,377.47
Eastern NE Office on Aging	152,476	10,584	11,699	30,786	32,428	2,043.57
Lincoln AAA	80,889	4,808	2,927	16,596	18,448	4,904.37
Midland AAA	30,953	2,162	1,091	6,571	7,452	4,429.02
Northeast NE AAA	51,051	4,071	1,511	10,862	11,776	21,048.39
South Central NE AAA	25,598	1,831	293	5,475	6,288	10,575.90
West Central NE AAA	26,706	2,386	997	5,718	6,990	15,264.53
Total Population	412,127	29,693	20,128	86,366	94,404	76,824.22

FIGURE 22. FORMULA FOR AAA POPULATION AND FACTOR SHARE

For each funding priority, divide the AAA’s population data by Nebraska’s Total Population.

AAA factor population data	÷ Total factor population	= AAA’s factor percentage share
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FIGURE 23. EXAMPLE OF AAA POPULATION AND FACTOR SHARE

Example for each AAA:	60+ Population	Total Population	60+ Population
Aging Office of Western NE	22,918	÷ 412,127	= 5.561%
Blue Rivers AAA	21,536		= 5.226%
Eastern NE Office on Aging	152,476		= 36.997%
Lincoln AAA	80,889		= 19.627%
Midland AAA	30,953		= 7.511%
Northeast NE AAA	51,051		= 12.387%
South Central NE AAA	25,598		= 6.211%
West Central NE AAA	26,706		= 6.480%
Total Population	412,127		= 100%

Note: Percentages are reflected to the nearest thousandths place. The IFF calculates past the millionth place.

This yields the percentage by Federal priority by AAA.

FIGURE 24. PERCENT PRIORITY POPULATIONS BY AAA OF THE TOTAL POPULATION

Agency	60+ Population	60+ & at or below FPL	65+ a minority	65+ & lives alone	65+ & has a disability	Land Area
Aging Office of Western NE	5.561%	7.109%	6.349%	6.301%	6.099%	18.459%
Blue Rivers AAA	5.226%	5.860%	1.649%	5.692%	5.576%	5.698%
Eastern NE Office on Aging	36.997%	35.645%	58.123%	35.646%	34.350%	2.660%
Lincoln AAA	19.627%	16.192%	14.542%	19.216%	19.542%	6.384%
Midland AAA	7.511%	7.281%	5.420%	7.608%	7.894%	5.765%
Northeast NE AAA	12.387%	13.710%	7.507%	12.577%	12.474%	27.398%
South Central NE AAA	6.211%	6.166%	1.456%	6.339%	6.661%	13.766%
West Central NE AAA	6.480%	8.036%	4.953%	6.621%	7.404%	19.869%
Total Population	100%	100%	100%	100%	100%	100%

Weighted Federal Priority Percentages

Multiply each Federal Priority percentage by the weight.

FIGURE 25. FORMULA OF AAA PERCENT OF TOTAL PRIORITY POPULATIONS BY WEIGHTS

AAA percentage by	Weight	Weighted AAA Percentage
Age 60+ Population	x .50 =	Age 60+ Population
Age 60+ & at or below FPL	x .20 =	Age 60+ & at or below FPL
Age 65+ a minority	x .10 =	Age 65+ a minority
Age 65+ & lives alone	x .10 =	Age 65+ & lives alone
Age 65+ & has a disability	x .08 =	Age 65+ & has a disability
+ Land area	x .02	+ Land area
Total AAA priority percentage		= Total AAA weighted federal priority percentages

FIGURE 26. EXAMPLE OF FEDERAL PRIORITY WEIGHT PERCENTAGES FOR EACH AAA

Multiply the weight by each percentage						
Weight:	.50	x .20	x .10	x .10	x .08	x .02
Agency	60+ Population	60+ & at or below FPL	65+ a minority	65+ & lives alone	65+ & has a disability	Land Area
Aging Office of Western NE	5.561%	7.109%	6.349%	6.301%	6.099%	18.459%
Blue Rivers AAA	5.226%	5.860%	1.649%	5.692%	5.576%	5.698%
Eastern NE Office on Aging	36.997%	35.645%	58.123%	35.646%	34.350%	2.660%
Lincoln AAA	19.627%	16.192%	14.542%	19.216%	19.542%	6.384%
Midland AAA	7.511%	7.281%	5.420%	7.608%	7.894%	5.765%
Northeast NE AAA	12.387%	13.710%	7.507%	12.577%	12.474%	27.398%
South Central NE AAA	6.211%	6.166%	1.456%	6.339%	6.661%	13.766%
West Central NE AAA	6.480%	8.036%	4.953%	6.621%	7.404%	19.869%
Total Population	100%	100%	100%	100%	100%	100%

Calculate Remaining Funding Percentage

Add each AAA's Weighted Federal Priority Percentage to calculate the Remaining Funding Percentage.

FIGURE 27. CALCULATED WEIGHTED FEDERAL PRIORITIES

Agency	60+ Population	60+ & at or below FPL	65+ a minority	65+ & lives alone	65+ & has a disability	Land Area	Remaining Funding Percentage
Aging Office of Western NE	2.780%	1.422%	0.635%	0.630%	0.488%	0.369%	6.32%
Blue Rivers AAA	2.613%	1.172%	0.165%	0.569%	0.446%	0.114%	5.08%
Eastern NE Office on Aging	18.499%	7.129%	5.812%	3.565%	2.748%	0.053%	37.81%
Lincoln AAA	9.814%	3.238%	1.454%	1.922%	1.563%	0.128%	18.12%
Midland AAA	3.755%	1.456%	0.542%	0.761%	0.631%	0.115%	7.26%
Northeast NE AAA	6.194%	2.742%	0.751%	1.258%	0.998%	0.548%	12.49%
South Central NE AAA	3.106%	1.233%	0.146%	0.634%	0.533%	0.275%	5.93%
West Central NE AAA	3.240%	1.607%	0.495%	0.662%	0.592%	0.397%	6.99%

Note the Funding Percentage only reflects calculations to the thousandth place to save space. Percentages to the millionth place are regularly used for accuracy.

Calculated Remaining Funding Percentage & Amount

In the Baseline/Fixed Amount example, Nebraska received \$1,591,609 in Title III-B funding, the first \$500,000 of Title III-B is allocated evenly. Each AAA will receive \$62,500. The remaining \$1,091,609 is allocated based on weighted Federal priorities. Multiply each Remaining Funding Percentage by \$1,091,609.

FIGURE 28. CALCULATED WEIGHTED REMAINING FUNDING AMOUNTS

Agency	Remaining Funding Percentage	Remaining Funding Amount
Aging Office of Western NE	6.338%	\$69,208
Blue Rivers AAA	5.072%	\$55,345
Eastern NE Office on Aging	37.796%	\$412,628
Lincoln AAA	18.098%	\$197,581
Midland AAA	7.258%	\$79,251
Northeast NE AAA	12.498%	\$136,451
South Central NE AAA	5.932%	\$64,732
West Central NE AAA	7.000%	\$76,413
Total Population	100%	\$1,091,609

FIGURE 29. FORMULA FOR REMAINING FUNDING AMOUNT

Remaining Funding		Remaining Funding Percentage		Remaining Funding Amount
\$1,091,609	x	6.338%	=	\$69,039

Calculated Title III-B Funding Allocation

Add the Remaining Funding Amount and the Fixed/Baseline Amount for the Total Award Amount.

FIGURE 30. FORMULA FOR TOTAL AWARD

Remaining Funding Amount		Fixed/Baseline Amount		Total Award Amount
\$69,208	+	\$62,500	=	\$131,359

FIGURE 31. EXAMPLE OF CALCULATED AWARD AMOUNTS

Agency	Remaining Funding Amount	Fixed/Baseline Amount	Total Award Amount
Aging Office of Western NE	\$69,208	\$62,500	\$131,708
Blue Rivers AAA	\$55,345	\$62,500	\$117,845
Eastern NE Office on Aging	\$412,628	\$62,500	\$475,128
Lincoln AAA	\$197,581	\$62,500	\$260,081
Midland AAA	\$79,251	\$62,500	\$141,751
Northeast NE AAA	\$136,451	\$62,500	\$198,951
South Central NE AAA	\$64,732	\$62,500	\$127,232
West Central NE AAA	\$76,413	\$62,500	\$138,913
Total Population	\$1,091,609	\$500,000	\$1,591,609

New/Current IFF: State Care Management Program

The Nebraska Care Management Program is not exclusive to area agencies on aging, however they are the only agencies providing this service at this time. Area agencies on aging submit a plan for care management programs in the four-year area plan.

Nebraska Care Management statute outlines a reimbursement rate calculation to participating agencies. Currently, billing is required for clients in the care management program who are above the Federal poverty level. Eleven categories are identified, from 0% to 100% client responsibility. Household size and income are identified. Care management rates are determined for each agency based on the prior year expenses and units provided. New care management rates are issued by the SUA through a program instruction.

Agencies may use local funds to cover billed and unpaid care management services. The SUA and AAAs may pursue changes to the statute to bring the CM program more in line with OAA programs, permitting donations, but not requiring payment. Federal poverty guidelines are issued by the SUA annually through program instruction.

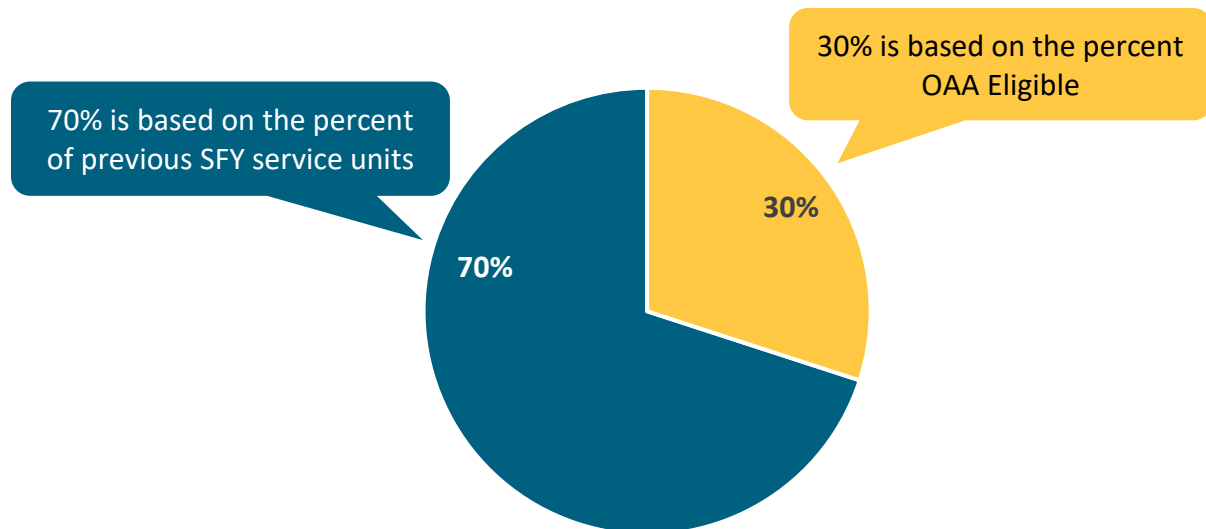
Priority Weighting

FIGURE 32. PRIORITY WEIGHTING (TABLE)

Priority	Weight
60+ Population	30%
Care Management Previous SFY Service Units	70%

The population and service unit percentages are weighted.

FIGURE 33. PRIORITY WEIGHTING (PIE CHART)



Weighted Priority by Agency

The Figure reflects SFY21 service units – it is the most recently completed SFY.

FIGURE 34. PREVIOUS YEAR SERVICE UNITS AND WEIGHT

Agency	SFY21 Total Hours	% of Total Units	Weight	Weighted Units
Aging Office of Western NE	2,101.00	8.732%	x .70	6.113%
Blue Rivers AAA	2,444.00	10.158%		7.111%
Eastern NE Office on Aging	5,603.75	23.291%		16.304%
Lincoln AAA	3,498.25	14.540%		10.178%
Midland AAA	2,202.75	9.155%		6.409%
Northeast NE AAA	3,414.00	14.190%		9.933%
South Central NE AAA	2,517.50	10.464%		7.324%
West Central NE AAA	2,278.50	9.470%		6.629%
Statewide	24,059.75	100%		

Per the 2019 ACS 5-year estimates:

FIGURE 35. PERCENT PRIORITY POPULATIONS BY AAA

Agency	60+ Population	Weight	Weighted 60+ Population
Aging Office of Western NE	5.561%	x .30	1.668%
Blue Rivers AAA	5.226%		1.568%
Eastern NE Office on Aging	36.997%		11.099%
Lincoln AAA	19.627%		5.888%
Midland AAA	7.511%		2.253%
Northeast NE AAA	12.387%		3.716%
South Central NE AAA	6.211%		1.863%
West Central NE AAA	6.480%		1.944%
Total Population	100%		

Funding Percent & Calculated Care Management Funding Allocation.
 Multiply each Remaining Funding Percentage by \$2,315,560.

FIGURE 36. FORMULA FOR FUNDING PERCENT

Weighted Units		Weighted 60+ Population		Funding Percent
6.113%	+	1.668%	=	7.781%

FIGURE 37. CALCULATED AWARD AMOUNTS

Agency	Weighted Units	Weighted 60+ Population	Funding Percent	Award Amount
Aging Office of Western NE	6.113%	1.668%	7.781%	\$180,173.05
Blue Rivers AAA	7.111%	1.568%	8.678%	\$200,951.31
Eastern NE Office on Aging	16.304%	11.099%	27.403%	\$634,530.16
Lincoln AAA	10.178%	5.888%	16.066%	\$372,019.05
Midland AAA	6.409%	2.253%	8.662%	\$200,571.42
Northeast NE AAA	9.933%	3.716%	13.649%	\$316,049.21
South Central NE AAA	7.324%	1.863%	9.188%	\$212,749.74
West Central NE AAA	6.629%	1.944%	8.573%	\$198,516.05
Total Population	70%	30%	100%	\$2,315,560.00

Reservation Table

An estimate is provided to the AAAs in advance of budget preparation. A ‘reservation table’ is issued early in the calendar year. Budgets are due to the State Unit on Aging in April, based on the estimates and local funding. The funding formula is used to calculate the allocations by category by agency. Priority service minimums are calculated based on the estimated awards for the upcoming year. Carryover is utilized in budgeting by the agency. Carryover is not displayed on the reservation table. Carryover balances on each subaward are available to each agency on their monthly reimbursement documents from the SUA. A sample table for FY24 is displayed.

FIGURE 38. EXAMPLE OF FUNDING BY AAA BY TITLE

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES | DIVISION OF MEDICAID & LONG TERM CARE | STATE UNIT ON AGING
RESERVATION TABLE ESTIMATES AND PRIORITY SERVICE MINIMUMS

No Federal carryover included in this table.

Federal FY ending September 30, 2024

Issued

2/14/22

Estimated Federal Funding FFY 2023 (10/1/22 - 9/30/2024)								
Project Period:	10/1/22-9/30/24	10/1/22-9/30/24	10/1/22-9/30/24	10/1/22-9/30/24	10/1/22-9/30/24	10/1/22-9/30/24	10/1/22-9/30/24	
	TITLE	TITLE	TITLE	TITLE	TITLE	TITLE	TITLE	FEDERAL
AREA AGENCY	III-A / NSIP	III-B	III-C(1)	III-C(2)	III-D	III-E	VII	10/1/22-9/30/24
Aging Office of Western NE	96,616	137,463	241,871	135,792	9,023	87,309		708,073
Blue Rivers AAA	98,163	122,700	218,854	126,281	8,058	77,130		651,187
Eastern NE Office on Aging	167,434	510,603	823,612	376,173	33,403	344,573	34,608	2,290,406
Lincoln AAA	112,288	277,259	459,818	225,850	18,157	183,692		1,277,064
Midland AAA	101,357	148,565	259,179	142,944	9,748	94,963	9,350	766,107
Northeast NE AAA	188,481	210,540	355,801	182,869	13,798	137,692	41,588	1,130,769
South Central NE AAA	100,241	132,746	234,517	132,753	8,715	84,057	17,395	710,424
West Central NE AAA	138,406	145,401	254,247	140,906	9,542	92,782		781,284
TOTAL FFY23	1,002,986	1,685,276	2,847,900	1,463,568	110,444	1,102,199	102,941	8,315,315

FFY 2023 Project period is 10/1/22 - 9/30/24. FFY23 Funds must be liquidated by 9/30/24. (24 month liquidation period)

No State funding carryover is permitted.

FIGURE 39. PRIORITY SERVICE MINIMUMS (EXAMPLE)

PRIORITY SERVICE MINIMUMS		Aging Office of Western NE	Blue Rivers AAA	Eastern NE Office on Aging	Lincoln AAA	Midland AAA	South Central NE AAA	Northeast NE AAA	West Central NE AAA
ACCESS	15%	20,619	18,405	76,590	41,589	22,285	19,912	31,581	21,810
IN-HOME	15%	20,619	18,405	76,590	41,589	22,285	19,912	31,581	21,810
LEGAL SERVICES	2%	2,749	2,454	10,212	5,545	2,971	2,655	4,211	2,908

Attachment C – Intrastate Funding Formula

State Funding for FY ending June 30, 2024

FIGURE 40. EXAMPLE OF FUNDING BY AAA BY STATE CATEGORY

Agency	CARE MANAGEMENT	ADRC*	CASA Non Match	Total State Funding
Aging Office of Western NE	193,358	62,860	590,201	846,419
Blue Rivers AAA	198,062	51,231	498,585	747,878
Eastern NE Office on Aging	591,141	83,851	2,880,811	3,555,803
Lincoln AAA	403,967	77,376	1,432,737	1,914,080
Midland AAA	221,344	78,500	634,097	933,941
Northeast NE AAA	304,399	74,865	1,006,198	1,385,462
South Central NE AAA	209,902	47,145	523,430	780,477
West Central NE AAA	193,387	25,200	614,465	833,052
Total Funding	2,315,560	501,028	8,180,524	10,997,112

FIGURE 41. ACTIVITY LEVEL BY MONTH

Month	High-Level Activity Description
January	SUA issues a Reservation Table in January for the upcoming SFY (7/1-6/30) (includes estimate for upcoming FFY - 10/1-9/30) budget period.
April	AAA Area Plans or updates are due to the SUA.
April	SUA reviews, approves plans & budgets for 4-year plan cycle. The annual updates are due in May.
April	AAAs submit budget revisions if needed (250 minimum move), to utilize state funds by 6/30.
April	SUA review budget revisions requested for current SFY.
May	AAA Area Plans are due for annual updates.
May	SUA reviews budgets for the next SFY, approves plans & budgets.
May	After approval of plans, SUA subawards are developed for the next SFY and submitted to DHHS procurement.
June	SUA / AAAs subawards signed.
July	SUA State encumbrance for known expenses from AAAs, SUA requests year end payments made in July, post to June.
October	New Federal Fiscal Year.

Attachment D – State Plan for Aging Public Hearing
Public Notice in the Omaha World Herald, statewide publication:



OFFICIAL AD PROOF

This is the proof of your ad scheduled to run in **Omaha World Herald** on the dates indicated below. If changes are needed, please contact us prior to deadline at **(402) 444-1000**.

Notice ID: uACzg38wsdK52UO5Wids | Proof Updated: Apr. 13, 2023 at 03:06pm CDT
Notice Name: OWH Public Hearing Ad for State Plan | Publisher ID: 0000363915-01

This is not an invoice. Below is an estimated price, and it is subject to change. You will receive an invoice with the final price upon invoice creation by the publisher.

FILER Katia Castro katia.castro@nebraska.gov (402) 471-2307	FILING FOR Omaha World Herald
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Columns Wide: 1	Ad Class: Legals
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04/16/2023: Other Notice	7.33
04/23/2023: Other Notice	6.38
Online Fee	10.00
04/23/2023: Other Notice	0.00

Subtotal	\$23.71
Tax	\$0.00
Processing Fee	\$7.37
Total	\$31.08

The Department of Health & Human Services, Medicaid and Long-term Care, State Unit on Aging, will conduct a public hearing on 5/3/23, at 1:30pm in the Nebraska State Office Building, Lower Level, Sarpy Room, Lincoln, NE. The plan is available online until 5/3/23. Materials are online at <https://dhhs.ne.gov/Pages/Aging-State-Plan.aspx> or at the State Unit on Aging, 301 Centennial Mall South, 6th floor, Lincoln, NE or dhhs.aging@nebraska.gov.

2023, (4) 16, 23 - Sundays, ZNEZ

Public Hearing Comments

No comments were submitted in writing or verbally during the public hearing for the Intrastate Funding Formula. The public hearing was available virtually and in person. Two staff members joined virtually. Three SUA staff attended the public hearing. The public hearing was opened at 1:30pm, and with no input, was closed at 1:45pm.

Attachment E – Supplementary Goal Information

Additional details regarding goals:

Goal 1: Promote advocacy programs for persons in all living situations.

Long-Term Care Ombudsman Program (LTCOP)

The mission of the Nebraska LTCOP is to empower and enhance the lives of residents in long-term care facilities by seeking resolution of issues and advocating for residents' rights. The program is responsible, through federal and state law, for advocating for residents of long-term care facilities, including nursing homes and assisted living facilities. The Office strives to fulfill this responsibility every day by resolving complaints that impact the health, safety, and welfare of residents and informing residents of their rights.

The LTCOP partners with many agencies and organizations in a continued effort to enhance the program. Partnerships allow the program to expand its scope and leverage resources as it seeks to advocate on behalf of residents in long-term care facilities across the state. The State Long-Term Care Ombudsman is a member of the Nebraska Brain Injury Advisory Council and the Nebraska Olmstead Advisory Committee.

The LTCOP consists of local, regional, and volunteer ombudsmen delivering services across the state. The local ombudsmen recruit and manage the volunteers from their areas. The regional ombudsmen, who are state staff, also manage a volunteer program and serve the east and west parts of the state. All Nebraska Ombudsmen, whether local, regional, or volunteer, work to resolve complaints on behalf of the residents. See [Figures 53 and 54](#) to see the distribution of Assisted Living Facilities and Long-Term Care Facilities by Planning and Service Areas.

Goal 2: Promote and develop programs to protect rights and prevent abuse.

The State Legal Assistance Developer (LAD) within the SUA develops and coordinates the Elder Rights Program, which focuses on protecting the rights of vulnerable older adults in institutional and community settings. The LAD chairs the statewide Elder Rights Coalition, represented by multi-disciplinary agencies that address elder abuse and financial exploitation issues. The full list of agencies and organizations is listed below. AAAs collaborate with APS on an ongoing basis on projects and initiatives, including the World Elder Abuse Awareness Day (WEAAD) observance.

The LAD collaborates with APS at the state level to lead the WEAAD observance activities in the state. The SUA organizes an annual training on elder abuse, financial exploitation, and legal issues at the state level. The training is attended by over 450 professionals in the aging network, including attorneys, staff in long-term care facilities, bankers, and volunteer ombudsmen in the state. The training is streamed live and is open to professionals in the aging field throughout the nation. The LAD serves on three committees, listed in [Attachment B](#). These appointments bring a voice to advocate for vulnerable seniors in the state. The SUA holds monthly calls with different AAAs and APS to review difficult cases and strategize on how to best assist clients that have unique, urgent, or otherwise difficult issues.

FIGURE 42. COLLABORATING ORGANIZATIONS

Private & Non-Profit Organizations	Government Agencies
AARP Nebraska	State Unit on Aging (DHHS)
Alzheimer’s Association	Adult Protective Services (DHHS)
Area Agencies on Aging	State Long-Term Care Ombudsman (DHHS)
AAA Legal Service Providers	Office of Public Guardianship
Better Business Bureau	Department of Banking & Finance
Legal Aid of Nebraska	Attorney General’s Office
Ponca Tribe of Nebraska	University of Nebraska at Omaha Department of Gerontology
	Local Law Enforcement (Lincoln Police Department & Sarpy County Sherriff)

The LAD has been appointed by the Chief Justice of the Nebraska Supreme Court to serve on the Supreme Court Commission on Guardianships and Conservatorships. The LAD has also been appointed to the Lincoln Better Business Bureau Advisory Board and also chairs the Elder Rights Coalition. [OAA \(Sec. 307\(a\)\(13\)\)](#)

Goal 3: Promote and develop programs to support individual self-determination & control.

Title III-D Programs - Health Promotion / Disease Prevention

Health promotion and disease prevention programming is provided through the aging network to help older adults live healthier and more active lives. The focus of health promotion disease prevention programming in Nebraska is to identify and address the top 10 chronic health conditions leading to death. By addressing these chronic conditions, health promotion disease prevention programs can prevent or delay, and even improve the quality of life while reducing the severity of chronic conditions. The SUA has focused on challenges brought about by the COVID-19 pandemic such as resuming III-D programming that was completely stopped during the pandemic. The SUA will continue to promote health promotion and disease prevention programs and work to better serve older adults living with HIV/AIDS, as well as caregivers for older adults.

Low-cost interventions at the community level include areas such as fall prevention, physical activity, chronic disease self-management, programs designed for caregivers, and managing chronic conditions. Seniors benefit from these programs by making behavioral changes proven effective in reducing the risk of disease and disability. Evidenced-Based programming demonstrated by the AAAs is effective for improving health and well-being, and reducing disease, disability, and/or injury among older adults. The same principles that are required by ACL are required by the SUA.

The focus of health promotion disease prevention programming in Nebraska is to identify and address the top 10 most chronic health conditions leading to death. By addressing these

chronic conditions that lead to death, health promotion disease prevention programs can prevent, delay, and even improve the quality of life while reducing the severity of chronic conditions. The amount of health promotion disease prevention curriculum has greatly expanded and covers more disease states; this will allow the SUA to assist AAAs in finding programs to address Nebraska's top ten chronic conditions that lead to death.

According to the Nebraska Department of Health and Human Services, Division of Public Health, the first confirmed case of COVID-19 in Nebraska was on March 6, 2020. Nebraska experienced over 573,882 cases of COVID-19 for all ages through March 31, 2023. There were over 4,922 deaths reported for all ages, starting with the first confirmed death on March 21, 2020 through March 31, 2023. Of the 4,922 deaths, 4,256 were people aged 60 years and older. During the initial stages, the SUA played a role in helping to identify safety measures for AAAs and, more specifically, senior center safety. The SUA was able to take program instructions from ACL and adapt them to assist each AAA to meet safety measures while allowing programming to continue at certain degrees. The initial stages of the pandemic and following years created a gap in health promotion and disease prevention training one on one. This, however, has been remedied with new online education options that have helped our AAAs continue their services. The SUA will continue to promote new innovative ways to continue to provide services; this will also include the promotion of screening of immunization status, infectious disease, and vaccine-preventable diseases. It was not until the presence of COVID-19 vaccinations that individuals started to make a more comfortable attempt to resume programming.

The SUA, along with one AAA, participated in vaccine clinics during the spring and fall of 2021. The success of working alongside another AAA and a local health department was rewarding not only to staff but also to older adults in the community who were thrilled to have a vaccine to be able to fight against the challenges of the pandemic. The lessons that were learned from the COVID-19 pandemic were centered on the necessity of education, awareness, preparation, organization, and tracking. The SUA will continue to work with the AAAs to promote vaccine-preventable disease preparation.

The Nebraska Department of Health and Human Services, Division of Public Health, Infectious Disease Prevention and Control, reported individuals of all ages living with HIV in Nebraska as follows, 2,533 in 2020, 2,526 in 2021, and 2,613 in 2022. Persons living with Aids in Nebraska, for all ages, were 72 in 2020, 105 in 2021, and 89 in 2022. The number of individuals diagnosed at age 60 and above was notably small. There are more individuals aging into this group who are currently living with HIV/AIDS. Fortunately, Nebraska is following a trend of seeing stability in the prevalence and new diagnoses of HIV/AIDS. It is the goal of the Biden-Harris Administration and ACL to address HIV/AIDS stigma and discrimination and to safeguard the rights of people living with this disease. Health promotion disease prevention programs that address problems such as frustration, fear, fatigue, pain, and isolation and that teach older adults living with HIV/AIDS are essential to ensure these individuals maintain independence. The SUA maintains its stance on promoting evidence-based health promotion disease prevention programming as it is imperative to helping older adults by providing them with

programs to support chronic disease management and education on positive lifestyle changes that include better chronic disease management, good nutrition, and physical fitness.

State Senior Volunteer Program

The Senior Volunteer Program (SVP) provides volunteer community service opportunities to older persons to serve seniors following the priorities outlined in the OAA of 1965. In 2017, LB 417 revised the SVP program statutes eliminating a stipend for the volunteers and other provisions while retaining provisions relating to volunteer benefits such as transportation expenses, meals, an annual physical examination and accident, personal liability, and excess auto insurance coverage while volunteering. Assignments and activities may involve person-to-person relationships with the individuals served, such as personal care, nutrition duties, social or recreational activities, home management, information and advocacy, respite care, senior center meals, and home delivered meals. The SVP state coordinator serves on the Nebraska Caregiver Coalition, which is a good fit for serving both caregivers and care recipients. The Nebraska Department of Labor operates the Senior Community Service Employment Program. [ACL SUA Directors Letter #01-2021\(SCSEP – Employment Grant\)](#)

Aging & Disability Resource Centers (ADRC)

The ADRC program continues to progress. Legislation for a 2-year ADRC Demonstration Pilot program became law in 2015. The project launched on July 1, 2016, with seven of the eight AAAs, in collaboration with several disability organizations, participating as ADRC sites. Each site provided Information and Referral, Options Counseling, and Identifying Unmet Needs services through a website, toll-free number, and walk-in service. Legislation made the ADRC permanent in 2018. State funding became permanent in 2020. Funding for partner organizations shifted from AAAs to the SUA in 2023. This led to a new grant application process for FY 24 which resulted in funding a total of 13 ADRCs throughout the state, including the AAAs and the five nonprofit partner organizations.

The target ADRC population is persons 60 years and over, and persons with disabilities of any age. This is approximately 558,657 Nebraskans of the total Nebraska population of 1,951,480.

The sustainability of the program remains a priority, and DHHS submitted a PCAP change to permit Medicaid Administrative Claiming through CMS in 2020. Payments are made quarterly to ADRCs. The goal is to eventually move the existing ADRC toll-free telephone number, which is used to route phone calls to local ADRCs, to Nebraska's 211 Helpline, which is staffed by live representatives 24-7 and connects people with programs serving their local area.

The ADRCs play a key role in the ongoing development and implementation of a state system of long-term care that is comprehensive and coordinated. While ADRCs pair available services such as Information & Referral, Options Counseling, and Benefits Assistance with other community services in different ways, the ultimate result enables older individuals and individuals experiencing disabilities to receive services in a manner that is responsive to their

needs as well as the needs of their caregivers by making the most efficient use of available services.

Self-Directed and Person-Centered, Trauma-Informed Care

The State is committed to providing older adults with control and choice regarding long-term services and support options. Research has shown that aging clients save money and maintain better health the longer they can age in place and avoid placement in a long-term care facility. Supportive services can assist aging clients in meeting their daily living needs and help aging persons to safely and securely age in place. Self-Directed Care allows the client to plan, budget, and purchase such services based on their needs, capabilities, and preferences. It promotes a market of competition, allowing for lower provider fees and maximizing their control. AAAs use OAA Title III-B and III-E funding for this service. Additionally, agencies can use Nebraska Community Aging Services Act funding to supplement OAA funding as long as those receiving services are provided a confidential, voluntary opportunity to contribute to the cost of the services, and services will not be denied regardless of contribution.

Nebraska updated the regulations for its state Care Management program in September 2020 to reflect requirements for more person-centered service delivery. The state Care Management program is operated by all eight AAAs and is one of the primary methods of assessing clients' needs for and coordinating OAA Title III services throughout the state. Requirements for a person-centered approach will aid in maximizing clients to be engaged in decision-making about their options for care. [OAA \(Sec. 305\(a\)\(3\)\)](#)

The State participated in education from Miami University, Scripps Gerontology Center regarding participant-directed/person-centered planning for older adults and their caregivers. The SUA and AAAs reviewed the Nebraska Care Management Assessment to be sure that it was person-centered. Through this review and collaboration, it was determined to be person-centered, with no changes needed to be made to the current assessment. [ACL SUA Directors Letter #01-2021\(Expanding Access\)](#)

Goal 4: Support and promote long-term services and supports for persons in all living arrangements.

In Nebraska, the Supportive, Nutritional, Health Promotion, and Caregiver services of the OAA Title III Grants for State and Community Programs on Aging are administered through the AAAs. The SUA and the AAAs are committed to strengthening and expanding these fundamental services to meet the changing needs of older Nebraskans. Through innovative nutrition programs and new food service models, the SUA can monitor and guide Area Agencies through the ever-changing and demanding task of providing appropriate nutrition services to seniors.

One way the SUA works to strengthen service delivery is through monitoring Title III programs. Program activities are viewed through performance measurement, as indicated by:

- 1) improving efficiency;
- 2) improving client outcomes; and

3) effective targeting of vulnerable elder populations.

Nebraska Aging Information System is the vehicle through which data management for the Aging Network is reported. Through this data system, outcome measurements can be demonstrated via selective reports. [Figure 54](#) displays services the AAAs will offer beginning July 1, 2023.

Performance indicators are used to track progress for program outcomes. For home and community-based services, the indicators are efficiency, client outcome, effective targeting, and those who live at or below the poverty level or live in rural areas. [OAA \(Sec. 307\(a\)\(1\)\)](#) and [\(Sec. 307\(a\)\(7\)\)](#)

Title III-B In-Home Services

In-Home Long Term Support Services enable individuals with disabilities and older adults to live in the community setting of their choice through the availability of and access to high-quality long-term services and supports, including support for families and caregivers. This maximizes the client experience of care, improves the health of clients, and reduces the per capita cost of health care by allowing individuals to remain in the community setting of their choice, receive the services they need to maintain and improve their health, and reduce or eliminate admission to long-term care facilities.

FIGURE 43. IN-HOME SERVICES

In-Home Services
Personal Care
Homemaker
Chore
Consumable Supplies
Home Maintenance
Technology & Equipment

These services are available throughout the state to Nebraskans 60 years and over. AAAs offer access to the In-Home service(s) through coordination and delivery of the service(s) and through Self-Directed Care, where the client coordinates the services.

To meet the requirements of [OAA \(Sec. 307\(a\)\(25\)\)](#), the SUA utilizes multiple mechanisms to provide quality in-home services. First, in-home services are reviewed during the annual monitoring of each AAAs. A review of how the AAA provides each in-home service is completed. Monitoring additionally consists of a review of provider timesheets for OAA services - including in-home services.

The provision of quality in-home services also includes client satisfaction surveys completed by each AAA regarding Long-Term Services and Supports, as well as the National Family Caregiver Support Program (which includes in-home services). Clients provide feedback regarding the services they receive and are initially returned to the AAA for review. AAAs then provide the results to the SUA.

Title III-B Access Services

Access Services enable people with disabilities and older adults to live in the community through the availability of, and access to, high-quality long-term services and supports, including support for families and caregivers. This maximizes the client experience of care, improves the health of clients, and reduces the per capita cost of health care by allowing individuals to remain in the community setting of their choice, receive the services they need to maintain and improve their health, and reduce or eliminate admission to long term care facilities. Access Services include Case Management, Assisted Transportation, Transportation, Nutrition Education, Information & Assistance, Health Programs, Health Activities, Senior Center Hours, Social Activities, Outreach, and other services. Individuals 60 years and over can access these services directly through the AAAs and, in some instances, through senior centers.

All eight AAAs provide state-funded Care Management service, which is very similar to OAA Case Management service. In 2018, there was a change in the interpretation of statutes regarding the payments required of clients and the amount of reimbursement allowed from the state. This caused the AAAs to evaluate the OAA Case Management service and for FFY 2020. Some will add OAA Case Management services to their operations, and we anticipate more will do so during the Plan timeframe.

Transportation Services

AAAs and senior centers throughout the state coordinate transportation to assist older individuals in obtaining long-term services and supports, including nutrition and counseling services as well as legal assistance. Services are provided directly by agency employees or volunteers, through contracted services or subawards, as well as through referrals to community services for which an older individual may be eligible.

Agencies use funding from the OAA, the Nebraska Department of Transportation (NDOT), Housing and Urban Development (HUD), the Lincoln Housing Authority (LHA), and local money from counties to provide both Transportation and Assisted Transportation. In some instances, OAA funds are used as Self-Directed Care for transportation when the older individual plans, budgets, and purchases the service. This frequently occurs in areas where formal providers are limited, and an older individual knows someone who is willing to provide the service for them on a limited or individualized basis.

Transportation in urban areas continues to become more in demand as the two largest metro areas, Lincoln and Omaha, continue to grow. Some AAAs in Nebraska offer transportation programs that emphasize services in rural areas. These programs offer demand response services throughout their service area for medical appointments, shopping, and visitations. Other agencies have taken advantage of public transportation both in metro and rural areas, where routes have been created to coordinate with service providers. For participation at community centers and meal sites, transportation continues to be a cornerstone for assisting

those who wish to participate in a congregate meal, health clinic, evidence-based program, and socialization.

The SUA participates in the Olmstead Transportation Committee. Specifically, the SUA and two AAAs, serving the most rural and isolated service areas in Nebraska, worked with the Transportation Committee to identify gaps in these service areas where transportation was not available. This resulted in the NDOT meeting with officials in these counties to discuss available grants to make transportation services available and is an ongoing effort. [OAA \(Sec. 307\(a\)\(24\)\)](#)

Title III-C Nutrition Services

Nutrition programs available through the OAA help older Nebraskans to help them remain healthy and independent in their own communities. Nutrition education continues to be a cornerstone of the OAA as it assists individuals in making better choices as well as keeping food safe for their own consumption. The SUA continues to pursue an increase in nutrition education prevalence throughout the state with resources and partners. Senior Centers in Nebraska continue to provide congregate and home-delivered meals, in addition to “to-go meals” that have now become popular and further accommodate individuals who wish to partake in the nutrition program while balancing a working life or who need limited exposure to congregate settings related to health issues.

The State of Nebraska continues to see an emerging diverse older adult population. As services continue to reach more individuals through an expanded network, the SUA will assist AAAs in incorporating more technology and barcode scanning systems in senior centers across the state. The SUA also aims to ensure AAAs account for the preferences and cultural considerations for all nutrition services provided to older adults as well as provide participants with an intake that includes the DETERMINE tool to assess nutritional risk, with further assistance and referrals to assistance programs for high-risk, non-Medicaid individuals. In addition to accommodations for nutrition program participants, the SUA will provide communication and guidance in a transparent way to AAAs regarding best practices, strategies to increase SNAP participation, analyze information from biennial surveys, promote partnerships with private, nonprofit, and community-based entities to assure the survival of local nutrition programs, and further promote the utilization of local volunteers.

Older Nebraskans are vulnerable to compromised nutritional status and poor health due to a decline in food intake, in some cases, and the decreasing energy needs that accompany aging. When considering the aging process, consuming nutritionally dense, high-quality diets becomes essential. Having an adequate and consistent diet is critical to a healthy life for older adults. Poor nutritional status can interfere with older Nebraskans' ability to remain independent. This can lead to other complications, such as increased polypharmacy, reduced socialization and physical activity, and medical costs. Nutrition programs help older adults who may be at risk, and through better nutrition, can help them remain healthy and independent in their communities. Congregate and home delivered meals through the OAA program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the National Academies of Sciences, Engineering, and Medicine as well as the 2020-

2025 Dietary Guidelines for Americans issued by the Secretaries of the Departments of Health and Human Services and Agriculture. The SUA's nutritional goal for older Nebraskans is to aid in maintaining overall health. This requires specific attention to address the individuality of each older adult, including food insecurity, malnutrition, cultural and ethnic considerations, attention to food preferences, inclusivity of LGBTQ+ older adults as well as all races, ethnicities, religions, abilities, and addressing disease prevalence to promote overall healthy aging.

The SUA conducted a multiple-question survey for 145 multi-purpose senior centers across the state of Nebraska. The senior centers received introductory instruction along with an electronic link to the survey and a paper copy. The survey was initiated in July of 2022 and completed by September. There were 127 multi-purpose senior centers that completed this survey. The greatest needed amenity for multi-purpose senior centers was having computers available for participants, followed by tele-learning. Challenges included low attendance, funding, and staffing. To-go meals were shown to be extremely popular and had a high percentage of being favored to continue. Many senior centers welcomed more information from the survey, including legal, fundraising, health programs, health activities, and nutrition education, to name a few. The [survey results](#) has helped the SUA in determining the needs of each service area, giving the SUA a way to prioritize its work with AAAs and senior centers in a narrower way.

Nutrition education continues to be a cornerstone of the OAA as it assists eligible individuals in making better choices as well as keeping food safe for their own consumption. The SUA has worked with the University of Nebraska-Lincoln's Education Extension program and is currently focused on establishing a resource page specifically for older adults. Information within this resource could be accessed online and printed for handouts to both congregate and home-delivered meal participants. The SUA plans to incorporate new nutrition education and expand on its current resources to make it available for more individuals and by expanded means.

The demand for expanded broadband systems across Nebraska has also created a need to update food service systems and more specifically, in areas that have internet access, the ability to utilize bar code scanning. Some AAAs within Nebraska have utilized this technology at senior centers. The use of barcodes to check into a center helps to keep track of services, eases the burden of paper records, and has the potential to keep suggested contributions/services confidential and protected from theft. The SUA will assist AAAs in any way possible to incorporate more technology and barcode scanning systems within the senior centers. This continues to be a goal across the state.

Congregate meals are to be served five days per week in an urban area, allowing older people to enjoy positive social contact with other seniors in a group setting. AAAs utilize Registered Dietitians to review and approve menus based on feedback from senior center meal participants, allowing nutrition programs to provide well-balanced meals. This also applies to programs that utilize other food preparation services and contracts. Meals being provided may occur in a variety of different settings which may include senior centers, restaurants, independent and assisted living facilities, and schools. Innovative meal programs within Nebraska have allowed for Area Agencies, under the guidance of the SUA, the ability to provide

clients with vouchers to use in a congregate meal setting at a restaurant or grocery store. The SUA encourages the partnership of private, non-profit, and community-based entities to promote new innovative ways to serve older Nebraskans. Providing all clients are given the opportunity to contribute and that they are served a meal from an approved source under the nutritional guidance of a Registered Dietitian, Area Agencies are encouraged to promote innovative new ways to attract clients, specifically the baby boomer generation who, as a majority, are all 60 and above.

The SUA aims to ensure AAAs account for the preferences and cultural considerations for all nutrition services provided to older adults. The State of Nebraska continues to see an emerging multicultural older adult population. Lincoln and Omaha have the largest minority populations and have partnered with entities such as the [Intercultural Senior Center](#) in Omaha and the [Asian Community and Cultural Center](#) in Lincoln. The SUA applauds the use of these partnerships, but also aims to assist AAAs in their efforts to reach older minority adults and Native American populations in smaller cities, towns, and rural areas. The SUA also recognizes the need to incorporate the promotion of nutrition assistance to low-income populations at the AAA level. This may include the promotion of [211](#) as well as [SNAP](#). According to the [United Health Foundation's America's Health Rankings Senior Report 2022](#), Nebraska is currently 39th out of 50 states when it comes to SNAP reach (participants per 100 adults ages 60+ in poverty). This statistic requires action from the SUA to promote SNAP benefits to reach eligible older adults.

The SUA developed a [Senior Center Manual Template](#), incorporating best practices to provide our AAAs with a framework for the creation of a new center, an evaluation of an existing center, or the development of a local center manual, which is a proven method to organize and establish center policies. In addition to providing AAAs with Senior Center functional guidance, the SUA aims to assist AAAs in any way possible to increase the use of volunteers and adapt any functions within the center to complement the volume of eligible participants. Not only are volunteers essential to senior centers, but also employees who maintain their positions. By providing transparency, helpful resources, surveys, and meaningful feedback, it is the goal of the SUA to help AAAs maintain functioning senior centers. New techniques, innovations, and information from the [Nutrition Resource Center](#) can assist the SUA in this endeavor.

Home delivered meals are service options that are funded through the Nutrition Services Incentive Program (NSIP) and other national or local programs. Meals are delivered to the individual residences of vulnerable older persons who are normally unable to leave their homes without assistance. These clients typically need assistance with meals because they are unable to prepare meals for themselves and lack an informal support system to routinely provide assistance with meals. Services are intended to maintain or improve the nutritional status of these clients, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, and other residential facilities.

During the COVID-19 pandemic, the focus on To-Go Meals helped to fill the gaps of service to older adults by making meals more accessible. This service not only helped to keep centers

open in the community, but it also catered to more individuals who would have otherwise discontinued their attendance at centers. To Go Meals should assist nutrition programs in catering to individuals who wish to participate by receiving their meals to be consumed outside a congregate setting. This additional service should assist AAAs by increasing meal participation and appealing to both new and current meal participants. Program guidance and regulations should be followed according to the SUA.

The Nutrition Program also provides a wide range of other related services through the aging network service providers. Individual participants are provided with an intake form that also includes the [DETERMINE tool](#) to assess nutritional risk. Programs that include nutrition screening, assessment, and education, are available to help older participants meet their health and nutrition needs. The SUA has reviewed additional tools to provide to AAAs to further expand services and provide technical assistance.

Nebraska is also fortunate to have a continuing strong partnership with the Nebraska Department of Agriculture. Through this partnership, the Senior Farmers' Market Nutrition Program is serviced and administered. Since its inception in 2000, a statewide program has been offered, benefiting older adults as well as farmers. This innovative program provides coupons for Nebraska-grown fruits and vegetables to individuals who are at least 60 years old and who meet income guidelines of 185% of the federal poverty level. The Senior Farmers Market Program continues to serve clients well and will maintain acceptable redemption rates throughout the state.

In addition to providing nutrition and nutrition-related services, the Nutrition Program provides an important link to other needed supportive in-home and community-based services such as homemaker, chore, transportation, physical activity programs, and even home repair and home modification programs.

Title III-E Caregiver Services (Family Caregiver Support Program) (NFCSP)

Most Nebraskans prefer to age in place and maintain as much independence as possible. When support is necessary to achieve this goal, many turn to family or friends to provide support or care. While most caregivers are happy to assist their loved ones, they frequently feel the need for education, support, and services to supplement the care they provide. This ensures they provide the best care possible and receive the support they need to care for themselves.

NFCSP services are available throughout the state to Family Caregivers who care for older individuals aged 60 and over and individuals who experience Alzheimer's disease or a related disorder. Older Relative Caregivers caring for a child or individual with a disability are eligible for services if they are age 55 or older; and live with, are the informal provider of in-home and community care to, and are the primary caregiver for, a child or an individual with a disability.

The goal is to provide services that support the caregiver, allowing them to continue in their role. Caregivers can receive support in the form of information in obtaining access to services and resources, counseling, education, training, and support to assist them in their caregiver

roles, respite services, and additional supplemental services to complement the care they provide, including emergency response systems, assistive technologies, supplies, and home modifications.

The Nebraska State Unit on Aging and several AAAs have representatives in the Nebraska Caregiver Coalition, which is a community-based organization that provides education to and advocates for Nebraska caregivers. The Caregiver Coalition began as a research project funded through a grant funded by the AoA and AARP. Over the years, numerous individual caregivers and professionals became a part of this effort to research caregiver issues of financing, decision-making, stress, need for education, and respite. The Coalition's goal is to develop and implement a statewide caregiver awareness program, to plan and implement statewide grassroots engagement and identify resources and partnerships to develop and help coordinate Nebraska Caregiver Coalition activities. Meetings are held monthly to share information and resources, promote advocacy, and plan educational events. Through this Coalition, the SUA is able to obtain and disseminate information to and for caregivers across the state.

The SUA reviewed the Goals of the National Strategy to Support Family Caregivers that was developed by the RAISE Act Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren. The SUA plans to review the five goals of the Advisory Councils and their suggested actions in support of the strategy and disseminate this information, as well as provide technical assistance to Nebraska AAAs through the establishment of newly developed quarterly Family Caregiver Support Program supervisor meetings. The SUA will be able to present information on these goals and strategies through these quarterly meetings and provide for more in-depth conversations on these topics with AAA representatives.

State Care Management Services

The Nebraska Care Management Program was established through legislation in 1987 and established a statewide system of Care Management Units through AAAs. Services have been provided since this time. It is entirely state-funded and uses no OAA funds. The SUA engaged in the process of updating the program regulations throughout FFY 2017 and 2018 with input from AAAs and key members of the aging community, such as the University of Nebraska – Omaha School of Gerontology. The regulations were completed, published, and effective September 21, 2020.

The Care Management Program serves Nebraskans aged 60 and over through assistance to identify and utilize services needed to ensure they are receiving care that best matches their needs, maximizes independence, and allows them to live in the community setting of their choice as long as possible. Clients are provided with an assessment of needs, Long-Term Care Plan development, coordination of the Long-Term Plan of Care, monitoring of the delivery of services for clients, and review and consultation. State statutes and regulations require the use of a sliding fee scale for Care Management Program services. Fees are based on the Federal Poverty Guidelines. [OAA \(Sec. 307\(a\)\(18\)\)](#)

In 2019, the SUA updated its required [Care Management Assessment](#) to coincide with its move to PeerPlace for data management. This update implemented the use of the PHQ-2/9 depression screening tool, which is a brief screening tool used to identify symptoms of depression and the severity of those symptoms. If clients indicate little interest or pleasure in doing things or feeling down depressed or hopeless in the first two questions, the client is asked additional questions including direct screening for suicidal ideation. The client is then asked if they would like to be referred for mental health evaluation or counseling. All AAAs maintain comprehensive information about mental health services available in their service areas. [OAA \(Sec. 102\(14\)\(G\)\)](#)

Promotion, Branding, Community Reach

The Aging Advisory Committee, equipped with the UNO survey and senior center survey data, embarked on discussions with AAAs regarding senior center engagement and programs in 2022-23. This effort expects to explore programs offered, branding, and other engagement opportunities to invigorate participants across the state.

Goal 5: Promote effective, responsive, and accountable management practices.

Fiscal

The SUA utilizes fiscal controls and fund accounting procedures to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. [OAA \(Sec. 307\(a\)\(7\)\)](#)

Conflict of Interest

No individual (appointed or otherwise) involved in the designation of the State agency or an AAA, or in the designation of the head of any subdivision of the State agency or of an AAA, is subject to a conflict of interest prohibited under this Act. No officer, employee, or other representative of the State agency or an AAA is subject to a conflict of interest prohibited under this Act. There are mechanisms in place to identify and remove conflicts of interest prohibited under this Act. The Director of MLTC, and the Administrator for the SUA are required to submit annual conflict of interest statements to the State Accountability and Disclosure Commission. This procedure is required of all elected officials in Nebraska. [OAA \(Sec. 307\(a\)\(7\)\)](#)

Case management services are offered to provide access to supportive services in numerous ways throughout the state to older individuals and those who experience disabilities. The AAAs provide these services to older individuals statewide through OAA-funded Case Management services, state-funded Care Management services, as well as Medicaid Waiver services for those who are eligible.

Efforts to ensure non-duplication of services are focused on the use of PeerPlace data software for OAA-funded Case Management and state of Nebraska Care Management services. Clients are entered into a specific program, and services are documented by the funding source (OAA services vs. state of Nebraska Care Management services). Medicaid Waiver uses separate

NFOCUS software. These processes allow staff to coordinate and review for duplication of services as needed.

State-funded Care Management Units are required to develop a comprehensive directory of available public and private resources that documents the continuum of care services. Clients receiving Care Management services sign a program consent and clients' rights documents which serves as a receipt that clients have been notified of their required right to choose available providers of services. All Care Managers act as agents for the individuals receiving the services and not as promoters for the agency providing such services.

Data Collection

Nebraska upgraded the software used to collect aging and ADRC-related data in 2019. This upgrade allows for more consistent and accurate data collection. The SUA has issued a [Program Reference Guide](#) to the AAAs. The SUA will continue to provide technical assistance to improve on State Performance Report (SPR) data collection. [OAA \(Sec. 307\(a\)\(6\)\)](#)

Legal services to rural areas are measured using the statewide reporting system and reported in an annual report. Title V Senior Community Service Employment Program services in rural areas are based on the Equitable Distribution Report submitted to USDOL. However, this program is currently operated by the Nebraska Department of Labor. [ACL SUA Directors Letter #01-2021\(SCSEP – Employment Grant\)](#)

Monitoring and Oversight

An annual review and an on-site inspection will include, but not be limited to review of files and records and visits with clients and cooperating agencies to determine compliance with the Plan of Operation and the LTCO policy and procedures. In FY22, all Medicaid Waivers were assigned to the Division of Developmental Disabilities (DDD). All AAAs have HCBS waiver subawards with DDD. AAAs developed improved tracking, standardization, allowability, and allocability policies and procedures over the last five years of independent fiscal testing. In FY24, the SUA will resume fiscal testing of subrecipients. [OAA \(Sec. 307\(a\)\(1\)\)](#) and [\(Sec. 307\(a\)\(4\)\)](#)

Outcomes

It is expected that well-oriented and educated volunteers at the local and state level are better ambassadors of the programs offered to support aging in place. The aging network is supported by multiple grants, each of which has separate funding and program guidelines. Understanding the intersection of those sources and programs is vital to the effectiveness of volunteers and staff working in this arena.

Utilization of surveys

Program improvements can be enhanced with information collected at the local and statewide levels. Robust statewide surveys were conducted in 2022, which provided a vast amount of information regarding senior centers and senior services across Nebraska. These efforts will be continued to help further improve services.

Direct Service Waivers

The SUA requires a Direct Service Waiver from each AAA with the submission of four-year area plans. As part of the process, agencies submit a Direct Delivery Service form with necessary supporting documentation, which the SUA evaluates based on criteria. This meets the OAA requirement of [OAA \(Sec. 307\(a\)\(8\)\)](#)

All eight AAAs have been providing case management services, as of the date of submission of their plans, under a state program known as Care Management. Therefore, they have been instructed that they are permitted to provide case management services per OAA (Sec. 307(a)(8)(B)). The AAAs have been instructed they are permitted to directly provide information and assistance services and outreach per OAA (Sec. 307(a)(8)(C)).

Financing the Services

Nebraska updated the intrastate funding formula in 2022. It was approved in August 2022. A detailed formula description and allocation plan is included. [Attachment C](#) provides the intrastate funding formula description. Nebraska has not been the recipient of non-formula based grants. [ACL SUA Directors Letter #01-2021\(Expanding Access\)](#)

The Nebraska Legislature made funding levels for the pilot ADRC from 2015-2018 a permanent general fund appropriation in 2020. Funding for ADRC agencies has evolved and will be based on the previous year's data beginning in FY24.

Title V

The Senior Community Services Employment Program (SCSEP) grant shifted to the Nebraska Department of Labor (NDOL) in 2021. National Able continues to serve as the vendor in Nebraska for the state and federal programs. Case managers are located in Omaha and Norfolk, and administrative staff is located in Grand Island. Collaboration is underway with other partnerships, including the Nebraska Library Commission, to place SCSEP Workforce Navigators in libraries. NDOL is developing guidance for the enrollment of individuals within the corrections system who are transitioning into the community.

Title VI

Services for Native Americans Programs through Title VI are administered through four Nebraska Tribes; Omaha, Santee Sioux, Winnebago, and Ponca. Collectively these tribes offer home and community-based supportive services to Nebraska's older Native Americans, including nutrition services and support for family and informal caregivers. All but Ponca Title VI programs reside in the Planning and Service Area of the Northeast Nebraska Area Agency on Aging (NENAAA). NENAAA provides technical assistance to the Santee, Macy, and Winnebago Senior Centers. Each center is invited to attend quarterly trainings sponsored by the Agency, and members of the centers are offered an invitation to participate as members of the Agency's Advisory Board. NENAAA contracts with Nebraska Legal Aid for legal services specializing in Native American elder law. Within the planning and service area for NENAAA, for those Native American older adults who qualify, Care Management and Medicaid Waiver are provided.

NENAAA supports Native American communities by actively participating in local health fairs, offering presentations on health and wellness, fraud and scam, and nutrition education. The Agency strives to collaborate with the Native American communities in order to support their initiatives and avoid duplication of services. All four tribes receive Title VI funding through ACL. The Ponca Tribe does not have a reservation but is recognized and receives Title VI funds for programming in Omaha and Lincoln. [OAA \(Sec. 307\(a\)\(21\)\)](#)

The SUA awarded the Winnebago Tribe a Public Health Workforce grant in 2022 with ARPA funding. This award will provide in-home services to Tribal members through 9/30/2024. The goal is to reach 85% of tribal elders in their homes. This will provide further strengthening the direct care workforce in the community. [OAA \(Sec. 411\(a\)\(13\)\)](#)

The SUAs interested in collaborating with the Nebraska Indian Affairs Commission on efforts that will reduce the need for costly institutional care and medical interventions, will be responsive to the cultural diversity of Native American communities, and will represent important parts of the communities' comprehensive services.

Continuous Improvement

The State created a Center of Excellence (COE), embracing the Lean Six Sigma philosophy. The COE serves as the training center for continuous process improvement across all state agencies. It currently certifies White, Yellow, Green, Executive Green, and Black Belts in Lean Six Sigma for those interested in process improvement. The goal is to help agencies simplify processes, resulting in more effective, efficient, and customer-focused government. DHHS employees are required to take white-belt and yellow-belt certifications. Each department has a center of excellence team. Green Belt and Executive Green Belt certifications are available to interested staff. The SUA team is yellow belt certified, and at this writing has one executive green belt.

Attachment F – Work Group & Organizational Charts

FIGURE 44. STATE PLAN FOR AGING WORK GROUP

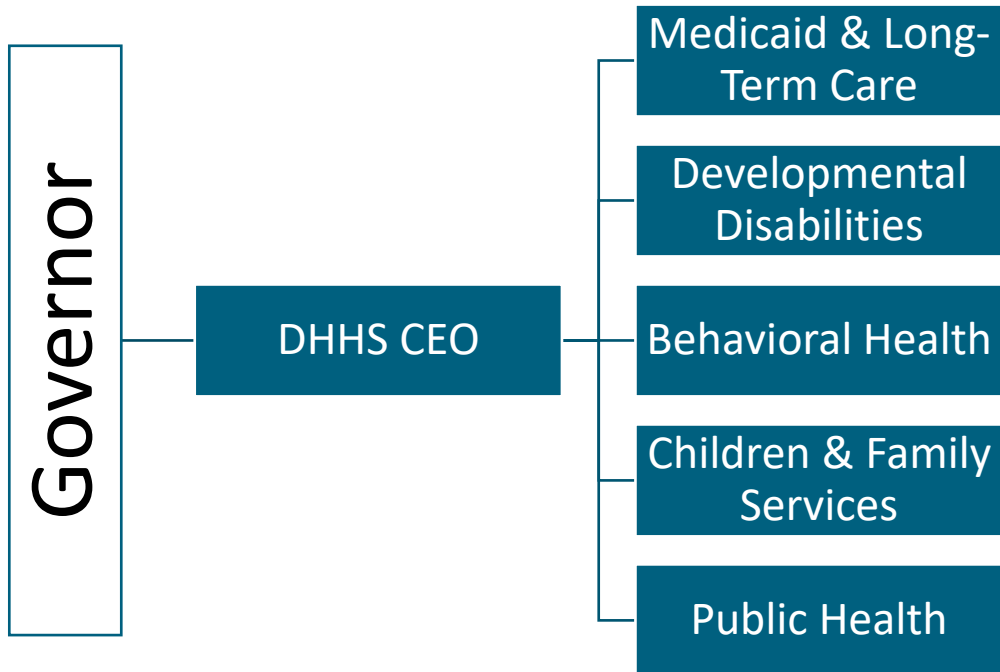
The State Plan Work Group included staff, LTCO, AAAs, and UNO Gerontology Chair.

Name	Program Area
DHHS Staff	
Cynthia Brammeier	Administrator II
Ben Stromberg	Program Manager I, Title III, Care Management, ADRC, Disaster Preparedness Senior Volunteer Program; Transportation;
Antonio Carranza	Program Coordinator: Legal Services, Elder Rights/Elder Justice
Amy Hochstetler	IT Business Systems Analyst Coordinator
Lance Balkus	IT Business Systems Analyst
Gene Hogan	Fiscal Program Manager I
Mary Prai	Federal Aid Administrator II
Christy Wheeler	Federal Aid Administrator II
Cheryl Kirby	Program Coordinator: Title III-B Access Services, In Home Services, and Other Services Title III-E Caregiver Services Care Management
Erik White	Nutrition Program Coordinator, Registered Dietitian Titles III-C, III-D, Health Promotion Disease Prevention Farmers' Market (USDA program); Senior Centers
Penny Clark	State Long-Term Care Ombudsman
AAA Executive Directors	
Cheryl Brunz	Aging Office of Western Nebraska (AOWN)
Randy Jones	Lincoln AAA, dba Aging Partners (AP)
Carla Frase	Blue Rivers AAA (BRAAA)
Trish Bergman	Eastern Nebraska Office on Aging (ENOA)
Casey Muzic	Midland AAA (MAAA)
Connie Cooper	Northeast Nebraska AAA (NENAAA)
Rod Horsley	South Central Nebraska AAA (SCNAAA)
Erin Arensdorf	West Central Nebraska AAA (WCNAAA)
UNO Staff involved in the listening sessions and statewide survey	
Chris Kelly, Ph.D.	Chair, University of Nebraska Omaha, Department of Gerontology
Julie Masters, Ph.D.	Professor and Terry Haney Chair of Gerontology, University of Nebraska Omaha, Department of Gerontology
Lindsay Wilkinson, Ph.D.	Associate Professor, UNO Department of Gerontology
Josie Schafer, Ph.D.	Director, UNO Center for Public Affairs Research
Tara Greff	Graphic designer, UNO Center for Public Affairs Research

Organizational Charts

The Governor appoints the DHHS CEO and Division Directors.

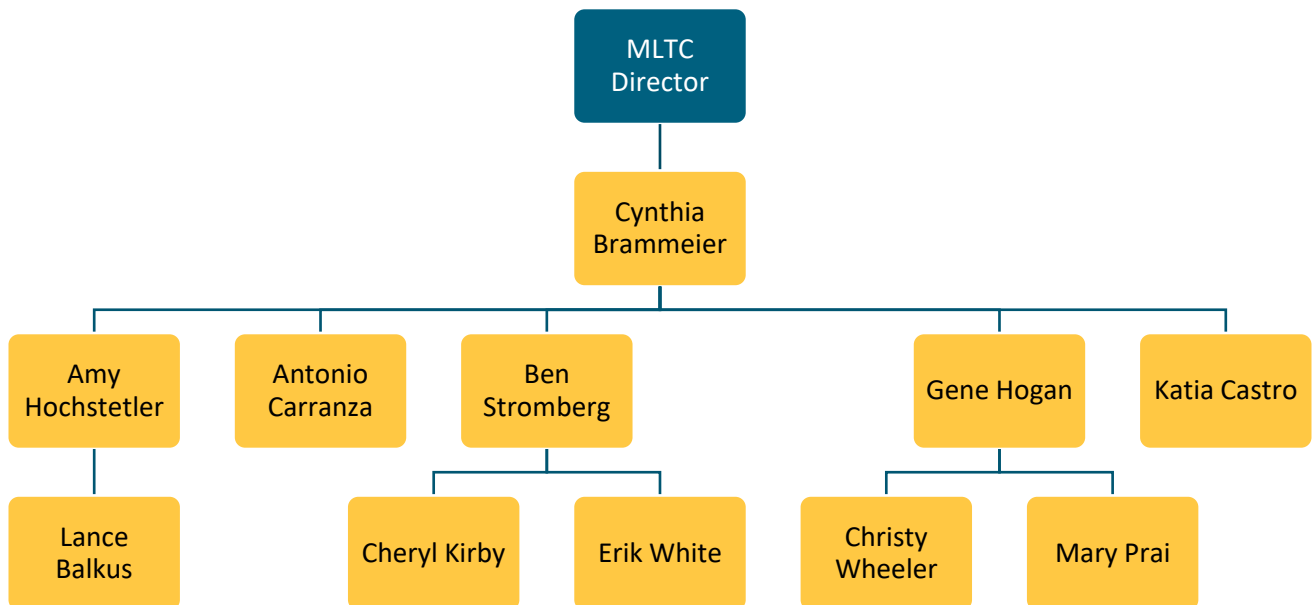
FIGURE 45. DHHS SENIOR LEADERSHIP



All Organizational Charts: <https://dhhs.ne.gov/Pages/Organizational-Structure.aspx>

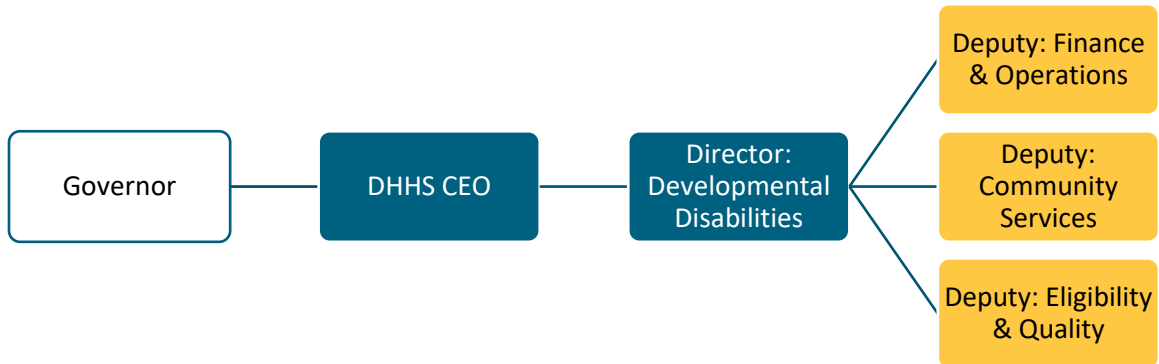
The State Unit on Aging is located in Medicaid & Long-Term Care.

FIGURE 46. STATE UNIT ON AGING TEAM



Division of Developmental Disabilities

Medicaid Home and Community Based Services report to the Deputy Director of Community Services, DDD. The SUA works closely with the HCBS team in aligning Communication with the agencies.



Aging Advisory Committee

The Aging Advisory Committee is appointed by the Governor. Membership and meeting details can be found online: <https://dhhs.ne.gov/Pages/Aging-Advisory-Committee.aspx>

Attachment G – Discretionary Programs

There are no discretionary program grants with the SUA at this time.

The SUA is supporting the Division of Public Health ACL grant for Chronic Disease Prevention and Control. The three-year grant is building capacity for Living Well programs across the state.

[OAA \(Sec. 307\(a\)\(30\)\(A\)\)](#) and [Sec. 307\(a\)\(30\)\(C\)\)](#)

Attachment H – Supplemental Diagrams

DHHS works closely with Nebraska's eight Area Agencies on Aging (AAAs) to offer comprehensive services. AAAs provide information and services to seniors and persons with disabilities across the state. DHHS coordinates the distribution of federal and state funds, provides training and technical assistance, and ensures statewide oversight and coordination for programs under the Act. DHHS also oversees the state-funded care management program, managed through the AAAs. Care management coordinates in-home services for seniors who need assistance remaining in their homes and do not qualify for other Medicaid-funded programs. DHHS also administers the state-funded Aging and Disability Resource Centers (ADRCs) grants to AAAs and partner organizations and Senior Volunteer Program grants to AAAs and participating organizations.

The State is required by the Act, specifically Section 307 and its regulations, to:

- Develop a State Plan for Aging submission to the Assistant Secretary for Aging;
- Administer the State Plan for Aging in accordance with Title III of the Act, as amended;
- Be responsible for planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the Act;
- Serve as an effective and visible advocate for older individuals by reviewing, commenting on, and recommending appropriate action for plans, budgets, and policies that may impact older Nebraskans; and,
- Provide technical assistance and training to any agency, organization, association, or individual representing the needs and interests of older individuals.

Fundamental objectives for the SUA include helping people age in the place of their choosing by making community-based services available to those at risk of losing their independence, preventing disease and disability through community-based activities, and supporting the efforts of family caregivers.

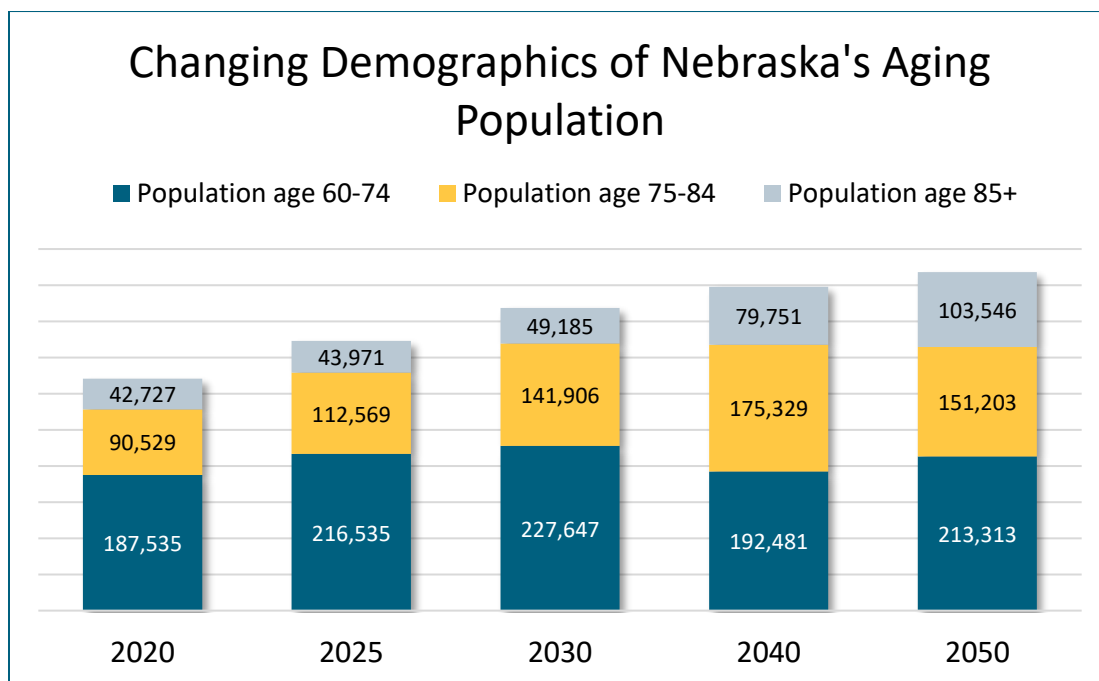
Nebraska's aging network has employed comprehensive strategies for increasing the efficiency and effectiveness to accomplish the objectives. Key strategies include:

4. Empowering older adults with more choices and greater control over their health and health care, including more control over the types of benefits and services they receive and how their providers deliver those benefits and services;
5. Recognizing the need to move beyond a “one-size-fits-all” model in policy development and embrace an approach that addresses both general and specific needs;
6. Creating a standardized and streamlined process for connecting persons 60+ and individuals of all ages with disabilities access to existing services and supports through Nebraska Aging and Disability Resource Centers (ADRC);
7. Identifying the need to develop creative solutions that consider racial, ethnic, and cultural differences; and
8. moving toward a more balanced long-term care system that respects the individual’s wishes and dismantles the bias toward institutional care over home and community-based services.

It takes considerable planning to prepare our communities to meet the needs of their older adults. The Nebraska Aging Network is committed to managing the resources needed to meet the service demands of this population. With the State Plan for Aging for Federal Fiscal Years 2024-2027 as a roadmap, Nebraska will continue to move toward a state where adults can age with dignity, respect, and independence.

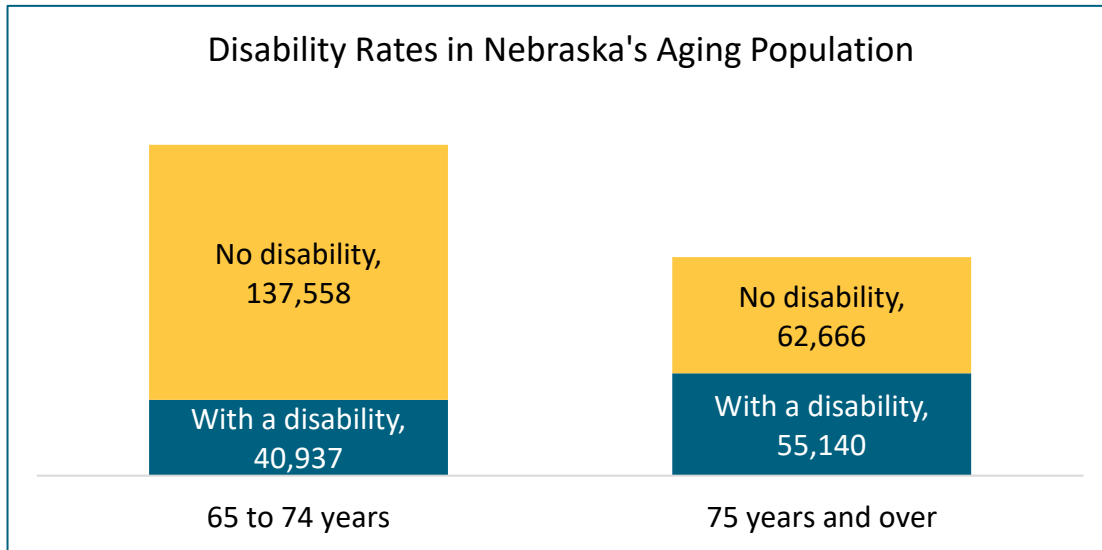
The SUA performs a variety of advocacy, planning, research, education, coordination, public information, monitoring, and evaluating functions. The SUA collaborates with public and private service providers, advocacy groups, and elected officials. Their goal is to ensure a comprehensive and coordinated community-based services system that will assist individuals to live in a setting of their choice that best meets their needs and allows them to continue to be contributing members of their communities.

FIGURE 47. PROJECTED AGING POPULATION CHANGES



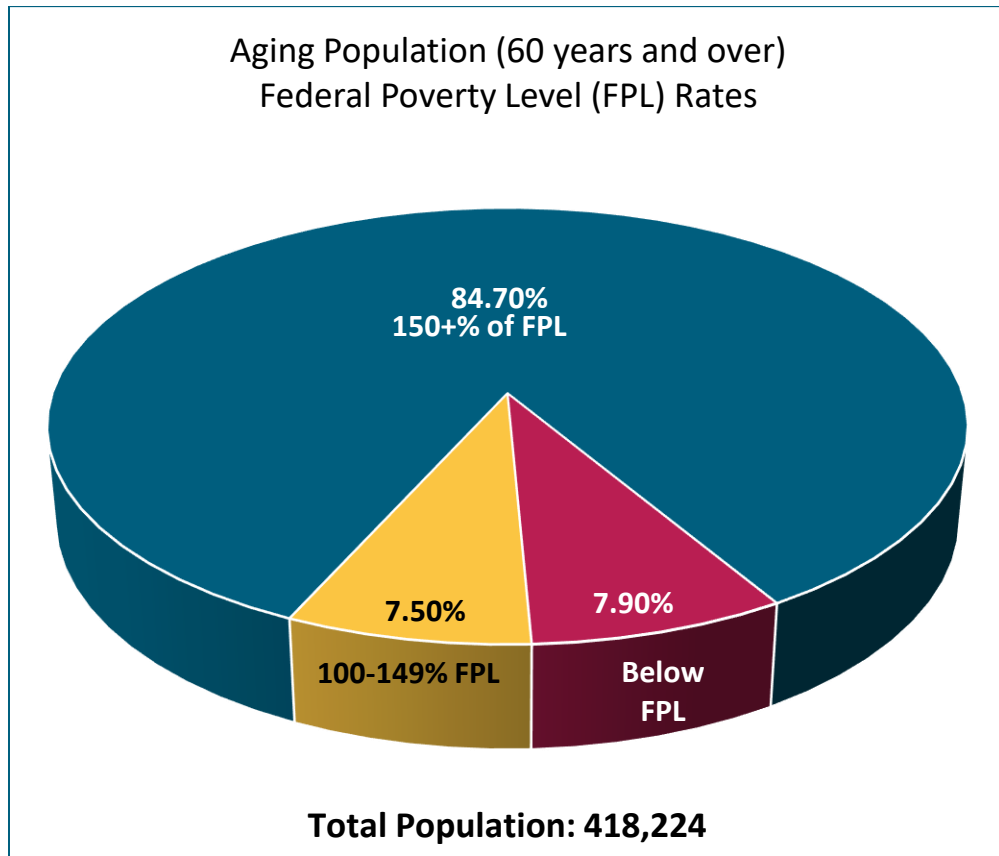
Source: University of Nebraska Omaha, Center for Public Affairs Research, State Data Center – December 2015; Nebraska County Population Projections

FIGURE 48. DISABILITY RATES IN NEBRASKA'S AGING POPULATION



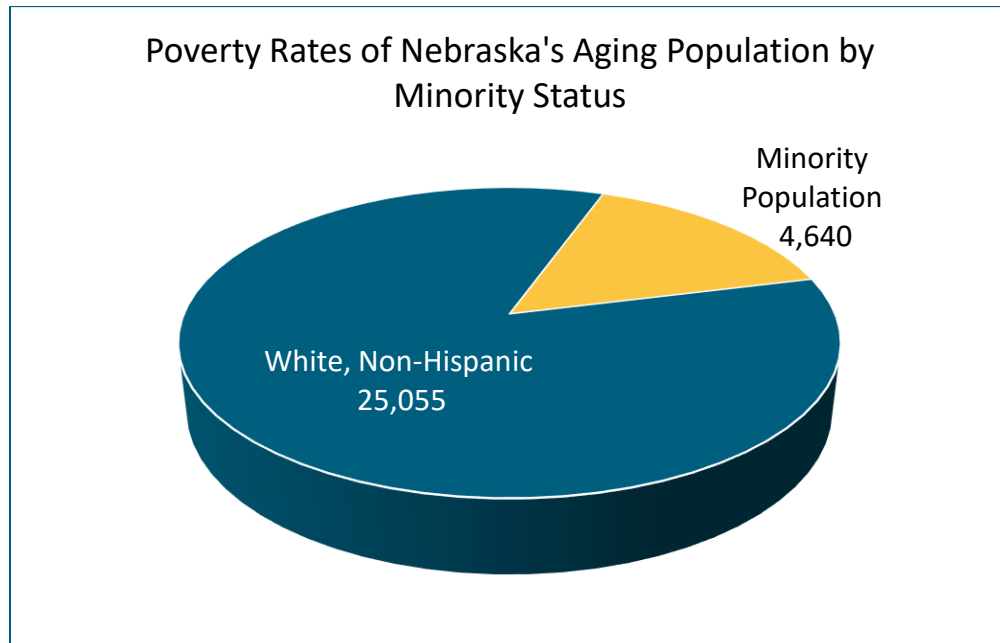
Source: American Community Survey 2017-2021 Table B18101 Disability Rates.
As Nebraskans age, they risk gaining a disability.

FIGURE 49. POVERTY RATES OF NEBRASKA'S AGING POPULATION



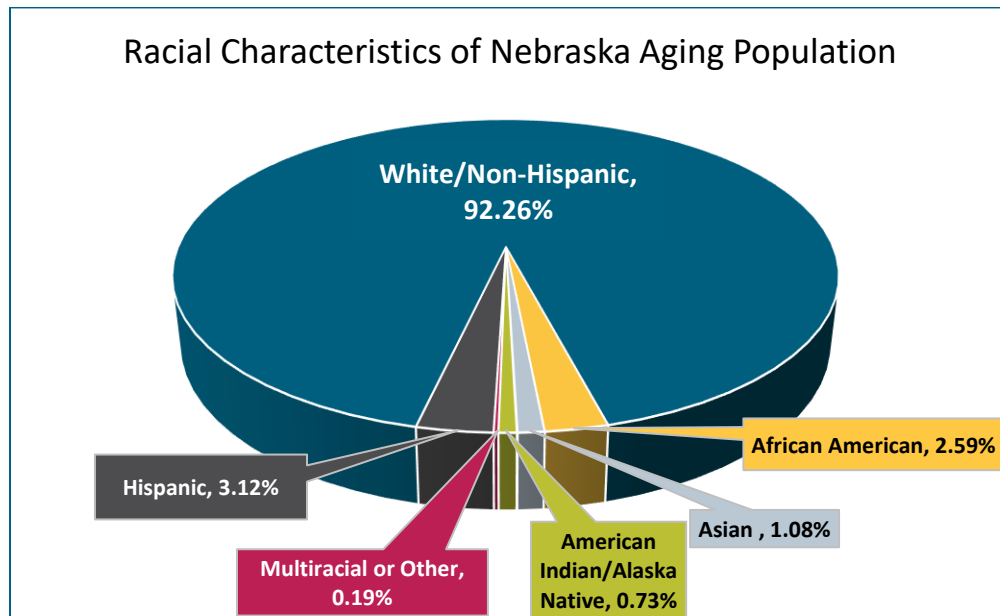
Source: American Community Survey 2017-2021 S0102 60 years and over.
Approximately one out of three older Nebraskans live at 150% of the Federal Poverty Level or lower.

FIGURE 50. POVERTY RATES OF NEBRASKA’S AGING POPULATION: MINORITY AND NON-MINORITY DISTRIBUTION



Source: AGID table NEs21056, the number of people age 60 and over with income in the past 12 months below the poverty level living in Nebraska by race and ethnicity, 2015 – 2019

FIGURE 51. RACIAL CHARACTERISTICS OF NEBRASKA’S AGING POPULATION

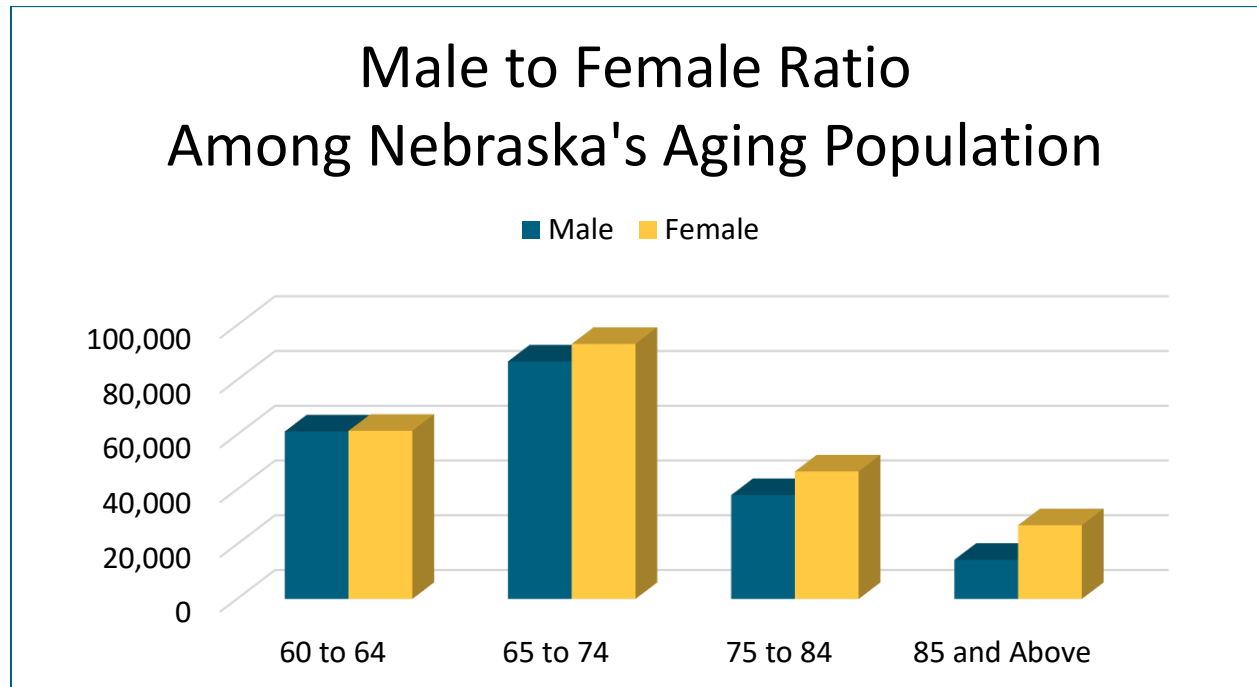


Source: AGID table NEs21007A-Age by Hispanic or Latino and Race for the Population 60 Years and Over. 2017-2021

The aging population is predominantly White/Non-Hispanic.

FIGURES 46 & 47: Minority populations are disproportionately represented below FPL. Representing 8% of the 60+ population, and almost 16% of the 60+ population living below FPL.

FIGURE 52. MALE TO FEMALE RATIO AMONG NEBRASKA'S AGING POPULATION



Source: Administration for Community Living/American Community Survey 2011-2021 (table S0101)

Women continue to outlive men, with a larger gender gap starting at the 65 to 74 years age range.

FIGURES 53 & 54: Facilities are tracked by the Long-Term Care Ombudsman and reflect the total number of beds per PSA on February 14, 2023.

FIGURE 53. ASSISTED LIVING FACILITY BEDS BY PLANNING & SERVICE AREA

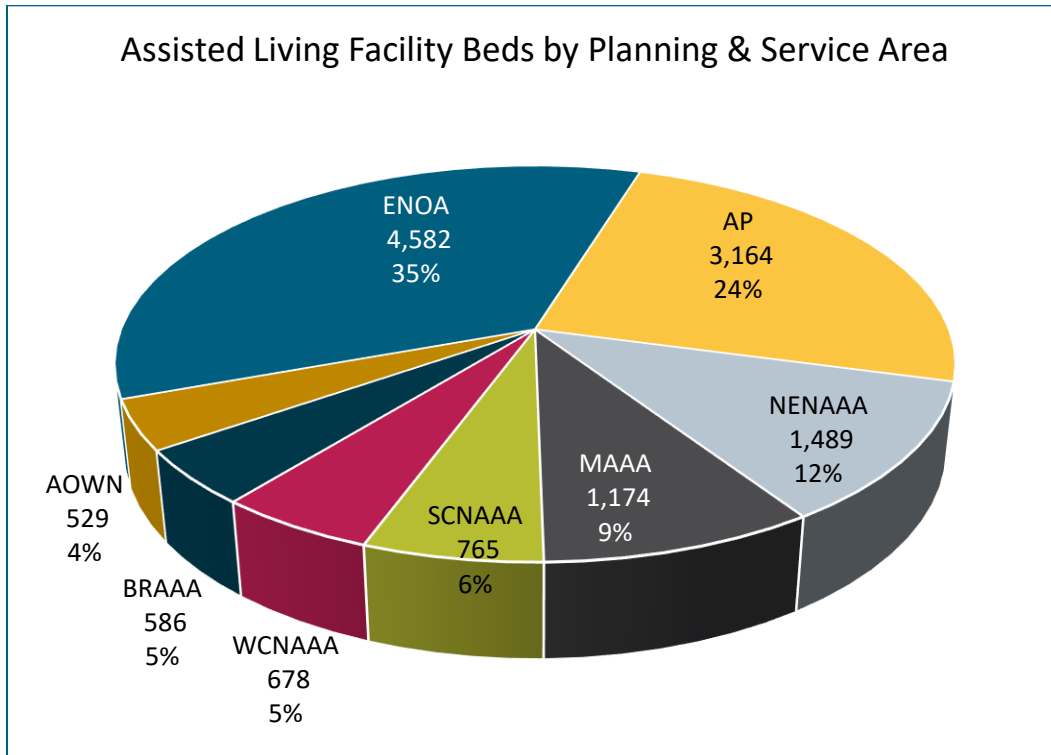


FIGURE 54. LONG-TERM CARE FACILITY BEDS BY PLANNING & SERVICE AREA

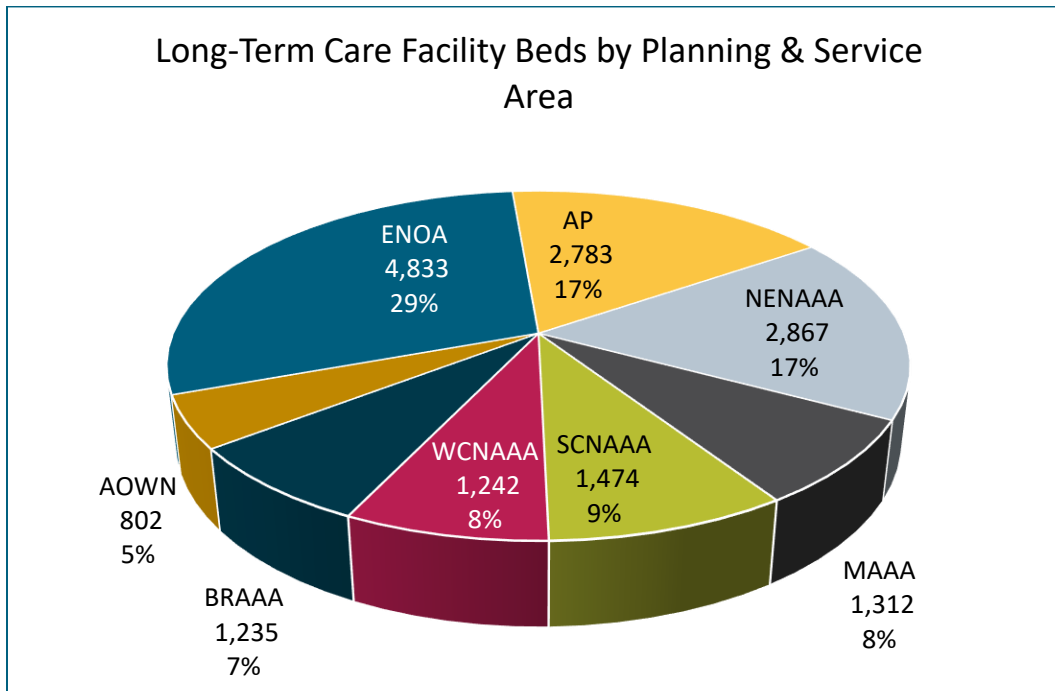
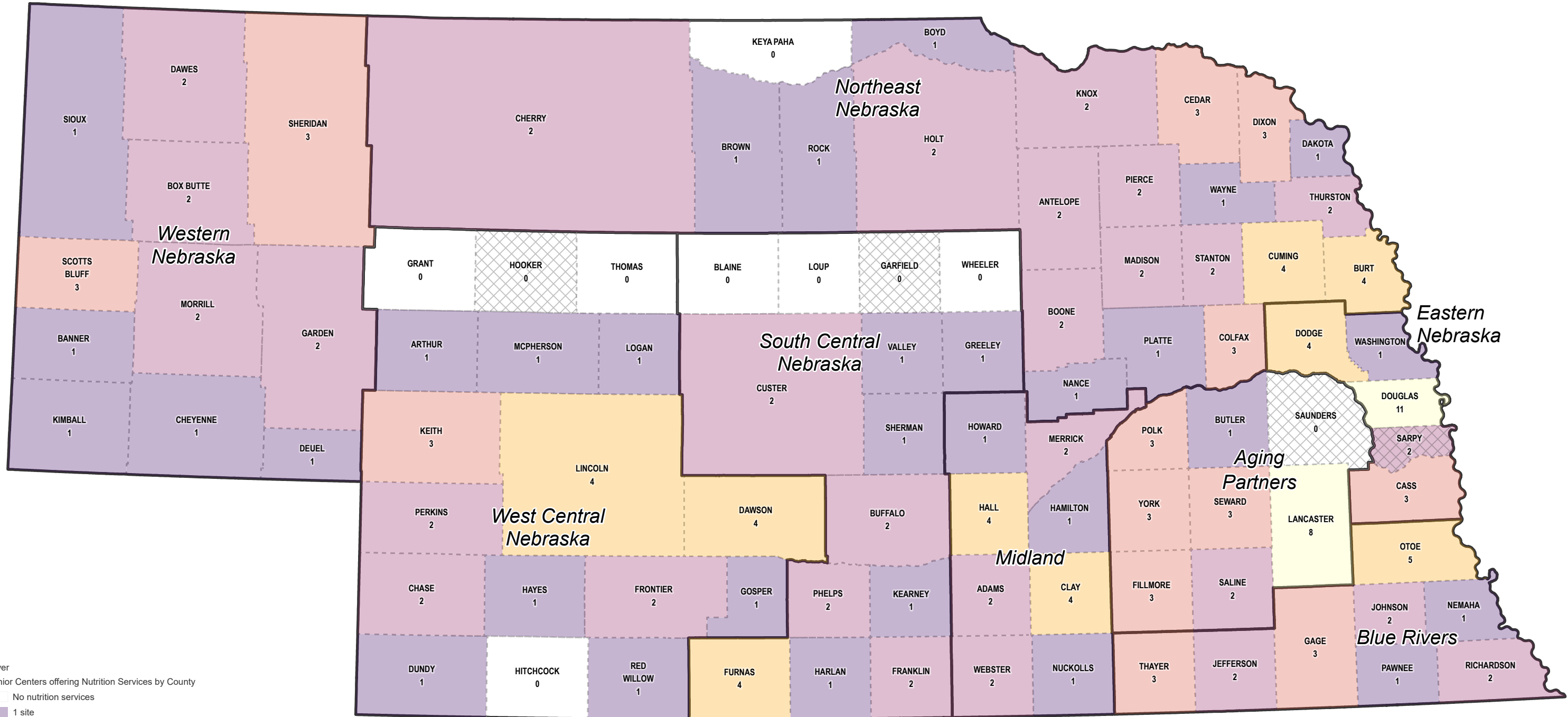


FIGURE 55. SENIOR CENTERS, NUTRITIONAL MEAL SITES PER COUNTY AND SERVICE AREA
Source: State Unit on Aging, Area Agencies on Aging, 2023.

FIGURE 56. AREA AGENCY SERVICE AREAS, AGING & DISABILITY RESOURCE CENTERS

Nebraska Senior Centers and Nutritional Meal Sites

May 2023



Layer
 Senior Centers offering Nutrition Services by County

- No nutrition services
- 1 site
- 2 sites
- 3 sites
- 4 or 5 sites
- 6 or more
- Independent Senior Center
- Aging Region Boundary
- County Boundary

0 25 50 75 Miles



Nebraska Aging and Disability Resource Centers (ADRCs) & Area Agencies on Aging (AAAs)

Resources

● Brain Injury Alliance

402-423-2463
844-423-2463
<https://biane.org>
P.O. Box 22147
Lincoln, NE 68542
Staff are available to meet in-person in the Omaha, Grand Island, and North Platte areas.

▲ Easterseals Nebraska

402-462-3031
800-471-6425
<https://www.easterseals.com/ne/>
Omaha, Geneva, Lincoln, Petersburg, Hastings, Bertrand, Doniphan, Sidney, York, Fort Calhoun, Fremont, Blue Hill

■ Munroe Meyer Institute

402-559-6418
800-656-3937
<https://unmc.edu/mmi/>
6902 Pine ST
Omaha, NE 68106

+ League of Human Dignity

<https://leagueofhumandignity.com/>
Omaha Office
402-595-1256
800-843-5784

Lincoln Office
402-441-7871
800-508-4758

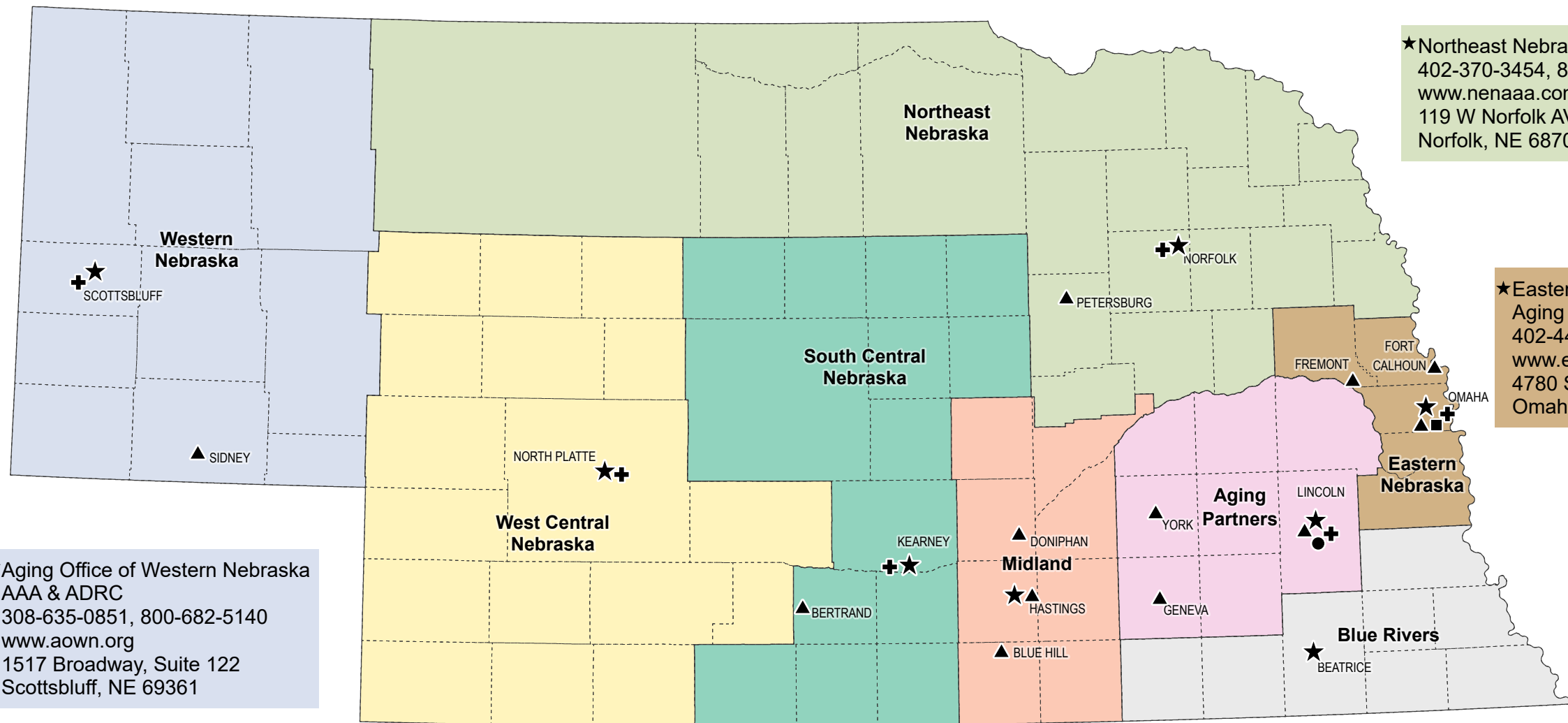
Kearney Office
308-224-3665
877-544-3296

North Platte Office
308-532-4911
877-870-4911

Scottsbluff Office
308-632-0470
877-298-1380

Norfolk Office
402-371-4475
800-843-5785

844-843-6364 <http://ADRCNebraska.org/> (routes to 2-1-1)



★ Northeast Nebraska AAA & ADRC
402-370-3454, 800-672-8368
www.nenaaa.com
119 W Norfolk AVE
Norfolk, NE 68701

★ Eastern Nebraska Office on Aging & ADRC
402-444-6536, 888-554-2711
www.enoa.org
4780 South 131 ST
Omaha, NE 68137

★ Aging Office of Western Nebraska AAA & ADRC
308-635-0851, 800-682-5140
www.aown.org
1517 Broadway, Suite 122
Scottsbluff, NE 69361

1-844-843-6364

Press # for local office:

- 1 BIA-NE
- 2 Easterseals
- 3 LHD
- 4 MMI

5 for Aging Offices:

- 1 Scottsbluff
- 2 Lincoln
- 3 Beatrice
- 4 Omaha
- 5 Hastings
- 6 Norfolk
- 7 Kearney
- 8 North Platte

★ West Central Nebraska AAA
308-535-8195, 800-662-2961
www.wcnaaa.org
115 North Vine
North Platte, NE 69101

★ South Central Nebraska AAA & ADRC
308-234-1851, 800-658-4320
www.agingkearney.org
620 East 25th ST, Suite 12
Kearney, NE 68847

★ Midland AAA & ADRC
402-463-4565, 800-955-9714
www.midlandareaagencyonaging.org
2727 West 2nd ST, Suite 440
Hastings, NE 68901

★ Aging Partners AAA & ADRC
402-441-7070, 800-247-0938
<https://www.lincoln.ne.gov/City/Departments/Aging-Partners>
600 S. 70th ST, BLDG 2
Lincoln, NE 68510

★ Blue Rivers AAA & ADRC
402-223-1376, 888-989-9417
www.braaa.org
103 Eastside Boulevard
Beatrice, NE 68310

0 25 50 Miles



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

RESOURCES UPDATED: MARCH 2023

FIGURE 57. NEBRASKA'S LEADING CAUSES OF DEATH

Leading Causes of Death	
1.	Cancer
2.	Heart Disease
3.	COVID-19
4.	Chronic Lower Respiratory Diseases
5.	Accidents
6.	Stroke
7.	Alzheimer's Disease
8.	Diabetes
9.	Hypertension
10.	Influenza

Source: National Vital Statistics System via CDC Wonder 2020 Data

FIGURE 58. TENTATIVE AREA AGENCY ON AGING SERVICES, BEGINNING JULY 1, 2023

Service Name	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA	WCNAAA
1. Personal Care		Yes		Yes	Yes	Yes		Yes
2. Homemaker	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Chore	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Home Delivered Meals	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. To Go Meals	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Case Management		Yes		Yes	Yes	Yes		
7. Assisted Transportation		Yes						Yes
8. Congregate Meals	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Transportation		Yes						Yes
11. Nutrition Education	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Information & Assistance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. Health Programs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14. Health Activities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16. Legal Assistance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17. Technology & Equipment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18. Consumable Supplies	Yes	Yes	Yes	Yes	Yes			
19. Home Maintenance				Yes	Yes	Yes		
20. Care Management	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22. Senior Center Hours	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24. Social Activities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27. Outreach	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
29. Legal Outreach	Yes		Yes	Yes	Yes	Yes	Yes	
34. CG Case Management				Yes	Yes	Yes		Yes
36. CG Information & Assistance	Yes	Yes	Yes	Yes		Yes	Yes	Yes
50. CG Technology & Equipment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
51. Caregiver Consumable Supplies	Yes			Yes	Yes			
52. Caregiver Home Maintenance				Yes	Yes	Yes		
53. Caregiver In-Home Service		Yes			Yes		Yes	
54. Caregiver Transportation					Yes			Yes
55. Caregiver Home Delivered Meals				Yes	Yes		Yes	
56. Caregiver In-Home Respite	Yes	Yes	Yes	Yes	Yes	Yes		Yes
57. Caregiver Day OOH Respite	Yes			Yes	Yes			
58. Caregiver Overnight OOH Respite	Yes			Yes	Yes			
40. Comprehensive I&R	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
41. Options Counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
42. Transitional Options Counseling					Yes			
43. Benefits Assistance		Yes			Yes		Yes	Yes
44. Mobility Training					Yes			
Total Services	25	27	22	30	35	26	23	24

Attachment E – Disaster & Emergency Preparedness

The SUA emergency preparedness plan is incorporated into the full DHHS plan, which includes the Health Emergency Preparedness and Response Plan. The Department plan includes all Divisions and Units and is managed by a team within the Division of Public Health, Emergency Preparedness and Response including the head of the State agency. [OAA \(Sec. 307\(a\)\(28\)](#) and [Sec. 307\(a\)\(29\)\)](#)

In accordance with OAA (Sec. 306(a)(17)), each AAA maintains a disaster plan locally which details how the AAA will coordinate disaster recovery services with local and state emergency response agencies and governments as well as relief organizations. Each AAA also works with senior centers to develop and update local disaster and emergency preparedness plans.

Beginning in 2018, the SUA began a systematic method of evaluating each AAA's disaster plan on an annual basis. A tool was developed to help guide and review recommended aspects of each disaster plan based best practices. Sources utilized included the Administration for Community Living, the Centers for Medicare and Medicaid Services, Red Cross, the National Association of County and City Health Officials and several other state disaster plan guidelines. This resulted in Nebraska AAAs having updated and comprehensive disaster plans. Specifically, progress has been made in the following areas:

- Agencies developed succession plans that identify responsible staff for implementing the disaster plan and the individuals involved if needed.
- Agencies developed policies or procedures to review and update disaster plans on a routine basis.
- Agencies developed policies or procedures to protect vital records, documents, and database systems.
- Agencies updated pandemic plans to include procedures to respond to COVID.

Opportunities for continued development for FY 24 – 27 include the following:

- Identification of essential providers and developing potential back-ups.
- Development of details on how AAAs will communicate with the public and clients' responsible parties with inquiries regarding the wellbeing of older adults in the services area.
- Development of details on how each AAA prepares their service area for potential disasters.
- Making further connections with local emergency response teams.

The goal is for each AAA to develop and maintain a disaster plan that addresses all identified areas on the SUA Disaster plan Review Monitoring Tool and is developed and maintained in a format and with the level of detail that is best suited for each agency.

Attachment E – Disaster & Emergency Preparedness

With the COVID-19 pandemic in 2020, the AAAs were better prepared for emergency response, including shelf-stable meals, which became a more common offering. AAAs throughout the state offered support including numerous consumables and supplies, devices, services and education to support older adults and caregivers. In many instances, this included check-in calls more frequently to ensure physical and social wellbeing. In some instances, AAAs collaborated to create new volunteer programs.

Aging Partners AAA connected interested volunteers with isolated clients. Volunteers wanted to help, and Neighbor LNK, a new Aging Partners program to obtain volunteer assistance and support matched them up. Older adults and caregivers were provided with devices and consumables to support their care plan and to help them with health, physical and social issues, if needed. Aging Partners paid for Personal Emergency Response Systems, other adaptive equipment, incontinence supplies, and phone and Wi-Fi charges. If there were COVID-19 questions, Aging Partners referred clients and service providers to the local health department. Information was also shared regularly through home delivered meals and care package distributions. Clients requesting masks were supplied with donated masks.

The South Central Nebraska AAA ADRC collaborated with Buffalo County Community Health Partners, local churches, and community volunteers to create and operate the Helping Hands Initiative. This program has connected faith and community-based volunteers with individuals in the community to help with grocery and medication pickup, phone conversations, and socially distanced outside conversations.

Attachment I – Supplemental References

Reference	Page
America’s Health Rankings	120
DETERMINE Your Nutritional Health Checklist	121

Nebraska

State Health Department Website: dhhs.ne.gov

Overall Rank:

11

Summary

Strengths:

- Low prevalence of frequent mental distress
- High pneumonia vaccination rate
- Low prevalence of insufficient sleep

Challenges:

- High prevalence of obesity
- Low SNAP participation among older adults in poverty
- Low prevalence of cancer screenings

Highlights:

LOW-CARE NURSING HOME RESIDENTS

▲34%

from 12.6% to 16.9% of residents between 2019 and 2020

HIGH HEALTH STATUS

▲22%

from 40.2% to 48.9% of adults ages 65+ between 2011 and 2020

EARLY DEATHS

▲18%

from 1,686 to 1,993 deaths per 100,000 adults ages 65-74 between 2019 and 2020

Measures

		Rating	State Rank	State Value	U.S. Value
SOCIAL & ECONOMIC FACTORS*		++++	18	0.338	—
Community and Family Safety	Violent Crime (offenses per 100,000 population)	+++	22	334	399
Economic Resources	Food Insecurity (% of adults ages 60+)	++++	7	9.0%	12.6%
	Poverty (% of adults ages 65+)	++++	20	8.1%	9.4%
	Poverty Racial Disparity (ratio)†	—	—	2.1	2.7
	SNAP Reach (participants per 100 adults ages 60+ in poverty)	++	39	52.3	81.0
Social Support and Engagement	Community Support Expenditures (dollars per adult ages 60+)	++++	13	\$66	\$57
	High-speed Internet (% of households with adults ages 65+)	++	36	74.9%	78.0%
	Low-care Nursing Home Residents (% of residents)	++	33	16.9%	15.2%
	Risk of Social Isolation (index 1-100, adults ages 65+)	++++	11	39	—
	Volunteerism (% of adults ages 65+)	++++	3	41.3%	31.6%
PHYSICAL ENVIRONMENT*		++++	6	0.890	—
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	++++	11	6.2	8.3
	Drinking Water Violations (% of community water systems)	++++	14	0.1%	0.8%
Housing	Severe Housing Problems (% of small households with an adult ages 62+)	++++	15	26.9%	32.7%
CLINICAL CARE*		++++	11	0.452	—
Access to Care	Avoided Care Due to Cost (% of adults ages 65+)	++++	8	3.1%	4.2%
	Geriatric Providers (providers per 100,000 adults ages 65+)	++	35	23.5	31.1
	Home Health Care Workers (workers per 1,000 adults ages 65+)	++	32	37.2	57.7
Preventive Clinical Services	Cancer Screenings (% of adults ages 65-75)	+	42	73.7%	75.9%
	Flu Vaccination (% of adults ages 65+)	++++	9	71.7%	67.3%
	Pneumonia Vaccination (% of adults ages 65+)	++++	4	75.3%	70.3%
Quality of Care	Dedicated Health Care Provider (% of adults ages 65+)	++++	10	95.1%	93.5%
	Hospice Care (% of Medicare decedents)	++++	19	50.9%	50.7%
	Hospital Readmissions (risk-standardized readmission rate per 100 admissions)	++++	8	15	16
	Nursing Home Quality (% of beds rated four or five stars)	++++	16	49.6%	41.2%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	++++	11	1,193	1,582
BEHAVIORS*		++++	13	0.504	—
Nutrition and Physical Activity	Exercise (% of adults ages 65+)	+++	26	22.7%	23.1%
	Fruit and Vegetable Consumption (% of adults ages 65+)	+++	22	7.7%	7.3%
	Physical Inactivity (% of adults ages 65+ in fair or better health)	+++	22	29.5%	30.6%
Sleep Health	Insufficient Sleep (% of adults ages 65+)	++++	5	21.2%	26.0%
Tobacco Use	Smoking (% of adults ages 65+)	++++	8	7.2%	8.9%
HEALTH OUTCOMES*		++++	15	0.377	—
Behavioral Health	Drug Deaths (deaths per 100,000 adults ages 65+) [‡]	—	—	3.3	8.4
	Excessive Drinking (% of adults ages 65+)	+++	21	7.2%	7.4%
	Frequent Mental Distress (% of adults ages 65+)	++++	5	6.2%	8.1%
	Suicide (deaths per 100,000 adults ages 65+)	++++	13	15.3	16.9
Mortality	Early Death (deaths per 100,000 adults ages 65-74)	+++	24	1,993	2,072
	Early Death Racial Disparity (ratio) [‡]	—	—	1.7	1.6
Physical Health	Falls (% of adults ages 65+)	+++	19	27.6%	27.1%
	Frequent Physical Distress (% of adults ages 65+)	++++	8	11.9%	14.5%
	High Health Status (% of adults ages 65+) [‡]	++++	14	48.9%	43.5%
	Multiple Chronic Conditions (% of Medicare beneficiaries ages 65-74)	+++	16	40%	46%
	Obesity (% of adults ages 65+)	+	43	33.5%	29.3%
	Teeth Extractions (% of adults ages 65+)	++++	9	10.6%	13.4%
OVERALL		++++	11	0.431	—

* Value is a summation score. Higher scores are healthier.

† Non-ranking measure.

‡ Indicates data missing or suppressed.

For measure definitions, including data sources and years, visit AmericasHealthRankings.org.

Rating	Rank
++++	1-10
+++	11-20
++	21-30
+	31-40
—	41-50

Determine Your Nutritional Health

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and /or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total your nutritional score. If it's --

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

**The Nutrition Checklist is based on the warning signs described below.
Use the word DETERMINE to remind you of the warning signs.**

Disease

Any disease, illness or chronic condition that causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

Eating Poorly

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables and milk products daily will also cause poor nutritional health. One in five adults skips meals daily. Only 13 percent of adults eat the minimum amount of fruits and vegetables needed. One in four older adults drinks too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

Tooth Loss/Mouth Pain

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

Economic Hardship

As many as 40 percent of older Americans have incomes of less than \$6,000 per year. Having less--or choosing to spend less--than \$25 to \$30 per week for food makes it very hard to get the foods you need to stay healthy.

Reduced Social Contact

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

Multiple Medicines

Many older Americans must take medicines for health problems. Almost one half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

Involutionary Weight Loss/Gain

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

Needs Assistance in Self Care

Although most older people are able to eat, one of every five has trouble walking, shopping, buying and cooking food, especially as they get older.

Elder Years Above Age 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

Attachment J – OAA Citations and references:

OAA Citation	OAA Text
102(14)(B), (D)	(14) (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, immunization status, and nutrition screening (including screening for malnutrition); (D) evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), infectious disease and vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
102(14)(G)	(14) The term “disease prevention and health promotion services” means— (G) screening for the prevention of depression and screening for suicide risk, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services;
102(41)	(41) The term “person-centered, trauma-informed,” with respect to services, means services provided through an aging program that— (A) use a holistic approach to providing services or care; (B) promote the dignity, strength, and empowerment of victims of trauma; and (C) incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims’ lives.
201(f)(2)	It shall be the duty of the Assistant Secretary, acting through the individual designated under paragraph (1), to develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about and prevention, detection, and treatment of mental disorders, including age-related dementia, depression, and Alzheimer’s disease and related neurological disorders with neurological and organic brain dysfunction.
202(a)(5)	202(a) It shall be the duty and function of the Administration to— (5) develop plans, conduct and arrange for research in the field of aging, and assist in the establishment and implementation of programs designed to meet the health and economic needs of older individuals for supportive services, including nutrition, hospitalization, education and training services (including preretirement training, and continuing education), cultural experiences, activities, and services, including in the arts, low-cost transportation and housing, assistive technology, and health (including mental and behavioral health) services;
202(a)(7)	202 (a) It shall be the duty and function of the Administration to— (7) prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older individuals;

OAA Citation	OAA Text
301(a)(1)(E)	<p>301(a)(1) It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to—</p> <p>(E) measure impacts related to social determinants of health of older individuals.</p>
301(a)(2)(D)	<p>301(a)(2)(D)</p> <p>(1) It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to—</p> <p>(2) The persons referred to in paragraph (1) include—</p> <p>(D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers;</p>

OAA Citation	OAA Text
305(a)(3)	<p>305(a)(3)</p> <p>(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—</p> <p>(3) the State agency shall, consistent with this section, promote the development and implementation of a State system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers, by—</p> <p>(A) collaborating, coordinating, and consulting with other agencies in such State responsible for formulating, implementing, and administering programs, benefits, and services related to providing long term care;</p> <p>(B) participating in any State government activities concerning long-term care, including reviewing and commenting on any State rules, regulations, and policies related to long-term care;</p> <p>(C) conducting analyses and making recommendations with respect to strategies for modifying the State system of long-term care to better—</p> <p>(i) respond to the needs and preferences of older individuals and family caregivers;</p> <p>(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and</p> <p>(iii) target services to individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;</p> <p>(D) implementing (through area agencies on aging, service providers, and such other entities as the State determines to be appropriate) evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and</p> <p>(E) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, area agencies on aging, and other appropriate means) of information relating to—</p> <p>(i) the need to plan in advance for long-term care; and</p> <p>(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.</p>
307(a)(1)	<p>(1) The plan shall—</p> <p>(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and</p> <p>(B) be based on such area plans.</p>
307(a)(10)	<p>The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.</p>

OAA Citation	OAA Text
307(a)(11)	<p>(11) The plan shall provide that with respect to legal assistance—</p> <p>(A) the plan contains assurances that area agencies on aging will</p> <p>(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;</p> <p>(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and</p> <p>(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;</p> <p>(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services;</p> <p>(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;</p> <p>(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and</p> <p>(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.</p>

OAA Citation	OAA Text
307(a)(12)	<p>(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—</p> <p>(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—</p> <ul style="list-style-type: none"> (i) public education to identify and prevent abuse of older individuals; (ii) receipt of reports of abuse of older individuals; (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and (iv) referral of complaints to law enforcement or public protective service agencies where appropriate; <p>(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and</p> <p>(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.</p>
307(a)(13)	<p>The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.</p>
307(a)(14)(A)	<p>The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—</p> <p>(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and</p>
307(a)(14)(B)	<p>The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—</p> <p>(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.</p>

OAA Citation	OAA Text
307(a)(15)(A)	<p>(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—</p> <p>(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and</p> <p>(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—</p> <p>(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and</p> <p>(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences</p>
307(a)(16)	<p>(16) The plan shall provide assurances that the State agency will require outreach efforts that will—</p> <p>(A) identify individuals eligible for assistance under this Act, with special emphasis on—</p> <p>(i) older individuals residing in rural areas;</p> <p>(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);</p> <p>(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);</p> <p>(iv) older individuals with severe disabilities;</p> <p>(v) older individuals with limited English-speaking ability; and</p> <p>(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and</p> <p>(B) inform the older individuals referred to in clauses</p> <p>(i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.</p>
307(a)(17)	<p>(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.</p>

OAA Citation	OAA Text
307(a)(18)	(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who— (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently; (B) are patients in hospitals and are at risk of prolonged institutionalization; or (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
307(a)(19)	(19) The plan shall include the assurances and description required by section 705(a).
307(a)(2)(A)&(B)	(2) The plan shall provide that the State agency will— (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State; (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
307(a)(2)(C)	(2) The plan shall provide that the State agency will— (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
307(a)(21)	(21) The plan shall— (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
307(a)(24)	(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
307(a)(25)	(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
307(a)(26)	(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

OAA Citation	OAA Text
307(a)(27)	<p>(27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.</p> <p>(B) Such assessment may include—</p> <ul style="list-style-type: none"> (i) the projected change in the number of older individuals in the State; (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.
307(a)(28)	<p>(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.</p>
307(a)(29)	<p>(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.</p>
307(a)(3)	<p>The plan shall—</p> <ul style="list-style-type: none"> (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and (B) with respect to services for older individuals residing in rural areas— <ul style="list-style-type: none"> (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000; (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.
307(a)(30)(A) Title IV funded	<p>Note: NE had no Title IV in 2019.</p> <p>307(a)(30)(A) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—</p> <ul style="list-style-type: none"> (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
307(a)(30)(C) Title IV	<p>Note: NE had no Title IV in 2019.</p> <p>307(a)(30) (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).</p>

OAA Citation	OAA Text
307(a)(4)	The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
307(a)(5)	The plan shall provide that the State agency will— (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services; (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
307(a)(6)	The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
307(a)(7)	(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. (B) The plan shall provide assurances that— (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act; (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

OAA Citation	OAA Text
307(a)(8)	<p>(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—</p> <p>(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;</p> <p>(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or</p> <p>(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.</p> <p>(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.</p> <p>(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.</p>
307(a)(9)	<p>The plan shall provide assurances that—</p> <p>(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000 2019; and</p> <p>(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.</p>
321(a)(11)	<p>(11) provision of services and assistive devices (including provision of assistive technology services and assistive technology devices) which are designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children with disabilities;</p>
321(a)(8)	<p>The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for any of the following supportive services:</p> <p>(8) services designed to provide health screening (including mental and behavioral health screening and falls prevention services screening, screening for negative health effects associated with social isolation, falls prevention services screening, and traumatic brain injury screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;</p>
330	<p>The purposes of this part are—</p> <p>(1) to reduce hunger, food insecurity, and malnutrition;</p> <p>(2) to promote socialization of older individuals; and</p> <p>(3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.</p>

OAA Citation	OAA Text
339(2)(A)(iii)	A State that establishes and operates a nutrition project under this chapter shall— (2) ensure that the project— (A) provides meals that— (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants, including meals adjusted for cultural considerations and preferences and medically tailored meals,
373(e)(1)	(e) BEST PRACTICES.—Not later than 1 year after the date of enactment of the Supporting Older Americans Act of 2020 and every 5 years thereafter, the Assistant Secretary shall— (1) identify best practices relating to the programs carried out under this section and section 631, regarding— (A) the use of procedure and tools to monitor and evaluate the performance of the programs carried out under such sections; (B) the use of evidence-based caregiver support services; and (C) any other issue determined relevant by the Assistant Secretary; and
411(a)(13)	(a) IN GENERAL.—For the purpose of carrying out this section, the Assistant Secretary may make grants to and enter into contracts with States, public agencies, private nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for— (13) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and the soliciting, development, and implementation of strategies— (A) to reduce barriers to entry for a diverse and high quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers; and (B) to provide education and workforce development programs for direct care workers that include supportive services and career planning;
721 (a)	(a) ESTABLISHMENT.—In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section, and in consultation with area agencies on aging, develop and enhance programs to address elder abuse, neglect, and exploitation.
721(b)(10)(C)(v)	(b) USE OF ALLOTMENTS.—The State agency shall use an allotment made under subsection (a) to carry out, through the programs described in subsection (a), activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation, including— (10) promoting the development of an elder abuse, neglect, and exploitation system— (C) that includes, throughout the State, in connection with the enforcement of elder abuse, neglect, and exploitation laws and with the reporting of suspected instances of elder abuse, neglect, and exploitation— and (v) such related multidisciplinary programs and services, including programs and arrangements that protect against financial exploitation, as may be necessary or appropriate to ensure that the State will deal effectively with elder abuse, neglect, and exploitation cases in the State;

OAA Citation	OAA Text
Directors Letter - Advancing Equity	Address greatest social need, may include: ethnic status, cultural, social, geographic isolation, minority religious affiliation; sexual orientation/gender identity. This includes serving older adults living with HIV/AIDs.
Directors Letter - Caregiving Infrastructure	Suggest how the state is addressing the needs of formal and informal caregivers and strengthening the direct care workforce. Build from the key findings from the RAISE Family Caregiving Advisory Council and other national efforts.
Directors Letter - COVID-19 Recovery	<p>Suggestions: ongoing effects of the COVID-19 pandemic; assisting the network with re-opening of in-person services; preparing for situations that may require temporary closure or partial closure of resumed in-person services; access to vaccinations; continuing virtual programming; transportation and mobility concerns; addressing the social isolation; transportation and mobility concerns; addressing the social isolation. Provide data on the number and types of people and organizations targeted and the measures to determine if successful. If possible, what % of people normally served are still being served; new clients for services; changes in % of nutrition risk, social isolation, physical or mental health outcomes; ADLs/IADLs.</p> <p>From 8/5/21 letter: Provide data on # and types of people & organizations targeted for efforts; measures to use to determine if efforts are successful.</p> <p>Provide info on spending of ARPA.</p>
Directors Letter - Expanding Access	<p>Describe how we are building HCBS capacity and improving program quality through innovation, partnerships with other state and local agencies, community-based organizations (both within and outside the aging network), and other efforts that focus on ensuring older adults can live where they choose, with the people they choose, and with the ability to participate fully in their communities.</p> <p>New innovation during pandemic that has increased access for those with mobility and transportation issues + rural areas.</p>
Directors Letter - SCSEP - Employment Grant (USDOL)	ACL Guidance 8/21: Improving coordination between the Senior Community Service Employment Program & other OAA programs. NE DOL has this grant.

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