Division of Medicaid and Long-Term Care

State Unit on Aging

Aging & Disability Resource Center Report

December 1, 2021

Nebraska Revised Statutes 68-1118

Contents

Background

National ADRC/NWD Efforts

Aging and Disability Resource Centers (ADRCs) are intended to provide information about and assistance to publicly and privately funded Long-Term Services and Supports (LTSS) for all populations with disabilities, persons age 60 and over, and their caregivers.

The State of Wisconsin developed ADRCs as a pilot program in 1999. Recognizing this effort as a promising practice, the Centers for Medicare & Medicaid Services (CMS) and the Administration on Aging (AoA), now part of the Administration for Community Living (ACL), awarded demonstration grants to states in 2003 to develop similar ADRC models.

The original ADRC effort focused on developing an entity that would act as a single-entry point for individuals needing LTSS. At that time, the federal government required ADRCs to serve older adults and one additional population with disabilities, typically adults with physical disabilities. Now, this federal vision has evolved to include all populations with disabilities.

This evolution created challenges for states as many were structured in a silo, serving individual client populations with specific programs. To accommodate this, the federal guidance has shifted to a No Wrong Door (NWD) network that includes ADRCs and other access points for LTSS[1].

Nebraska's NWD Efforts

The Division of Medicaid and Long-term Care contracted with Mercer and NASUAD (now ADvancing States) to develop the Nebraska Long Term Care Redesign Plan, published on August 9, 2017 and available online[2]. This plan is designed to help Nebraska shift to a NWD network of agencies.

> *"Key partners in the NWD systems are the state Medicaid agency, state aging and disability divisions, and all social service departments that touch consumers' lives. The NWD system builds on the strengths of the Area Agencies on Aging (AAAs) and the Centers for Independent Living (CILs) by providing a single, more coordinated system of information and access for all consumers seeking LTC both public and privately funded.*
>
> *In Nebraska, the Aging and Disability Resource Center (ADRC) demonstration should play a critical part of the NWD system. This*

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[1] *Administration for Community Living ADRC/No Wrong Door System: https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door*

[2] *Nebraska Long-Term Care Redesign Plan: https://dhhs.ne.gov/Pages/Medicaid-Long-Term-Care-Redesign-Project.aspx*

> *minimizes confusion, enhances consumer choice and supports informed decision making."*
>
> *NEBRASKA LONG TERM CARE REDESIGN PLAN — FINAL*
> *AUGUST 9, 2017*

Additionally, Nebraska published its most recent Olmstead Plan[3] in December 2019. In this plan, Goal 1 (on page 18) includes strategies to support a "No Wrong Door" system.

The State Unit on Aging participated in initial Olmstead Planning meetings in 2019, and again in 2021, to support implementation of Goal 5 – *Nebraskans with disabilities will have access to affordable and accessible transportation statewide*. Two Area Agencies on Aging participated in further transportation-related discussions to advance both Goals 1 and 5 through implementing a No Wrong Door approach to addressing Goal 5.

Goal 5 measurements are tracked in collaboration with the Nebraska Department of Transportation (NDOT). As a result of the Area Agencies on Aging participation in transportation-related discussions, rural areas with the most limited transportation options and potential providers were identified as areas of concern. Moving forward, a representative from the Northeast Nebraska Area Agency on Aging (NENAAA) will participate in the regional transportation stakeholder meetings. This way, needs can be directly communicated to participating providers and it will allow NENAAA will learn about existing community resources.

COVID-19 has had a negative impact on rural and intercity bus ridership during the pandemic. As a result, a significant number of providers either reduced or suspended services during times of increased risk. However, the American Rescue Plan Act awarded Nebraska $1.3 million for intercity bus service such that NDOT will continue to reimburse eligible operating expenses using 100% federal funds into FY22. Additionally, expanded use of telehealth services has allowed continuation of primary care and behavioral health services for people with disabilities, despite transportation challenges.

Nebraska Aging & Disability Resource Center Demonstration Project

The Nebraska Aging and Disability Resource Center Demonstration Project Act established, through LB320 (2015), a pilot program to evaluate the feasibility of establishing ADRCs statewide. The Act designated funding for the pilot, an independent evaluator, and one year of marketing efforts from 2016 to 2018.

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[3] *Nebraska Olmstead Plan:*
https://dhhs.ne.gov/Olmstead/Nebraska%20Olmstead%20Plan%20FINAL%20for%20Submission%20to%20Legislature.pdf

2016-2018 Participating AAAs:

Aging Office of Western Nebraska   Midland Area Agency on Aging

Northeast Nebraska Area Agency on Aging   Aging Partners

South Central Nebraska Area Agency on Aging   Blue Rivers Area Agency on Aging

Eastern Nebraska Office on Aging

The pilot project annual evaluation reports, performed by HCBS Strategies of Baltimore, MD, for 2016, 2017, and 2018 are posted on the Legislative and DHHS websites and are available under the Reports tab[4]. This consulting firm, selected through a competitive bid process, has significant experience working with several states on ADRC and other home and community-based services projects.

The ADRCs became permanent through the passage of LB793 in April of 2018. ADRC funding was designated to AAAs from the Health Care Cash Fund for SFY19 and SFY20, with general funds appropriated in SFY21. Over this time period, Area Agencies on Aging were appropriated $613,912 per year for ADRC services.

Through SFY20, the AAAs requested that funds be equally divided among the participating agencies. Participating partners in 2019 included: the League of Human Dignity (LHD), The ARC of Nebraska, Disability Rights Nebraska, UNMC Munroe Meyer Institute (MMI), Vocational Rehabilitation, Brain Injury Alliance of Nebraska (BIANE), and Easterseals Nebraska (ESN).

Beginning in FY20, participating partners contracted with two Area Agencies on Aging to provide services through referrals. South Central Nebraska AAA contracted with the Munroe Meyer Institute, and Easterseals Nebraska. Midland AAA contracted with Brain Injury Alliance of Nebraska, and the League of Human Dignity. Data in this report are provided separately for sub-awarded ADRCs and contracted ADRCs.

Administrative Claiming Activities

Neb. Rev. Stat. §68-1118 requires the Division of Medicaid and Long-Term Care to pursue matching funds (such as Medicaid Administrative Claiming or MAC) to financially supplement ADRC activities. In 2019, the Division published a Request for Proposals (RFP) to support these administrative claiming activities.

The contractor, HCBS Strategies, began work on these activities in March 2020. HCBS Strategies was chosen based on their experience in establishing administrative claiming through CMS, developing state cost allocation plans, conducting random moment time studies, and training staff.

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[4]*Pilot Project Annual Evaluation Reports: http://dhhs.ne.gov/Pages/Aging-Program-Documents.aspx.*

HCBS Strategies began Random Moment Time Studies (RMTS) to support administrative claims activities with seven AAAs in September 2020. RMTS is a sampling methodology that estimates the amount of time spent performing work activities. In January 2021, three partner organizations (ESN, MMI, and BIANE) and the Long-Term Care Ombudsman Program participated in RMTS. Based on the RMTS, DHHS submitted a cost allocation plan to CMS. Sub-awards were amended to provide a funding mechanism for the MAC payments, which were sent in October 2021.

The administrative claims submitted to DHHS Finance are outlined in **Table 1** below:

Table 1. **Submitted Administrative Claims (FY2021)**

Months of RMTS Data	Quarter Submitted	Total	Paid to Date
September, October, November	December 2020	$321,899	$321,899
December, January, February	March 2021	$405,194	$405,194
March, April, May	June 2021	$436,044	$436,044
June, July, August	September 2021	$502,536	Not Yet Calculated

At this time, agencies are permitted to reinvest these dollars into their local programs where they are most needed.

Software Changes

The State Unit on Aging replaced its software system in December 2020 as the previous system could not accommodate the ADRC program. All participating agencies are now utilizing the State-designated software for aging services, *PeerPlace*, which is managed under a contract with the State Unit on Aging. Clients, services, and referrals are recorded in the software.

This new system provides tracking for aging services to comply with:
- Older Americans Act (OAA)
- Nebraska's Community Aging Services Act (CASA)
- Nebraska's Care Management Units
- Aging and Disability Resource Center (ADRC)

A public resource directory continues to be available at the Nebraska 211 website[5].

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[5]*Nebraska ADRC Website (Hosted by 211):* <u>https://www.ne211.org/nebraska-aging-disability-resource-center/</u>

ADRC Marketing Plan

When LB320 established the Aging and Disability Resource Center Demonstration Project Act in May 2015, the bill included $65,000 of funding designated for marketing the pilot.

This marketing funding was essential for the launch of a new statewide service. Funds were used for the development of the logo, banners, office signs, radio advertising, and social media to communicate the toll-free number, the website, and the target population served.

ADRC Permanence in Nebraska

With the passage of LB793 in April 2018, Nebraska's ADRCs became a permanent program. This legislation required the state to pursue matching funds (such as Medicaid administrative claiming) through CMS to financially supplement the ADRC activities[6].

To sustain the ADRC structure statewide, the State Unit on Aging provides oversight, technical assistance, reimbursement, and grant management of the program.

Agencies serving as ADRCs provide one or more of the following services[7]:

(1) *Comprehensive information on the full range of available public and private long-term care programs, options, financing, service providers, and resources within a community, including information on the availability of integrated long-term care;*
(2) *Options Counseling;*
(3) *Assistance in accessing and applying for public benefits programs;*
(4) *A convenient point of entry to the range of publicly supported long-term care programs for an eligible individual;* (administrative function of AAAs)
(5) *A process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs;* (administrative function of AAAs)
(6) *Facilitation of person-centered transition support to assure that an eligible individual is able to find the services and support that are most appropriate to his or her need;*

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[6] *Nebraska Revised Statutes §68-1115:* *https://nebraskalegislature.gov/laws/statutes.php?statute=68-1115*

[7] *Nebraska Revised Statutes §68-1116:* *https://nebraskalegislature.gov/laws/statutes.php?statute=68-1116*

>   *(7) Mobility management to promote the appropriate use of public transportation services by a person who does not own or is unable to operate an automobile*

Upon passage of LB793, the State Unit on Aging implemented an action plan to begin the transition to a permanent ADRC network. At that time, the seven participating AAAs from the pilot program (SFY17 and FY18) chose to continue participate in the permanent program in FY19.

Through statute, AAAs were provided requirements to begin developing their ADRC Plan(s) which are required to obtain funding[8]:

- Establish a partnership with one or more lead agencies to provide services.
- The AAA and lead agency partnership may submit an ADRC plan only after consultation with stakeholders.
- ADRC plans must specify how organizations currently serving eligible individuals will be engaged in the process for ADRC service delivery.
- ADRC plans must specify how resources will be utilized by the collaborating organizations.
- Allows for two or more AAAs to develop a joint ADRC plan.
- ADRC plans must provide at least one of the following ADRC Taxonomy Services:
  - o Information & Referral
  - o Options Counseling
  - o Transitional Options Counseling
  - o Benefits Assistance
  - o Mobility Training
  - o Directory Development.

The AIRS taxonomy, a national standard in human services, was referenced during the development process. As ADRC services vary across the country, a national taxonomy definition was used whenever possible. For those services without a firm match, industry standards were used to tailor a Nebraska-specific taxonomy definition.

This taxonomy of services was updated for FY20 and FY21 to meet new federal reporting requirements. The taxonomy is a key document for the planning process, the provision of services, and the recording of the work performed.

Figure 1 lists the Taxonomy services available for FY21. Three services listed in LB793 were offered in FY20. In FY21, four partner organizations contracted with two AAAs to provide services.

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[8] *Nebraska Revised Statutes §68-1117: https://nebraskalegislature.gov/laws/statutes.php?statute=68-1117*

Figure 1. FY21 Taxonomy ADRC Services

Service #	Service	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA	WCNAAA	BIANE	LHD	MMI	Easterseals
40	Information & Referral	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
41	Options Counseling	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
42	Transitional Options Counseling										✓	✓	✓
43	Benefits Assistance		✓			✓		✓			✓		✓
44	Mobility Training										✓		

Four ADRC Partner Organizations (APOs) expanded their participation in the program, and began offering ADRC services in FY22. The APOs are Brain Injury Alliance of Nebraska, League of Human Dignity, the Munroe Meyer Institute, and Easterseals. All services listed in LB793 are available in FY22.

Figure 2. Taxonomy Services by AAA and APO FY22

Service #	Service	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA	WCNAAA	BIANE	LHD	MMI	Easterseals
40	Information & Referral	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
41	Options Counseling	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
42	Transitional Options Counseling										✓	✓	✓
43	Benefits Assistance		✓			✓		✓			✓		✓
44	Mobility Training										✓		

Estimated Target Populations

Figure 3 illustrates the estimated demographics of each ADRC site for those who are 60+ years or have a disability. The population with a disability includes all ages – not just those that are under 60 years. This graph is unable to depict the overlap between each population due to the different age ranges in the two American Community surveys utilized.

Figure 3. Estimated Populations by AAA

Estimated Populations:
60+ and those with a Disability by AAA

	AOWN	Aging Partners	Blue Rivers	ENOA	Midland	Northeast	South Central
60 years + Population	22,918	80,889	21,536	152,476	30,953	51,051	25,598
Population with a Disability	11,889	43,124	10,946	85,434	16,903	23,566	12,999
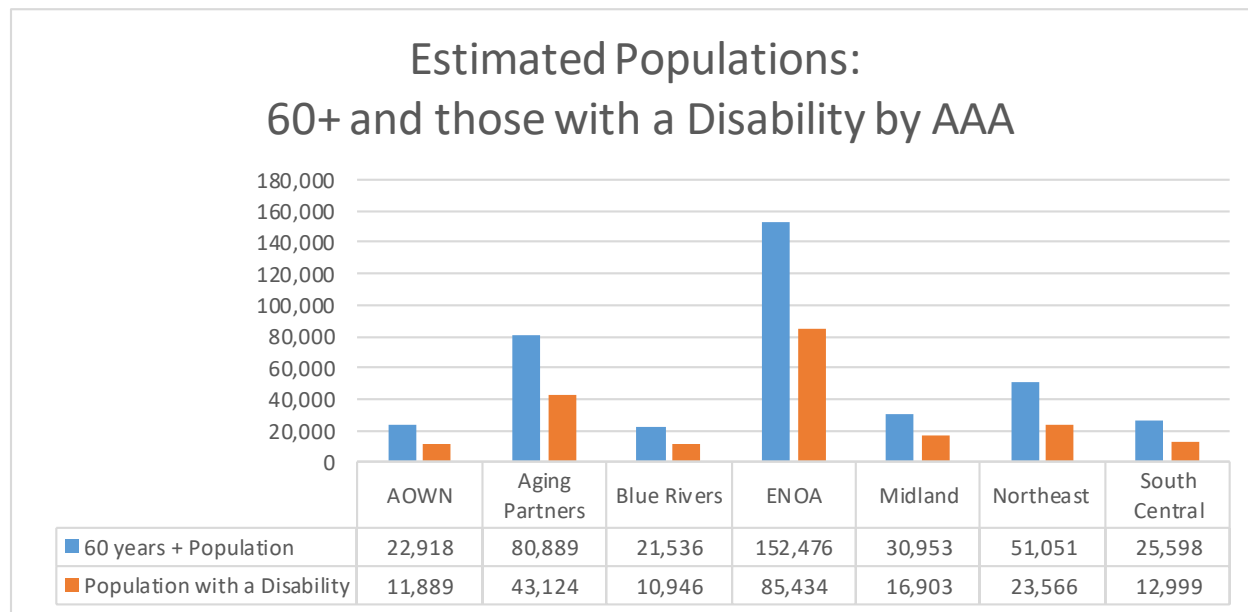
Note: Margin of Error is not included. (American Community Survey, 2015-2019 S1810: Disability Characteristics & American Community Survey, 2015-2019 S0101: Age and Sex)

Contacts by Target Population

Figures 4a and 4b reflect the number of contacts for clients by age group (either older or younger than 60 years of age). These numbers highlight the age groups that most often contact the ADRCs by site. Please note, these counts may include duplicated records.

Figure 4a. Contacts by Sub-awarded ADRC

	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA
Under 60	9	70	20	30	60	121	132
60 and Over	435	323	148	2053	695	473	631
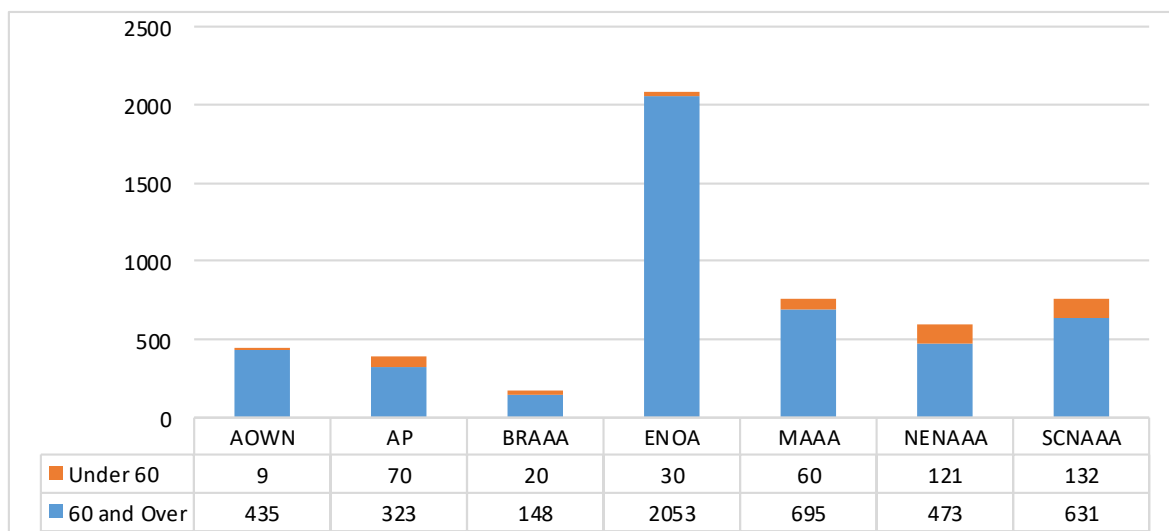
Figure 4b. Contacts by Contracted ADRC

Contacts by Contracted ADRC

	BIANE	LHD	MMI	Easterseals
Under 60	0	8	3	8
60 and Over	1	0	1	9
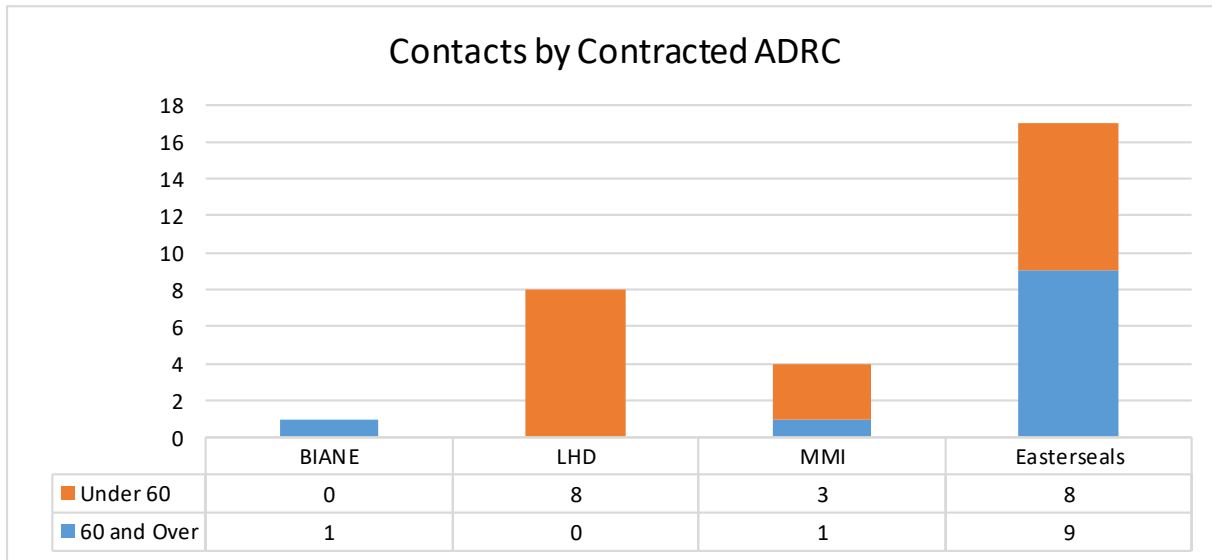
Note: West Central Nebraska AAA does not participate in the ADRC program.

The four partner organizations providing services (APOs) began receiving referrals using the *PeerPlace* software to track clients in January 2021. Growth has been slow and steady. Due to funding restrictions in legislation, APOs can only be paid via the AAAs, and therefore receive referrals only through the AAAs. All four APOs operate on a statewide basis, and have access to the *PeerPlace* software. **Figure 5** reflects the number of referrals received directly to the APOs.

Figure 5. Referrals

Referrals Received

BIANE: 3, Easterseals: 22, LHD: 20, MMI: 6
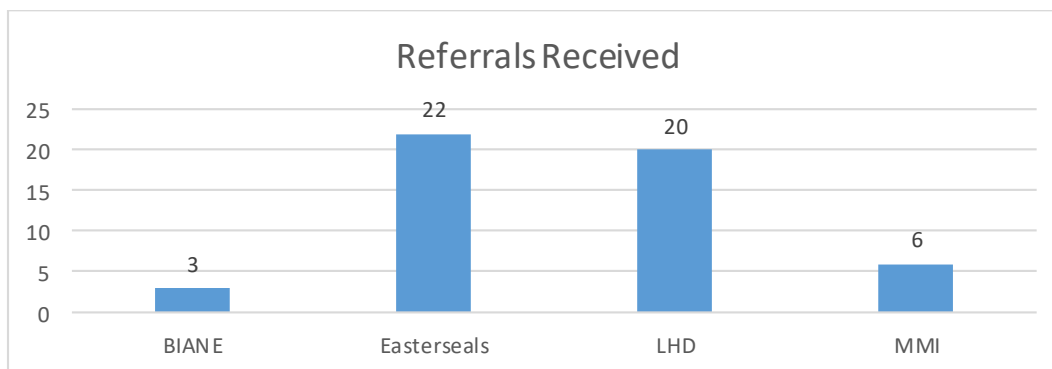
ADRC Callers & Clients

ADRC staff use *PeerPlace* to document and track participants and referrals. For each call received or made by the ADRC, staff use the software to develop a participant record and document referrals. Staff can also search for callers that have previously contacted the ADRC. ADRC staff collect information on the person that needs the service (client). Minimal information is gathered when the person contacting the ADRC is not also the client.

In SFY21, the ADRC toll-free number received 273 calls, which was consistent with SFY20. The majority of calls (172) were from Nebraskan residents. Only 20 calls had an unknown incoming phone number. The remaining calls originated from 25 other states. Florida phone numbers called the toll-free phone number 19 times, followed by California (8), and Texas (7). A lack of statewide marketing and the COVID-19 pandemic may have attributed to the flat call volume from FY20.

Unique Clients Served

Figures 6a and 6b show the unduplicated client count by ADRC Site. The previous vendor, Trilogy Network of Care, tracked each anonymous client as a unique client. With the change to *PeerPlace* in December 2019, the anonymous client policy was updated to track anonymous clients under a single anonymous client profile for each agency.

Figure 6a. Unique Clients Served by Sub-awarded ADRC

Unique Clients Served by Subawarded ADRC Site
(Each anonymous client is counted as an individual client)
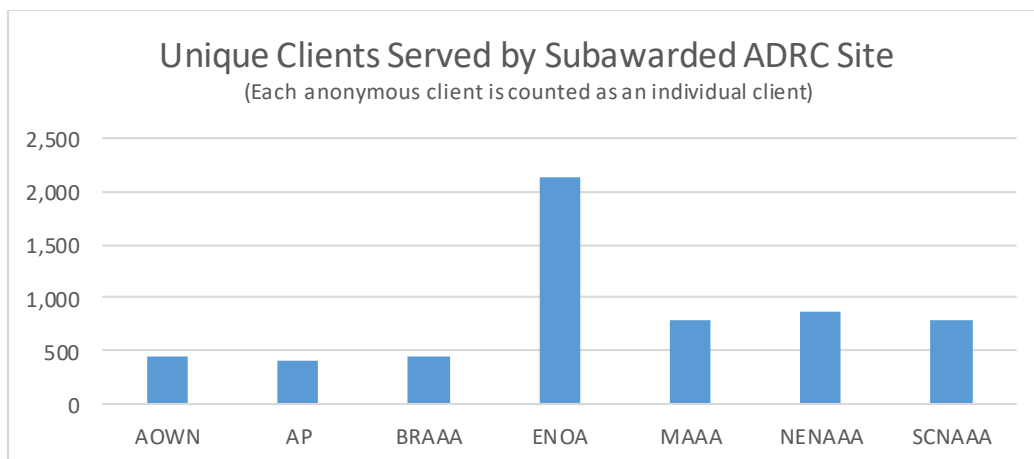
Figure 6b. Unique Clients Served by Contracted ADRC Site

Unique Clients Served by Contracted ADRC Site
(Each anonymous client is counted as an individual client)
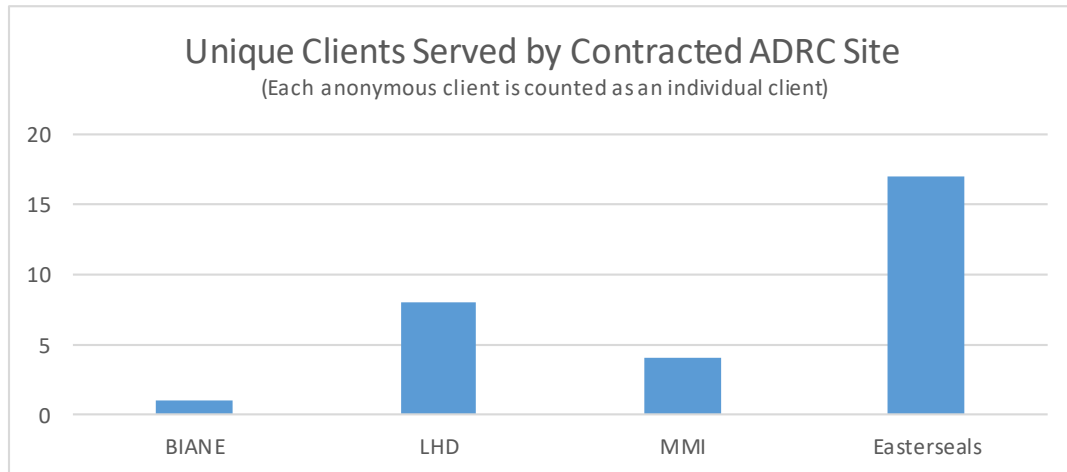
Client Age Range

Approximately 8% of clients (156 of 1872) did not have an identified age range. **Figure 7** shows the known age ranges for unique clients served.

Figure 7. Known Client Age Range

Known Client Age Range
(unique individuals)

Age Range	Value
75+ years	842
65 - 74 years	439
60 - 64 years	187
35 - 59 years	208
22 - 34 years	29
18 - 21 years	7
5 - 17 years	2
Under 5 years	2
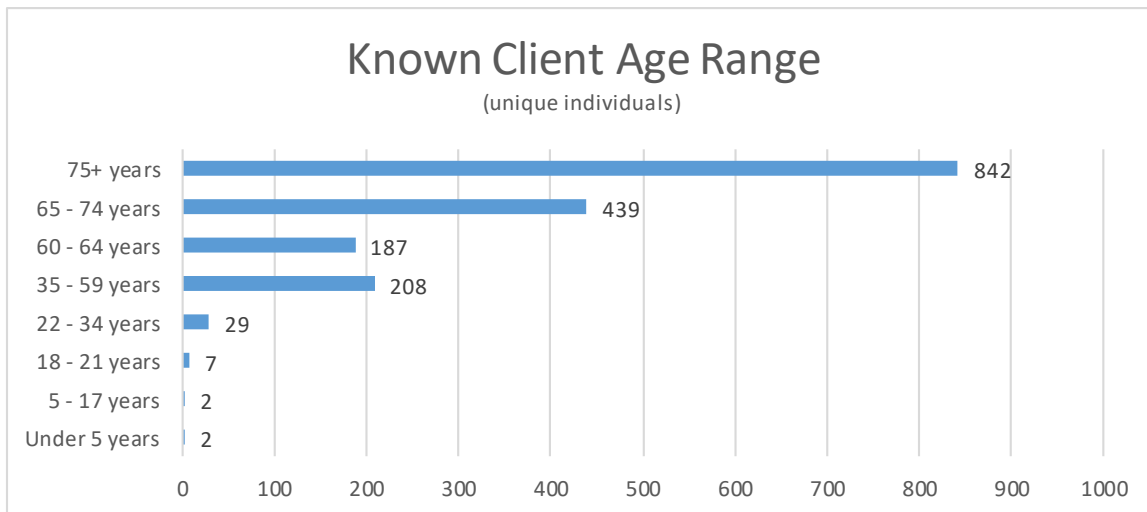
Reported Client Residence Setting

Home and Community Based Services are designed to provide the client with the supports necessary to continue living in their own residence for as long as possible. Approximately 26% of clients have reported information related to their residential setting, as displayed in **Figure 8** below.

Figure 8. Reported Client Residence Setting

Reported Client Residence Setting
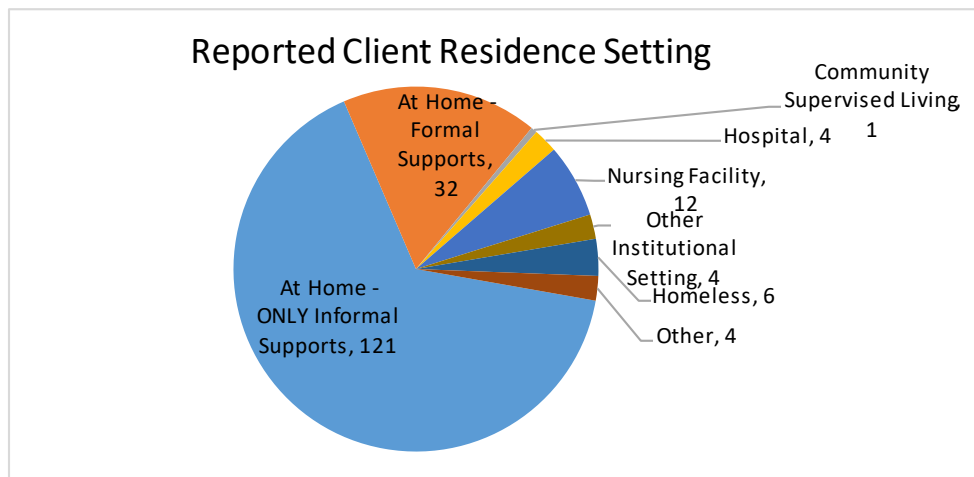
Reported Client Health Conditions

Figure 9 highlights the most commonly reported client health conditions. This list was compiled from the Centers for Medicare & Medicaid Services (CMS) Chronic Condition Warehouse. The health conditions are part of CMS infrastructure and are regularly used in CMS-related assessments. More information is available on the CMS Chronic Condition Data Warehouse site[9].

The "Other" category contains items that are recorded in the client notes section. Examples of "Other" include, but are not limited to; health conditions not in the system, as well as non-health items and acronyms. Clients may have reported more than one condition. Ninety-two clients responded "None" and were excluded from this chart.

Figure 9. Reported Client Health Condition

Reported Client Health Condition
(a unique individual may have more than one)

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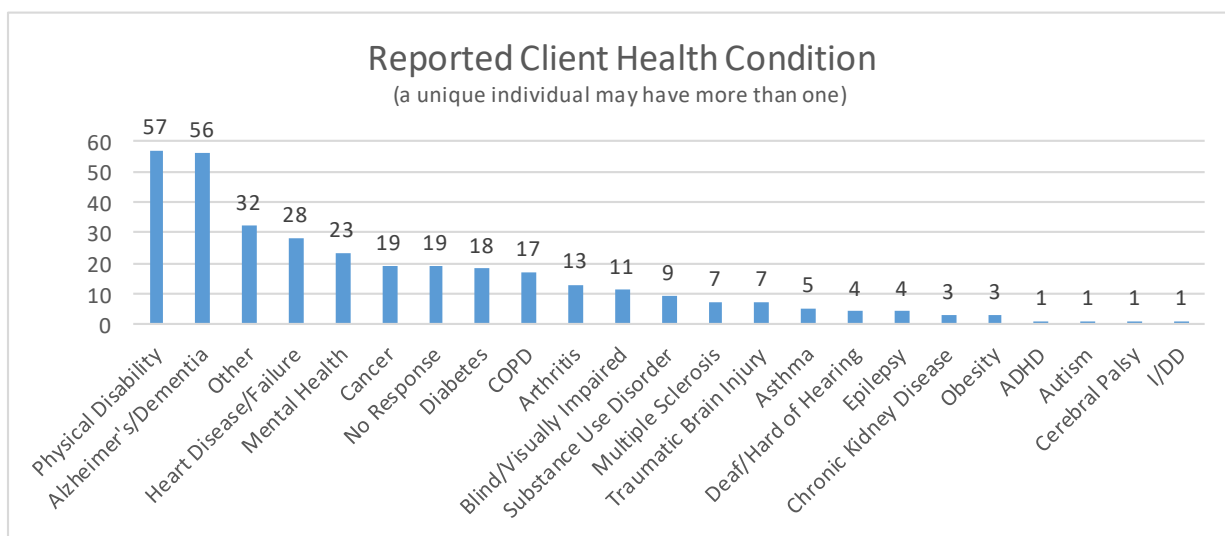
[9] *CMS Chronic Condition Data Warehouse:* *https://www2.ccwdata.org/web/guest/home/*

Local ADRC Services

In FY21, the ADRC recorded 11,796 unique contacts. *Figure 10* highlights the number of contacts by ADRC service.

Figure 10. Total Contacts by ADRC Service

Contacts by ADRC Service

	Information Contacts	Options Counseling	Benefits Assistance	Transitional Options Counseling	Mobility Training
2020	5,916	1,215	1,123		
2021	8,514	1,243	2,039	3	0
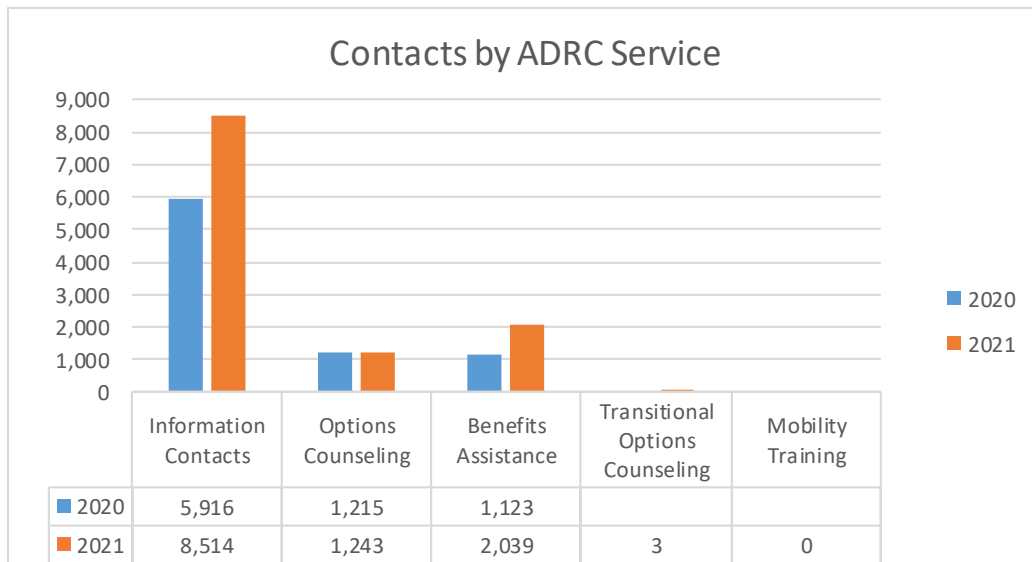
Information Contacts

Figures 11a and 11b displays the Total Informational Contacts by ADRC Site. An Information Contact is a combination of the ADRC service: Information & Referral and Basic Information.

Figure 11a. Informational Contacts by Sub-awarded ADRC

Informational Contacts by Sub-awarded ADRC Sites

AOWN 1,728; AP 217; BRAAA 570; ENOA 3,265; MAAA 257; NENAAA 1,924; SCNAAA 523
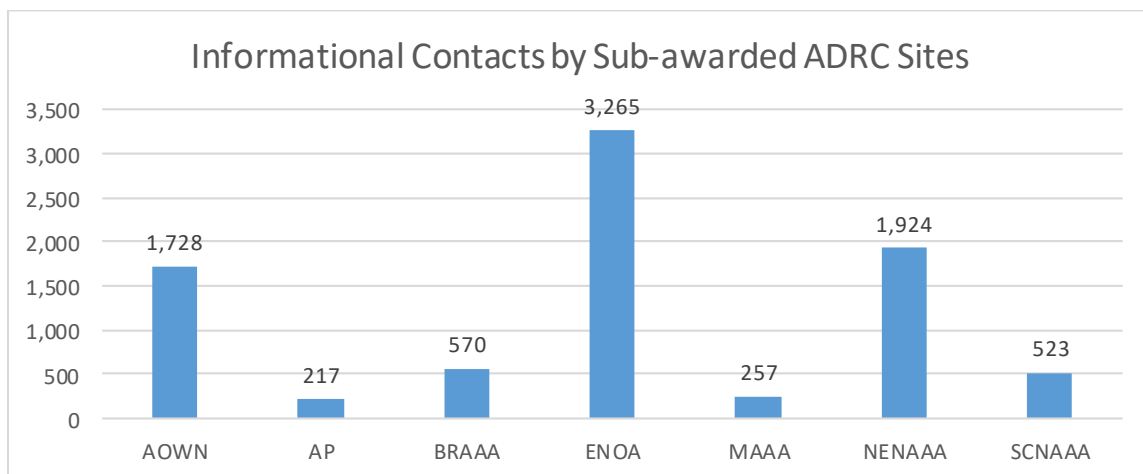
Figure 11b. Informational Contacts by Contracted ADRC

Figure: Informational Contacts by Contracted ADRC Site — bar chart. BIANE: 1, LHD: 8, MMI: 8, Easterseals: 15.
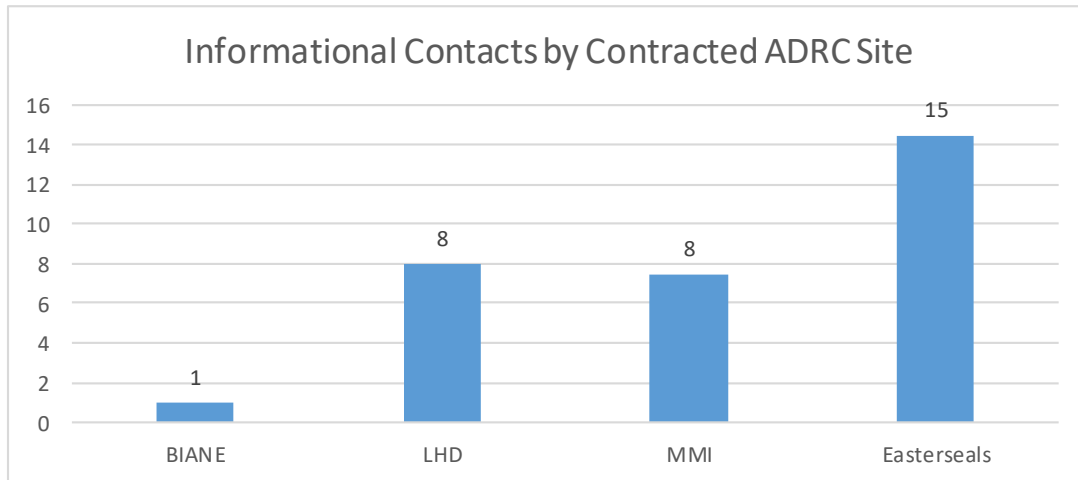
Options Counseling

Figure 12 spotlights two ways ADRCs tracked the Options Counseling service in SFY20. The Hour service unit focuses on the time spent providing Options Counseling. The Contact service unit emphasizes the number of times the ADRC staff worked with clients. ADRC Partner Organizations did not provide Options Counseling in SFY21.

Figure 12. Options Counseling Hours and Contacts by ADRC

Figure: Options Counseling Hours and Contacts by ADRC

	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA
Hours	47.00	321.50	1.00	40.00	263.85	263.00	131.00
Contacts	44	229	1	38	325	475	59
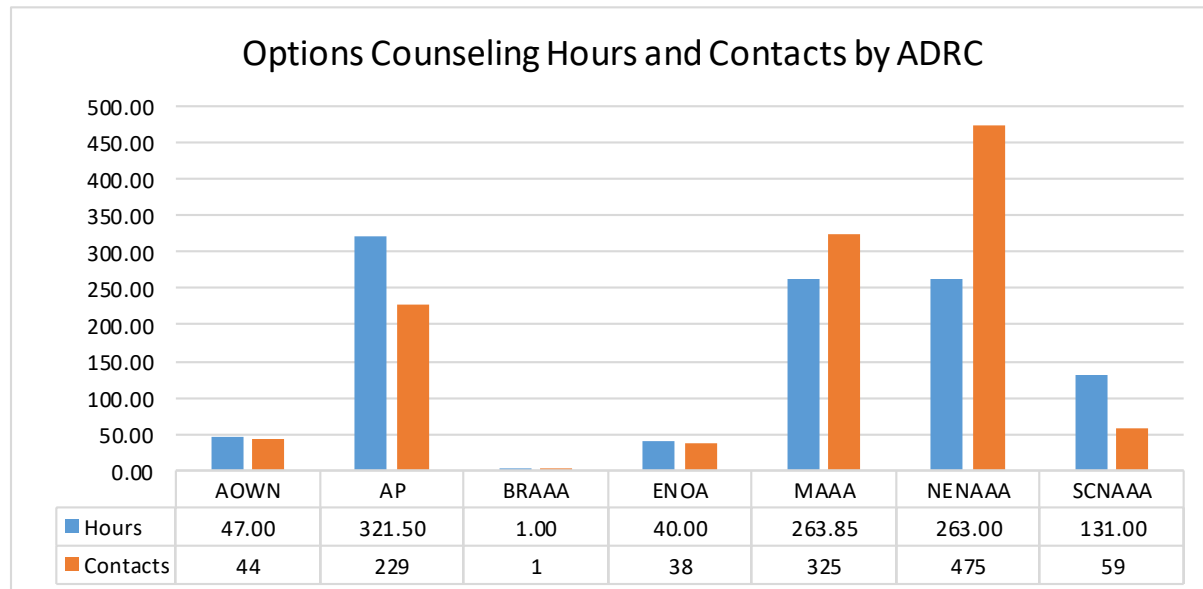
Benefits Assistance

Figures 13a and 13b highlights the two ways ADRCs tracked Benefits Assistance services. The Hour service unit focuses on the time spent providing Benefits Assistance. The Contact service unit emphasizes the number of times the ADRC staff worked with clients.

Figure 13a. Benefits Assistance Hours and Contacts by Sub-awarded ADRC

Benefits Assistance Hours and Contacts by Sub-awarded ADRC

	AP	MAAA	SCNAAA
Hours	159.25	1126.75	336.25
Contacts	100	1053	876
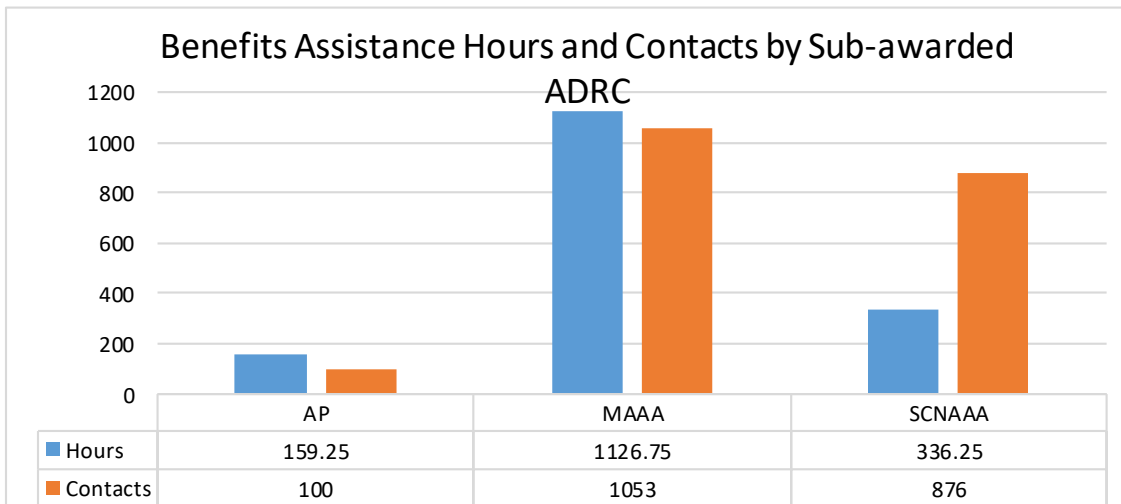
Figure 13b. Benefits Assistance Hours and Contacts by Contracted ADRC

Benefits Assistance Hours and Contacts by Contracted ADRC

	LHD	Easterseals
Hours	2.00	4.75
Contacts	2	5
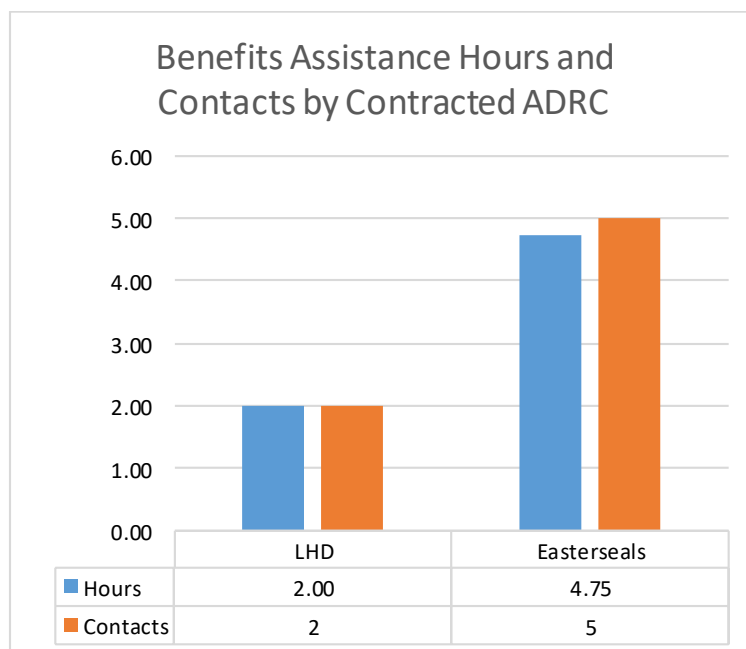
Total Contacts

Figures 14a and 14b represent the total contacts made in **Figures 11, 12, and 13**. It represents a complete overview of ADRC Services in FY21.

Figure 14a. Total Contacts by Sub-awarded ADRC

Total Contacts by Subawarded ADRC
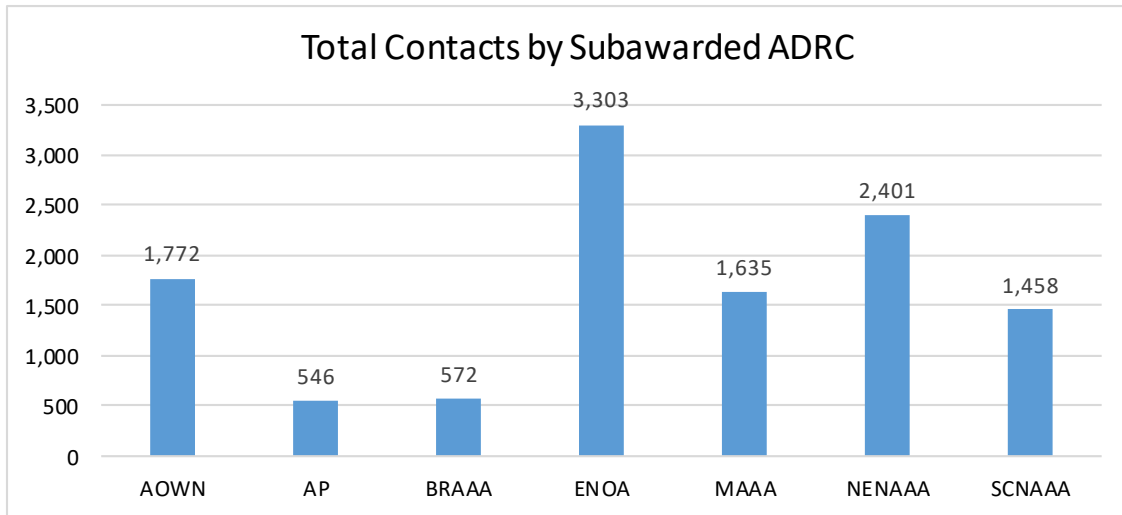
Figure 14b. Total Contacts by Contracted ADRC

Total Contacts by Contracted ADRC
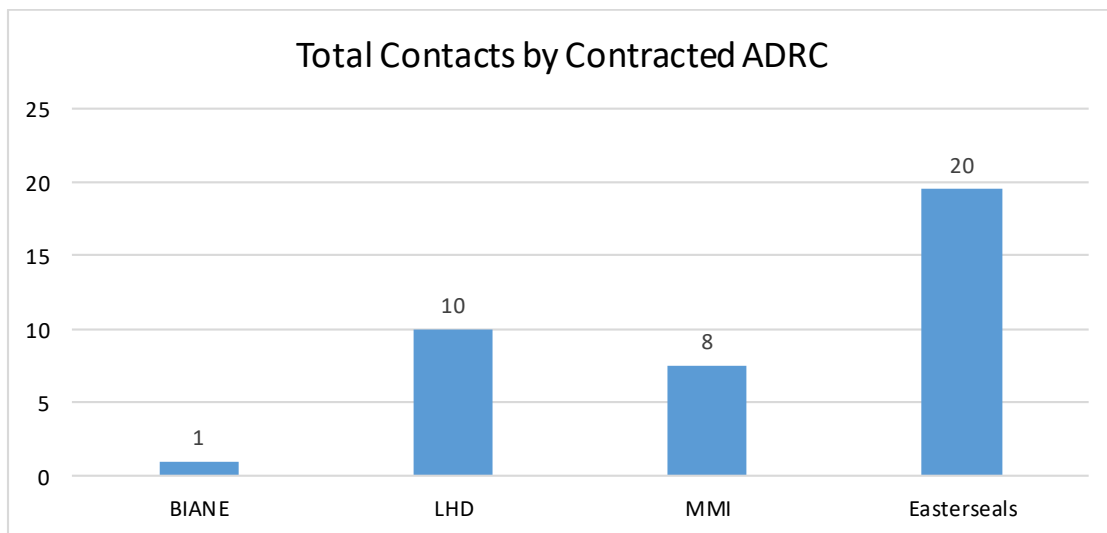
Total Population & ADRC Contacts

Figure 15 reviews demographics and compares it to the total number of ADRC contacts.

Figure 15. General Population and ADRC Contacts by AAA

Region	AAA Region Population	Informational Contacts	Options Counseling Contacts	Benefits Assistance Contacts	Total ADRC Contacts
AOWN	84,739	1728	44	0	1772
Aging Partners	398,310	217	229	100	446
Blue Rivers	72,488	570	1	1	571
ENOA	824,763	3265	38	0	3,303
Midland	130,266	257	325	1053	582
Northeast	205,106	1924	475	0	2,399
South Central	100,300	523	59	876	582
West Central	98,599	0	0	0	0
BIANE	Statewide	1	0	0	1
LHD	Statewide	8	0	2	8
MMI	Statewide	8	0	0	8
Easterseals	Statewide	15	0	5	15
Total Nebraska Population	1,914,571	8,514	1,171	2,039	11,724

<u>Note</u>: *Margin of Error is not included. (American Community Survey, 2015-2019 S0101: Age and Sex)*

Local ADRC Expenditures

Figures 16a and 16b compare the costs to each ADRC site for providing services. Two of the seven sites used state Community Aging Services Act (CASA) funds to supplement the ADRC program.

Figure 16a. ADRC Expenditures by Sub-awarded ADRC Site

	Expenditures by Subawarded ADRC						
	AOWN	Aging Partners	Blue Rivers	ENOA	Midland	Northeast	South Central
CASA	$6,540.42						$47,462.18
ADRC	$64,546.62	$57,543.00	$61,672.69	$74,172.80	$66,649.63	$66,850.17	$76,728.38
Total	$71,087.04	$57,543.00	$61,672.69	$74,172.80	$66,649.63	$66,850.17	$124,190.56

Figure 16b. ADRC Expenditures by Contracted ADRC Site

	Expenditures by Contracted ADRC			
	BIANE	LHD	MMI	Easterseals
CASA				
ADRC	$8,555.03	$29,246.04	$18,900.53	$29,246.09
Total	$8,555.03	$29,246.04	$18,900.53	$29,246.09

Contact the ADRC

Call Toll-Free: (844) 843-6364

Online: https://www.ne211.org/nebraska-aging-disability-resource-center/

This toll-free phone number routes the call based on the caller's area code and prefix code (known as geo-routing) to the regional Area Agency on Aging. Out-of-state callers and unknown phone numbers are routed to Blue Rivers.

Appendix 1: Acronyms and Definitions

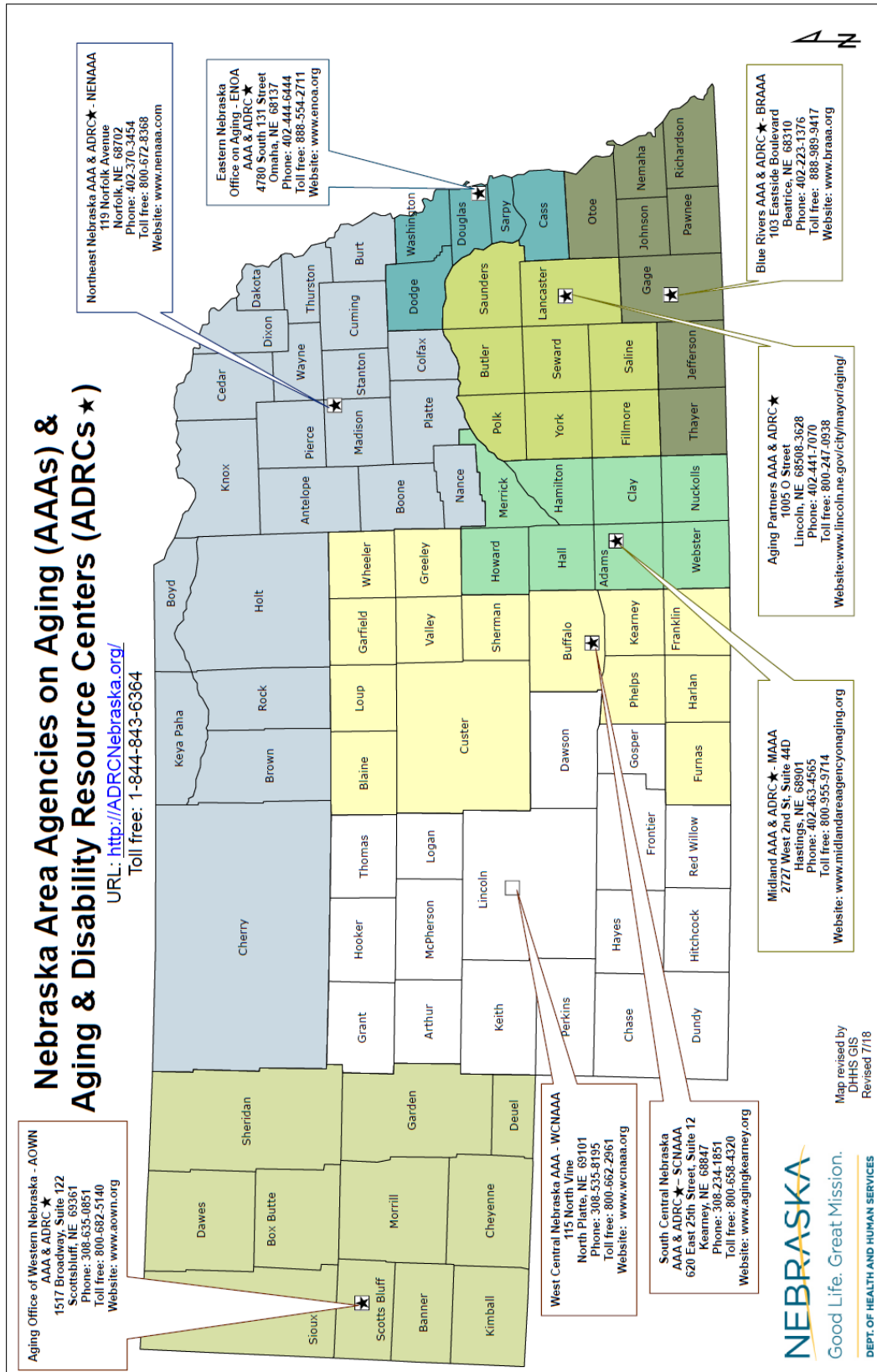|	
AAA	Area Agency on Aging, as defined by the Older Americans Act.
ACL	Administration for Community Living, within the federal Health and Human Services.
ADRC	Aging and Disability Resource Center, as defined by Nebraska State Statute.
ADvancing States	formerly NASUAD (National Association of States United for Aging and Disabilities).
AIRS Taxonomy	Developed by 2-1-1 of Los Angeles County (CA) to define human services. This serves as a national standard.
AoA	Administration on Aging, within the Administration for Community Living.
AOWN	Aging Office of Western Nebraska (located in Scottsbluff, NE).
AP or **Aging Partners**	Lincoln Area Agency on Aging (Located in Lincoln, NE).
APO	ADRC Partner Organizations. Organizations that work with the AAAs and provide ADRC services.
Basic Information	A service that provides the individuals with current information on opportunities and services available to the individuals within their communities. It is often a "look-up" service, such as: "What time…?", "Where is the closest…?", etc. The service unit is a contact.
Benefits Assistance	A state ADRC Program service that provides assistance for people who are having difficulty understanding and/or obtaining grants, payments, services, or other benefits for which they may be eligible.
BRAAA	Blue Rivers Area Agency on Aging (located in Beatrice, NE).
CMS	Centers for Medicare & Medicaid Services, within the federal Health and Human Services.
Client	A person who needs assistance.
Contact	Service unit used to document a communication in a one-on-one setting.
ENOA	Eastern Nebraska Office on Aging (located in Omaha, NE).
HCBS	Home and Community Based Services.
Home Care Provider Registry	A home care provider registry that will provide a person who needs home care with the names of home care providers and information about his or her rights and responsibilities as a home care consumer.
Hour	Service unit used to track time spent providing a service. Rounded to the nearest quarter hour increment.
IDD	Intellectual or developmental disability.
I&R or **Information and Referral**	A state ADRC Program whose primary purpose is to maintain information about human service resources in the community and to link people who need assistance with appropriate service providers and/or to supply descriptive information about the agencies or organizations which offer services. The service unit is a contact.
LTC	Long-term care.
LTSS	Long-term services and supports.
MAAA	Midland Area Agency on Aging (located in Hastings, NE).
Mobility Training	A state ADRC Program service that provides training to introduce new riders, commuters, and other residents to the transportation options that are available in their community and train them to use the system effectively.
NENAAA	Northeast Nebraska Area Agency on Aging (located in Norfolk, NE).
NWD	No Wrong Door (aka Aging & Disability Resource Center ADRC).
OC or **Options Counseling**	A state ADRC Program service that assists an eligible individual in need of long-term care and his or her representatives to make informed choices about the

	services and settings which best meet his or her long-term care needs and that uses uniform data and information collection and encourages the widest possible use of community-based options to allow an eligible individual to live as independently as possible in the setting of his or her choice. It can be tracked by contact or by hours.
SCNAAA	South Central Nebraska Area Agency on Aging (located in Kearney, NE).
SUA	State Unit on Aging, within the Division of Medicaid and Long-Term Care.
Transitional Options Counseling	A state ADRC Program service that develops, implements, assesses, and follows up on plans for the evaluation, treatment and/or care of people who are experiencing a specific, time-limited problem. It is tracked by the hour.
Unmet Needs	A process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs. Unmet needs are collected as part of the uniform data collection process.
WCNAAA	West Central Nebraska Area Agency on Aging (located in North Platte, NE).

Aging and Disability Resource Center (ADRC)
Department of Health and Human Services, Medicaid and Long-Term Care, State Unit on Aging

2021 Report

Appendix 2: ADRC Service Map

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

URL: http://ADRCNebraska.org/
Toll free: 1-844-843-6364

Eastern Nebraska
Office on Aging - ENOA
AAA & ADRC ★
4780 South 131 Street
Omaha, NE 68137
Phone: 402-444-6444
Toll free: 888-554-2711
Website: www.enoa.org

Northeast Nebraska AAA & ADRC ★ - NENAAA
119 Norfolk Avenue
Norfolk, NE 68702
Phone: 402-370-3454
Toll free: 800-672-8368
Website: www.nenaaa.com

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

Aging Partners AAA & ADRC ★
1005 O Street
Lincoln, NE 68508-3628
Phone: 402-441-7070
Toll free: 800-247-0938
Website:www.lincoln.ne.gov/city/mayor/aging/

Midland AAA & ADRC ★ - MAAA
2727 West 2nd St, Suite 44D
Hastings, NE 68901
Phone: 402-463-4565
Toll free: 800-955-9714
Website: www.midlandareaagencyonaging.org

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

West Central Nebraska AAA - WCNAAA
115 North Vine
North Platte, NE 69101
Phone: 308-535-8195
Toll free: 800-662-2961
Website: www.wcnaaa.org

South Central Nebraska
AAA & ADRC ★ - SCNAAA
620 East 25th Street, Suite 12
Kearney, NE 68847
Phone: 308-234-1851
Toll free: 800-658-4320
Website: www.agingkearney.org

Map revised by
DHHS GIS
Revised 7/18

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Counties shown: Sioux, Dawes, Sheridan, Box Butte, Scotts Bluff, Banner, Morrill, Garden, Kimball, Cheyenne, Deuel, Grant, Arthur, Keith, Perkins, Chase, Dundy, Hooker, McPherson, Logan, Lincoln, Hayes, Hitchcock, Red Willow, Frontier, Furnas, Gosper, Phelps, Harlan, Thomas, Cherry, Keya Paha, Brown, Rock, Boyd, Holt, Blaine, Loup, Garfield, Wheeler, Valley, Greeley, Custer, Sherman, Howard, Dawson, Buffalo, Kearney, Franklin, Hall, Adams, Webster, Nuckolls, Merrick, Hamilton, Clay, Nance, Boone, Antelope, Knox, Cedar, Pierce, Madison, Stanton, Wayne, Dixon, Dakota, Thurston, Cuming, Colfax, Platte, Polk, York, Fillmore, Thayer, Seward, Saline, Jefferson, Butler, Saunders, Lancaster, Gage, Burt, Washington, Douglas, Sarpy, Cass, Dodge, Otoe, Johnson, Nemaha, Pawnee, Richardson

Appendix 3: Total Population by Service Area

The total Nebraska population is estimated at 1,914,571 individuals. Appendix 3 reflects the total population within each service area.

Population and Counties

	AOWN	Aging Partners	Blue Rivers	ENOA	Midland	Northeast	South Central	West Central
Population	84,739	398,310	72,488	824,763	130,266	205,106	100,300	98,599
Counties	11	8	8	5	8	22	14	17
Percent of Population	4%	21%	4%	43%	7%	11%	5%	5%
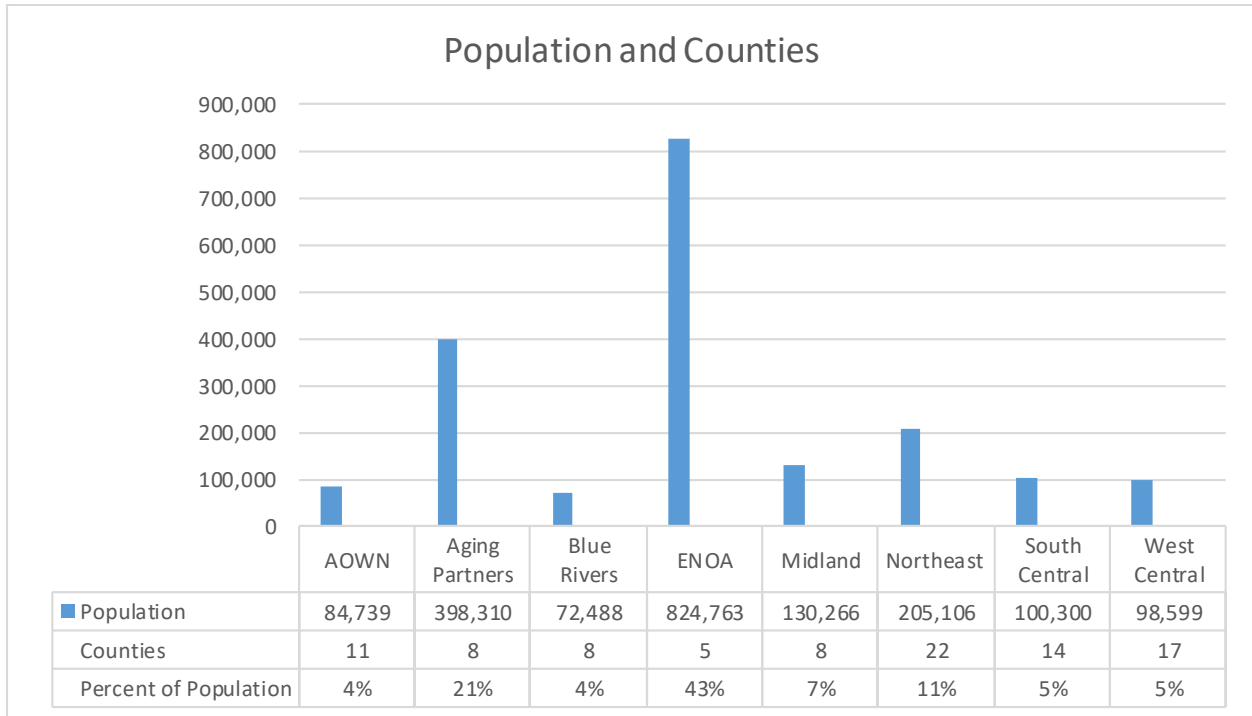
Note: Margin of Error is not included. Source: American Community Survey, 2015-2019

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

Appendix 4: ADRC FY22 Plan for Services Sample

This plan was developed by Nebraska's Area Agencies on Aging and submitted to the State Unit on Aging with the SFY22 Area Plan updates at the end of SFY21. The information in the Plan reflects data available at the time it was created. *(Note: some formatting was applied for this report)*

AGING AND DISABILITY RESOURCE CENTER (ADRC) NEBRASKA - 4.23.21

Overview

This Plan for Aging and Disability Resource Center (ADRC) Services is jointly developed by Nebraska ADRC members, referred to as Area Agency on Aging (AAA) Partners and Disability Partners. Together, the AAA Partners and Disability Partners collaborate in the implementation and further development of ADRC Nebraska.

AAA Partners include: Aging Office of Western Nebraska (AOWN), Aging Partners (AP), Blue Rivers Area Agency on Aging (Blue Rivers), Eastern Nebraska Office on Aging (ENOA), Midlands Area Agency on Aging (Midlands), Northeast Nebraska Area Agency on Aging (NENAAA), and South Central Nebraska Area Agency on Aging (SCNAAA).

Disability Partners include: Brain Injury Alliance of Nebraska, Easterseals Nebraska, League of Human Dignity, and University of Nebraska Medical Center Munroe-Meyer Institute.

ADRC Purpose

The purpose of the Aging and Disability Resource Center Act (Neb. Rev. Stat. § 68-1111 to 68-1120) is to provide information about long-term care services and support available in the home and community for older Nebraskans or persons with disabilities, family caregivers, and persons who request information or assistance on behalf of others. It is available to assist eligible individuals to access the most appropriate public and private resources to meet their long-term care needs.

The Act further states that the ADRC is to serve as an ongoing component of Nebraska's long-term care continuum and that ADRC sites are to coordinate and establish partnerships as necessary with organizations specializing in serving aging persons and persons with disabilities to provide ADRC services.

The Opportunity

ADRC Nebraska is a convenient point of entry to the range of publicly supported long-term care programs for an eligible individual. We are designed to serve as highly visible and trusted places available in communities where people of all ages, incomes, and disabilities can get information and counseling on the full range of Long-Term Care (LTC) options.

The overall goal is to enhance the existing infrastructure by creating single points of entry at the local level to increase eligible individuals' access to information and services for long-term care and supports in a comprehensive, flexible, and cost-effective manner by:

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

- Reaching and serving elderly people and people with disabilities, regardless of their income, health condition and long-term care needs by providing information and assistance to promote health, safety and independence;

- Providing reliable, objective information about a broad range of community resources of interest to the elderly and people with disabilities; and,

- Enabling people to make informed, cost-effective decisions about LTC and delaying or preventing the need to apply for public assistance to pay for LTC services.

The System

ADRC Nebraska offers a coordinated system for providing:

- Comprehensive information on available public and private LTC programs and services;
- Services to assist eligible individuals in the development of a LTC plan of services and supports;
- Access to the range of publicly supported LTC programs for which consumers may be eligible;
- A convenient point of entry for available resources and referrals; and,
- Partnerships with disability organizations that specialize in serving persons with congenital and acquired disabilities.

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

Our Plan

ADRC Nebraska Action Plan Fiscal Year 2021/2022

The ADRC Nebraska Action Plan (Attachment 1) is the creation of the ADRC Leadership Team, composed of the AAA Partners, Disability Partners, and Fritz & O'Hare Associates. The Action Plan is current until June 30, 2022 and will be updated on an annual basis.

The purpose of the Action Plan is to outline strategies to improve and implement the delivery of ADRC services. Additionally, the plan includes work with the State Unit on Aging (SUA) related to Federal Financial Participation through Medicaid Administrative Claiming and website development.

ADRC Direct Services Provision

ADRC Nebraska currently offers the following ADRC services, as defined in the State Unit on Aging Program Reference Guide:

40. Information & Referral
41. Options Counseling
42. Transitional Options Counseling
43. Benefits Assistance
44. Mobility Training

Additionally, ADRC Nebraska offers the option of providing the following ADRC services, as defined in the State Unit on Aging Program Reference Guide:

45. Point of Entry
46. Unmet Service Needs
47. Home Care Provider Registry

ADRC Partnerships

The four identified Disability Partners have entered into Service Contract Agreements to define their work with the ADRC and agree to fulfill the responsibilities as outlined in their contract. South Central Nebraska Area Agency on Aging and Midland Area Agency on Aging manage these contracts.

Each AAA Partner and Disability Partner determines the ADRC services to be provided by their organization.

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

Resources

The following are utilized as operational tools by ADRC Nebraska staff. These tools will continue to evolve as ADRC Nebraska progresses:

- PeerPlace – Software system to document and track participants and referrals
- ADRC Website – Current vender is Arounja, with plans to merge with Nebraska 2-1-1
- ADRC Orientation and Operations Manuals – Manuals used by ADRC staff to provide orientation and outline ADRC processes and operations
- Training - Ongoing training opportunities for ADRC providers on relevant resources

FUNDING

AOWN, AP, Blue Rivers, ENOA, Midlands, NENAAA and SCNAAA have each submitted ADRC budgets in their respective approved Area Plans. The following are additional funding allocations.

- <u>Fritz & O'Hare Associates</u>: AOWN, AP, Blue Rivers, ENOA, Midlands, NENAAA and SCNAAA will each provide funding to NE4A in the amount of $4,285.71 for the purpose of contracting with Fritz & O'Hare to provide organization, coordination, training, and oversight of the operations of ADRC Nebraska.

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

Attachment 1

ADRC Action Plan for Fiscal Year 2021/2022

The ADRC Action Plan was developed by the ADRC Leadership Team to reflect the goals and activities of the ADRC necessary for implementing Nebraska's Aging and Disability Resource Center Act. The Leadership Team (composed of representatives from each of the participating ADRC partner organizations) holds responsibility for the completion of the action steps outlined in this plan. Progress will be reviewed on a quarterly basis, with adjustments to the plan as needed.

Goal 1. The 211 website is utilized by ADRC providers and the public (pending the State Unit on Aging's transfer of the Arounja site to the 211 site).
Estimated Completion Date: 1/1/22

Action Steps	Lead	Timeline
1.1 **Orientation to the 211 site, including process for updating information, is provided to ADRC staff.**	Program Coordinators	11/1/21
1.2 **Orientation to ADRC services is provided to 211 staff.**	Program Coordinators	11/1/21
1.3 **ADRC providers ensure all information for their organization and common referral sources are accurately recorded on the 211 site.**	ADRC Providers	1/1/22

Goal 2: An ADRC marketing plan is developed and implemented.
Estimated Completion Date: 4/1/22

Action Steps	Lead	Timeline
2.1 **All ADRC providers contribute funds to support an ADRC marketing plan that highlights and promotes the ADRC services offered by each provider.**	Leadership Team	1/1/22
2.2 **An ADRC marketing plan is developed by a Marketing Subcommittee.**	Program Coordinators	2/1/22
2.3 **Marketing plan is launched.**	Program Coordinators	4/1/22

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

Goal 3: Federal Financial Participation (FFP) through Medicaid Administrative Claiming is maximized to support the ADRC.
Estimated Completion Date: 6/30/22

Action Steps	Lead	Timeline
3.1 ADRC providers participate and report on services necessary to maximize Federal Financial Participation funding for the ADRC.	ADRC Providers	Ongoing

Goal 4: The Disability Partners are fully integrated ADRC providers.
Estimated Completion Date: 6/30/22

Action Steps	Lead	Timeline
4.1 Legislation is proposed to allow for direct contracting between the State Unit on Aging and Disability Partners for the delivery of ADRC services.	Leadership Team	6/30/22
4.2 The collaboration between AAA Partners and Disability Partners is strengthened through ongoing meetings, communication, and joint planning activities.	Leadership Team	Ongoing
4.3 ADRC operational processes to support Disability Partners receiving direct calls and referrals are implemented at Disability Partner sites (if contracting, as referenced in 4.1, is implemented).	Disability Partners	6/30/22
4.4 Fiscal support from Disability Partners for the support of ADRC program management is obtained to supplement the funding provided by the AAA Partners.	Leadership Team	6/30/22

Exhibit 7 - Contracted ADRCs – Munroe Meyer Institute (MMI)

Goal 5: ADRC statistical quarterly reports are completed and distributed.
Estimated Completion Date: 1/1/22

Action Steps	Lead	Timeline
5.1 **ADRC data is collected on a quarterly basis.**	ADRC Providers	10/1/21
5.2 **An ADRC quarterly report is provided to the Leadership Team and other stakeholders.**	Program Coordinators	11/1/21
5.3 **The use of consumer satisfaction surveys is explored and, if surveys are utilized, a data collection method is developed and implemented to provide data for inclusion in quarterly reports.**	ADRC Subcommittee/ Program Coordinators	8/1/21

Goal 6: Ongoing relevant trainings are promoted and offered to ADRC providers.
Estimated Completion Date: On-going

Action Steps	Lead	Timeline
6.1 **The ADRC Quality Assurance Team and the Training Subcommittee work to ensure quality ADRC services are delivered.**	Program Coordinators	Ongoing
6.2 **Training on identified and relevant topics is delivered to ADRC providers, including Medicaid and Economic Assistance updates.**	Program Coordinators	Ongoing
6.3 **ADRC providers share information and training opportunities across organizations to maximize learning.**	ADRC Providers	Ongoing