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

Aging & Disability Resource Center Report

December 1, 2019

LB 793 (2018)

Contents

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Acronyms and Definitions

- **AAA**- Area Agency on Aging
- **ACL**- Administration for Community Living
- **ADRC**- Aging and Disability Resource Center
- **ADvancing States**- formerly NASUAD (National Association of States United for Aging and Disabilities)
- **AIRS Taxonomy**- Developed by 211 of LA County (Los Angeles CA)
- **AoA**- Administration on Aging
- **AOWN**- Aging Office of Western Nebraska
- **AP** or **Aging Partners**- Lincoln Area Agency on Aging
- **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.
- **BR** or **BRAAA**- Blue Rivers Area Agency on Aging
- **Caller**- Someone calling on behalf of another or themselves
- **CMS**- Centers for Medicare & Medicaid 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
- **Hour**- Service unit used to track time spent providing a service. Rounded to the nearest quarter hour increment. (.25 = 15 minutes; .50 = 30 minutes; etc.).
- **IDD**- Intellectual and developmental disability
- **I&R** or **Information & Referral** – A service that provides a brief assessment of the individual's long and short-term needs, identify resources to meet those needs, provide a referral to identified resources, and, where appropriate, follow up to ensure that the individual's needs have been met. The service unit is a contact.
- **LTC**- Long-term care
- **LTSS**- Long term services and supports
- **Mid** or **MAAA**- Midland Area Agency on Aging
- **NEN** or **NENAAA**- Northeast Nebraska Area Agency on Aging
- **NWD**- No Wrong Door
- **OC** or **Options Counseling** – A 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.
- **RFP**- Request for Proposals
- **SCN** or **SCNAAA**- South Central Nebraska Area Agency on Aging
- **Taxonomy**- a system of classification to provide order and arrangement for administration of information, vocabulary, terminology, services, and processes
- **WCN** or **WCNAAA**- West Central Nebraska Area Agency on Aging

Introduction

The Division of Medicaid and Long-Term Care prepared this annual report for the Legislature, as required by LB793 (2018) and codified in §68-1118.

ADRCs are intended to provide information about publicly and privately funded Long-Term Services and Supports (LTSS) to all populations with disabilities, as well as provide access assistance.

The Nebraska Aging and Disability Resource Center Demonstration Project Act created a pilot through LB320, which passed in May of 2015. The purpose of the act was to evaluate the feasibility of establishing ADRCs statewide. The pilot operated from 2016 through 2018. The act designated funding for the pilot, an independent evaluator, and one year of marketing funding.

Seven of the eight (8) Area Agencies on Aging (AAA) participated in the pilot, and continued as ADRCs with permanent funding. Participating AAAs include: AOWN, Aging Partners, Blue Rivers, ENOA, MAAA, NENAAA, and SCNAAA. A map of the service areas is included at the end of this report.

The pilot was evaluated by HCBS Strategies, of Baltimore, MD. This consulting firm was selected through a competitive bid process, and works with several states on ADRC and other home and community-based services projects. The pilot project annual evaluation reports for 2016, 2017, and 2018 are posted on the Legislative and DHHS websites.

The ADRCs became permanent through LB 793, which passed in April of 2018. Funding was designated from the Health Care Cash Fund for FY2019 and FY2020. Beginning in FY2021, general funds will be appropriated.

Area Agencies on Aging were appropriated $613,912 per year. The first three years, the AAAs requested the funds be equally divided among the participating agencies.

Participating disability partners in 2019 included: the League of Human Dignity, The ARC of Nebraska, Disability Rights Nebraska, UNMC Munroe Meyer Institute, Vocational Rehabilitation, Brain Injury Alliance of Nebraska, and Easterseals Nebraska.

Through LB 793 (2018), the Division of Medicaid and Long-Term Care was required to pursue federal matching funds (Medicaid administrative claiming) to financially supplement the ADRC activities. An RFP for administrative claiming was published and bids are expected in January 2020, with a start date in March 2020. A request for two positions to support the administrative claiming activities were submitted a response is anticipated.

The plan is to hire a contractor familiar with establishing administrative claiming through CMS, state cost allocation plans, random moment time studies, and training state staff. Once the staff are sufficiently trained, the contract will be closed.

Background
National ADRC/NWD Efforts

ADRCs were developed as a pilot by Wisconsin 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 a demonstration grants to states to develop ADRCs starting in 2003.

The original ADRC efforts tended to focus on developing an entity that would act as a single-entry point for individuals needing LTSS. These single-entry points aimed to act as a one-stop for all services and supports that individuals with disabilities might need.

The federal requirement for the ADRCs was to serve older adults and one additional population with disabilities, typically adults with physical disabilities. This federal vision evolved to include all populations with disabilities.

This evolution created challenges because most states had existing entities that provided ADRC-like services to other populations, such as individuals with intellectual and developmental disabilities (IDD). To accommodate this, the federal guidance has shifted to describing a No Wrong Door (NWD) network that includes ADRCs and other access points for LTSS.

No Wrong Door Schematic

Figure 1 presents a schematic promulgated by ACL that describes the core components of a NWD system. ACL has made available a wide array of information about NWD, including this schematic. This schematic identifies four primary functions for the NWD system, and informed Nebraska's efforts.

Figure 1. No Wrong Door Schematic

Public Outreach and Coordination with Key Referal Sources

Schools | Family Members & Friends | Individuals | Local Non-Profits | LTSS Providers

1-800 #'s/211 | Acute Care Systems | VA Medical Center | Nursing Homes

Local I&R Programs | Hospitals | Veteran Directed HCBS | MFP/ Section Q

Person Centered Counseling Process

Assists with any immediate LTSS needs, conducts conversation to confirm who should be part of process, and identifies goals, strengths and preferences

Comprehensive review of private resources and informal supports

Facilitates informed choice of available options and the development of the Person Centered Plan

Facilitates implementation of the plan by linking individuals to private pay resources, and if applicable, in applying for public LTSS programs and follow-up.

As needed, facilitates diversion from nursing homes, transition from nursing home to home, transition from hospital to home, and transition from post-secondary school to post-secondary life.

Person Centered Counseling

Improving the Efficiency and Effectiveness of LTSS Eligibility Process Across Multiple Public Programs:

Leverages Person Centered Counseling staff to use information from the person centered plan to help individuals complete applications for public LTSS program(s) and to help them through the entire eligibility process

Continually identifies ways to improve the efficiency and effectiveness of the eligibility determination processes across the multiple LTSS programs administered by the state, while also creating a more expeditious and seamless process for consumers and their families

Streamlined Eligibility to Public Programs

State Leadership, Management and Oversight

Must include support from the Governor and involvement from State Medicaid Agency, State Agencies Administering programs for Aging, Intellectual and Developmental Disabilities, Physical Disabilities and Mental/Behavioral Health

Must involve input from external stakeholders, including consumers and their families, on the design, implementation, and operation of the system

Responsible for designating the agencies and organizations that will play a formal role in carrying out the NWD system

Will use NWD System as a vehicle for making its overall LTSS System more consumer-driven and cost-effective

State Governance and Administration

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. The plan was published August 9, 2017. The plan is located online[1].

- *"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 minimizes confusion, enhances consumer choice and supports informed decision making."

  NEBRASKA LONG TERM CARE REDESIGN PLAN — FINAL
  AUGUST 9, 2017

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1 http://dhhs.ne.gov/Documents/Long-Term%20Care%20Redesign%20Plan%20-%20Final%20by%20Mercer%20Health%20Benefits,%20Inc.pdf

Nebraska's ADRC Effort

LB320 established the Aging and Disability Resource Center Demonstration Project Act in May 2015, which included $65,000 of funding designated for marketing the pilot, and $150,000 of funding designated for an independent evaluator.

The marketing funding was essential for the launch of a new, statewide service. The funds were used for 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.

With the passage of LB 793 in April 2018, Nebraska's ADRCs became a permanent program.

LB 793 restricted funding to the AAAs. AAAs are required to submit plans, are allowed to partner and submit joint plans, and are required to partner with disability agencies. (§68-1117)

The legislation did not provide authority for the promulgation of regulations. The State Unit on Aging provides oversight, technical assistance, reimbursement, and grant management of the program.

The legislation also requires the state to pursue federal matching funds (Medicaid administrative claiming), through CMS, to financially supplement the ADRC activities. (§68-1115)

Legislative Findings (§68-1112):

> (1) *Anticipating and preparing for significant growth in the number of older Nebraskans and the future needs of persons with disabilities, both of which will require costly long-term care services;*
> (2) *Improving access to existing services and support for persons with disabilities;*
> (3) *Streamlining the identification of the needs of older Nebraskans and persons with disabilities through uniform assessments and a single point of contact; and*

(4) Creating statewide public information campaigns to educate older Nebraskans, persons with disabilities, and their caregivers on the availability of services and support.

Agencies serving as ADRCs are to provide one or more of the following services (§68-1116):

(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;

(5) A process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs;

(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;

(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; and

(8) 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.

Items (4) point of entry, (5) unmet needs, and (8) home care provider registry, were determined to be administrative functions (rather than client services) for the AAAs serving as ADRCs. The FY19 list included item (8), see Figure 4. This was removed in the FY20 service list, see Figure 18.

Upon passage of LB793, the State Unit on Aging implemented an action plan to begin the transition to a permanent ADRC network. The seven participating AAAs from the pilot program (FY 2017 and FY 2018) chose to participate in the permanent program in FY 2019.

AAAs were provided requirements to begin developing their ADRC Plan(s) which are required to obtain funding (§68-1117):

Requirements to award funding for aging and disability resource centers:

1) An area agency on aging shall establish a partnership with one or more lead organizations that specialize in serving persons with congenital and acquired disabilities to provide services for the purpose of developing an aging and disability resource center plan.

2) After consultation with a collaboration of organizations providing advocacy, protection, and safety for aging persons and persons with congenital and acquired disabilities, the partnership may submit to the department an aging and disability resource center plan.

3) The plan shall specify how organizations currently serving eligible individuals will be engaged in the process of delivery of services through the aging and disability resource center.

4) The plan shall indicate how resources will be utilized by the collaborating organizations to fulfill the responsibilities of an aging and disability resource center.

5) Two or more area agencies on aging may develop a joint aging and disability resource center plan to serve all or a portion of their planning-and-service areas. A joint plan shall provide information on how the services described in §68-1116 will be provided in the counties to be served by the aging and disability resource center.

6) ADRC plans must provide at least one of the following ADRC Taxonomy Services, as described in the Program Reference Guide, and developed from §68-1116:

   o Information and Referral
   o Options Counseling
   o Transitional Options Counseling
   o Benefits Assistance
   o Mobility Training
   o Directory Development

The taxonomy of services was updated for FY20 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.

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

Subrecipient monitoring of ADRC sites was conducted in conjunction with annual monitoring of AAA's during the year. The results were reported in the annual monitoring letter to the agency Governing Board Chair.

Contact the ADRC
Call Toll-Free (844) 843-6364

The toll-free phone number (844) 843-6364 determines the caller's ADRC site and routes the call based on the caller's area code and prefix code (known as geo-routing). Out-of-state callers and unknown phone numbers are routed to Blue Rivers. In FY 19, the toll-free number received 426 calls. The majority of calls were from Nebraskans – with 311 in state calls. Only 14 calls had an unknown incoming phone number. The remaining 101 calls originated from 26 other states. Florida phone numbers called the toll-free phone number 20 times, followed by South Dakota (8), Colorado (7); Kansas (6) and Iowa (6).

ADRC Website

The ADRC Website: http://ADRCNebraska.org/ is hosted on the Trilogy Network of Care website. *Figure 2* highlights the total number of website hits each fiscal year since its inception in FY 2016. Website use has grown, but is leveling out.

Figure 2. Annual ADRC Website Activity
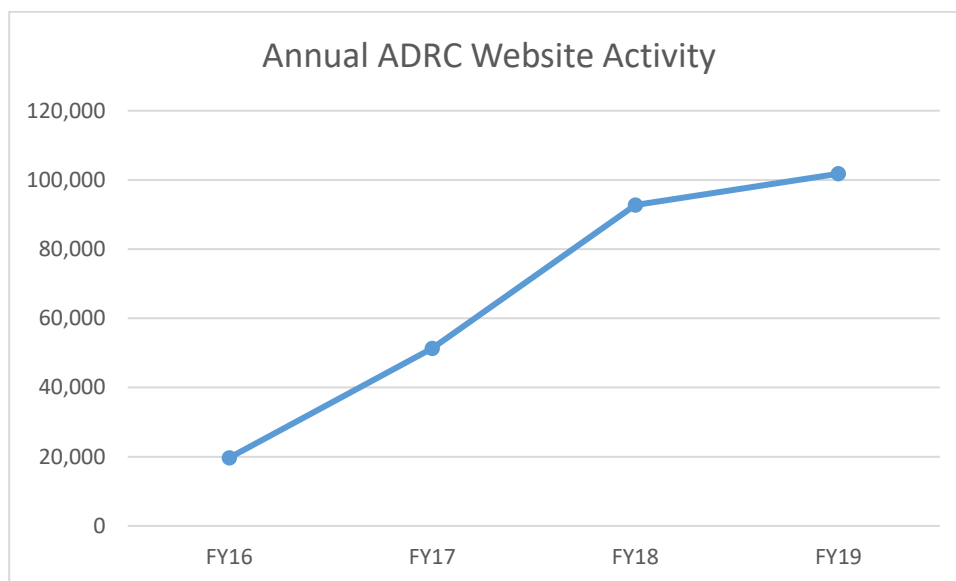
The ADRC Website hosts a publicly available Resource Directory. It has shown continual growth and currently contains 1,638 agency listings. ADRC staff help maintain accurate agency information.

The public can filter their search by their region (by AAA site) or within a certain distance of a zip code. *Figure 3* highlights the different services, health conditions, and age ranges tracked in the Resource Directory. These categories are organized by the AIRS taxonomy. *Figure 3* provides an overview of the resources available within the database as of June 30, 2019. Resources are counted if they 1) serve the entire state or 2) serve the specific region.

Figure 3. Resource Directory by Service Type

Resource Directory Listing Taxonomy	Total	Resource Directory Listing Taxonomy	Total	Resource Directory Listing Taxonomy	Total
Adult Day Programs	47	Holocaust Survivors	9	Personal Alarm Systems	22
Advocacy	96	Home Delivered Meals	146	Personal Care	46
AIDS/HIV	19	Home Health Care	156	Physical Disabilities	62
Alzheimer's Disease	83	Home/Community Based Developmental Disabilities Programs	46	Postsecondary Institutions	1
Assisted Living Facilities	284	Homeless Shelter	14	Protection and Advocacy for Individuals With Disabilities	5
Assistive Technology Equipment	36	Hospice Care	79	Protective Services	3
Autism Spectrum Disorders	39	Hospitals	117	Public Assistance Programs	17
Benefits Assistance	70	Housekeeping Assistance	44	Rehabilitation/Habilitation Services	55
Bereavement Support Groups	20	Housing Authorities	111	Respite Care	1
Brain Injuries	51	Housing Counseling	40	School Districts	1
Career Counseling	11	Housing Expense Assistance	44	Social Development and Enrichment	4
Caregiver/Care Receiver Support Groups	16	In Home Meal Preparation	38	Social Skills Training	42
Caregivers	46	Independent Living Skills Instruction	35	Special Education	2
Centers for Independent Living (includes multiple sites)	15	Information and Referral	171	Speech Impairments	12
Community Clinics	202	Intermediate Care Facilities for Individuals With Developmental Disabilities	15	Spinal Cord Injuries	31
Congregate Meals/Nutrition Sites	205	Lawyer Referral Services	18	Spouse/Intimate Partner Abuse Counseling	1
Crisis Intervention	17	Leisure Activities/Recreation	170	Substance Use Disorders	23
Dental Care	15	Local Officials Offices	97	Supported Employment	42
Developmental Disabilities	159	Local Transportation	3	System Advocacy	67
Early Childhood Education	5	Long Term Care Options Counseling	7	Terminal Illness	102
Farmers Markets	1	Low Income/Subsidized Private Rental Housing	107	Utility Assistance	17
Food Pantries	71	Mental Health Support Services	46	Veterans	35
General Legal Aid	11	Mental Illness/Emotional Disabilities	71	Visual Impairments	23
General Minor Home Repair Programs	8	Native American Community	19	Vocational Rehabilitation	85
Guardianship Assistance	26	Nursing Facilities	205	Volunteer Opportunities	100
Health/Disability Related Support Groups	35	Nutrition Education	34		
Hearing Loss	29	People With Chronic Illnesses	10		

ADRC Services & Costs

Local ADRC Services

ADRC staff are available at seven out of eight AAAs. *Figure 4* lists the Taxonomy services available for FY2019. ADRC Services are in yellow, boxed, italicized (services #45-#50). Two services listed in LB 793 were offered in FY2019.

Figure 4. FY2019 Taxonomy Services by AAA and ADRC

Service #	Service	AOWN	AP	BR	ENOA	MID	NEN	SCN	WCN
1	Personal Care		✓		✓				
2	Homemaker	✓	✓	✓	✓	✓		✓	
3	Chore	✓	✓	✓	✓	✓		✓	
4	Home Delivered Meals	✓	✓	✓	✓	✓	✓	✓	✓
5	Case Management - IIIB		✓			✓	✓		
6	Care Management - CASA	✓	✓	✓	✓	✓	✓	✓	✓
7	Congregate Meals	✓	✓	✓	✓	✓	✓	✓	✓
8	Nutrition Counseling		✓		✓				
9	Assisted Transportation		✓		✓		✓		
10	Transportation		✓		✓	✓	✓		✓
11	Legal Assistance	✓	✓	✓	✓	✓	✓	✓	✓
12	Nutrition Education	✓	✓	✓	✓	✓	✓	✓	✓
13	Information & Assistance	✓	✓	✓	✓	✓	✓	✓	✓
14	Outreach	✓	✓			✓	✓	✓	✓
15	Health Education	✓	✓	✓	✓	✓	✓	✓	✓
16	Emergency Response System		✓	✓	✓	✓	✓	✓	✓
17	Information Services - IIIB	✓	✓	✓	✓	✓	✓	✓	✓
18	Financial Counseling		✓			✓	✓		
19	Health Clinic	✓	✓	✓	✓	✓	✓	✓	✓
21	Health Promotion/Disease Prevention	✓	✓	✓	✓	✓	✓	✓	✓
22	Durable Medical Equipment	✓	✓	✓	✓		✓		✓
24	Self-Directed Care	✓	✓			✓	✓		✓
26	Respite-Home	✓							
29	Volunteerism	✓	✓	✓	✓	✓			
30	Volunteerism/Stipend				✓				
35	Supportive Services	✓	✓	✓	✓	✓	✓	✓	✓
37	III-E Information Services	✓	✓		✓	✓	✓	✓	✓
38	III-E Access Assistance	✓	✓	✓	✓	✓	✓	✓	✓
39	III-E Counseling	✓	✓		✓	✓		✓	
40	III-E Respite Care		✓		✓	✓			✓
41	III-E Supplemental Services	✓	✓	✓	✓	✓	✓	✓	✓
42	III-E Self-Directed Care		✓	✓	✓	✓	✓	✓	✓
45	***Information & Referral***	✓	✓	✓	✓	✓	✓	✓	
46	***Options Counseling***	✓	✓	✓	✓	✓	✓	✓	
47	*Transitional Options Counseling*								
48	*Benefits Assistance*								
49	*Mobility Training*								
50	*Directory Development*								

In FY 19, the ADRC recorded 10,517 unique contacts regarding 8,047 unique individuals. **Figure 5** highlights the number of contacts by ADRC service. Informational Contact is a combination of the ADRC service: Information & Referral and Basic Information. In previous reports, the two services were separately reported.
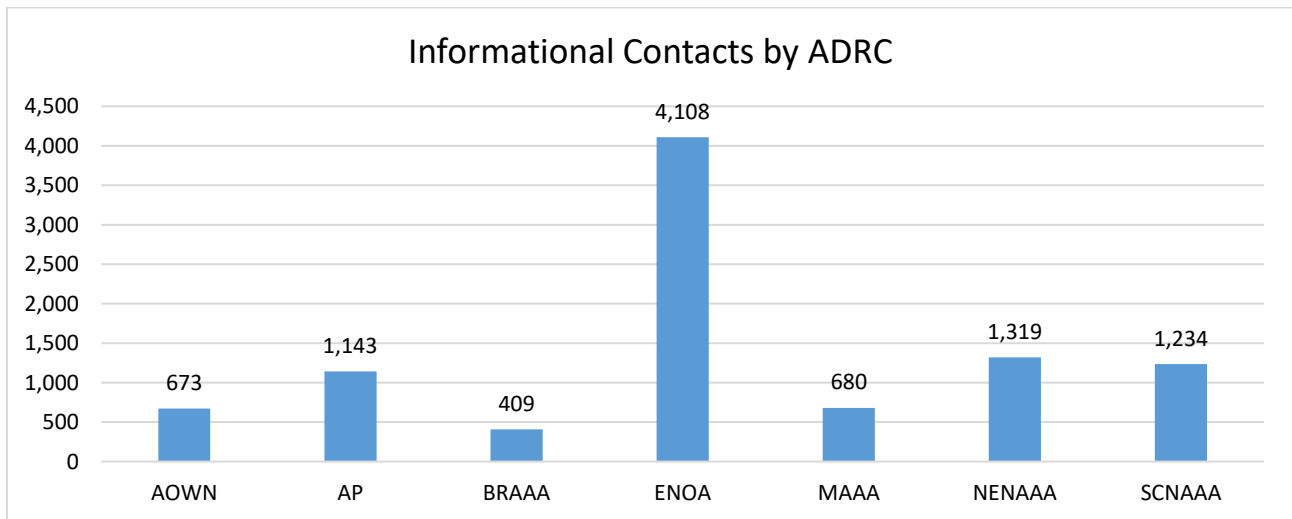
Figure 5. Contacts by ADRC Service

	Informational Contacts	Options Counseling	Total Contacts
# of Contacts	9,566	951	10,517
% of Contacts	90.96%	9.04%	100%

Informational Contacts

The Total Informational Contacts are split by ADRC Site in **Figure 6**.

Figure 6. Informational Contacts by ADRC

Informational Contacts by ADRC

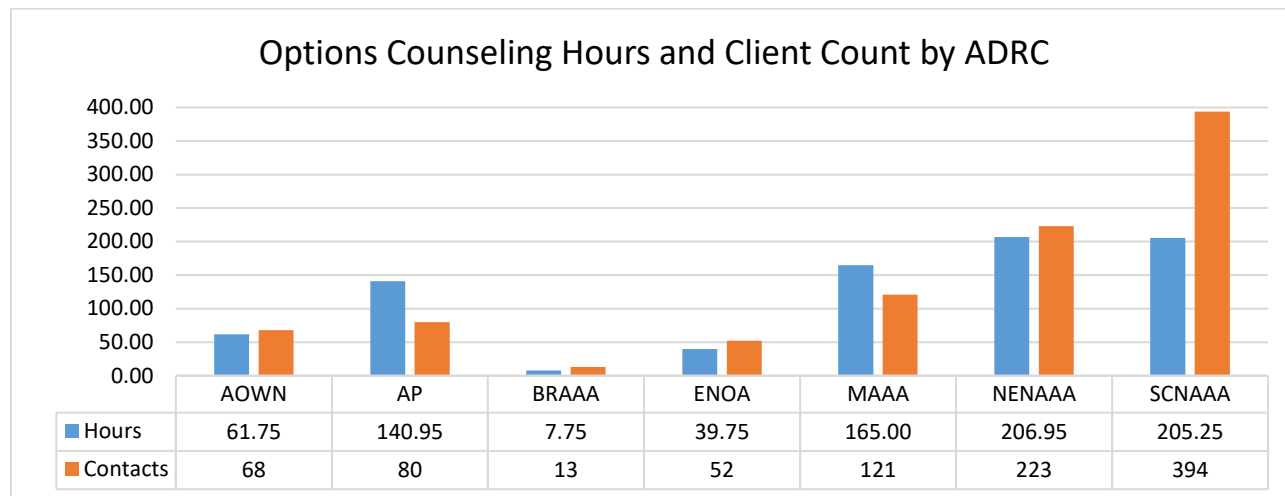| ADRC	Contacts
AOWN	673
AP	1,143
BRAAA	409
ENOA	4,108
MAAA	680
NENAAA	1,319
SCNAAA	1,234

Options Counseling

Figure 7 spotlights the two ways the ADRC service Options Counseling was tracked. 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.

Figure 7. Options Counseling Hours and Client Count by ADRC

Options Counseling Hours and Client Count by ADRC

|	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA
Hours	61.75	140.95	7.75	39.75	165.00	206.95	205.25
Contacts	68	80	13	52	121	223	394

Total Contacts

Figure 8 is the sum of the contacts in **Figure 6** and **Figure 7**. It represents a complete overview of ADRC Services in FY19. Service units can be consistently counted across all services.

Options Counseling was tracked by the hour and by the number of contacts. Options Counseling contacts were added to Informational Contacts to consistently count service units. Future reports will provide the Cost per Unit by Service.

Figure 8. Total Client Contacts by ADRC

Total Client Contacts by ADRC

AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA
741	1,223	422	4,160	801	1,542	1,628
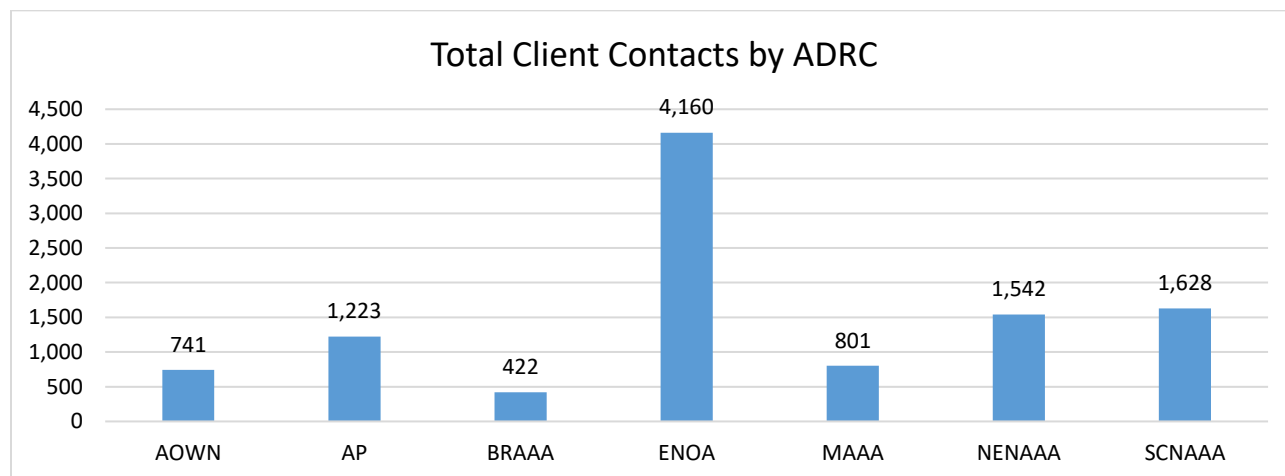
Local ADRC Costs

FY 2019 funding was reported for the ADRC program as a whole, not by the service (Informational Contacts and Options Counseling). *Figure 9* compares each ADRC site's cost to the units of service (contacts) provided. Six of the seven sites used state Community Aging Services Act (CASA) funds to supplement the ADRC program.

Figure 9. Unit of Service Cost by AAA

	Expenditures							
	Statewide	AOWN	Aging Partners	Blue Rivers	ENOA	Midland	Northeast	South Central
ADRC Funds	$574,618	$75,086	$77,419	$87,658	$87,659	$77,449	$81,398	$87,949
CASA Funds	$90,628	$14,575	$0	$7,700	$8,300	$10,045	$8,257	$41,751
Total Spent	$665,246	$89,661	$77,419	$95,358	$95,959	$87,494	$89,655	$129,700
# of Contacts	10,517	741	1,223	422	4,160	801	1,542	1,628
Cost per Contact	$63.25	$121.00	$63.30	$225.97	$23.07	$109.23	$58.14	$79.67

ADRC Callers & Clients

ADRC staff use Trilogy's Call Center software (commonly called the "Referral Dashboard") 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.
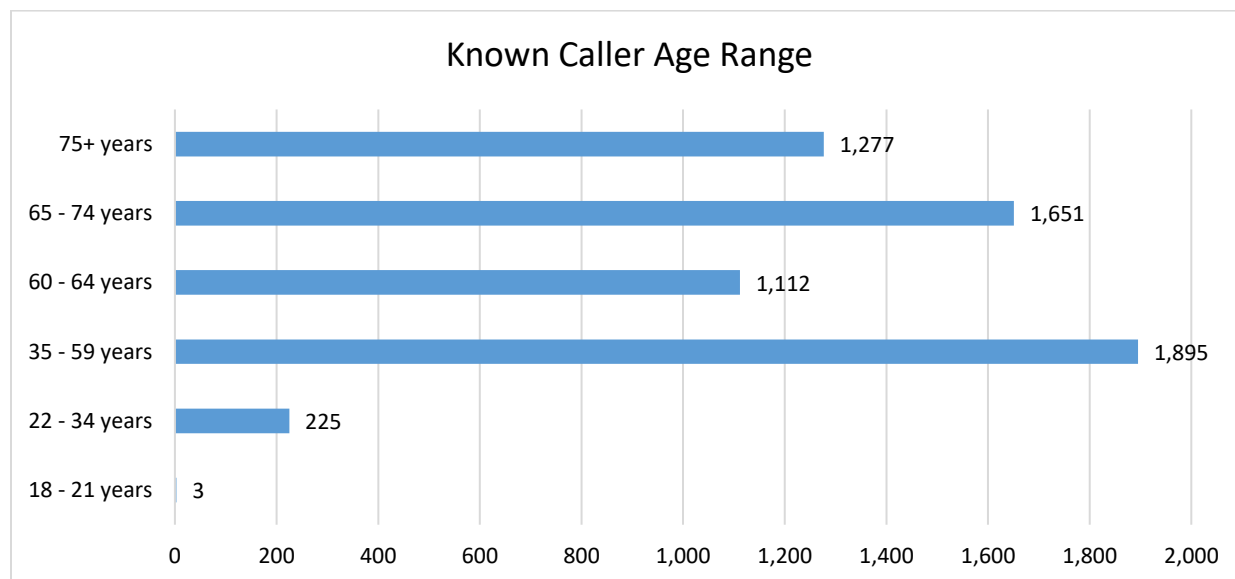
The software consists of two primary components: the home screen, and the call log. The home screen allows staff to see cases that have been assigned to them and/or those that require follow-up. The call log has four tabs:

- Caller- Collects demographic information about the caller and whether there is a concern about safety.
- Client- Collects information about the reason for the call, basic demographic information about the potential client, disability status, and whether the participant has a legal representative.
- Referrals- Allows staff to search the database by taxonomy categories to provide referrals. This database is the same directory available on the public website. This screen also notes if previous referrals have been made.
- Finish call- The final point of documentation, this screen allows staff to document the participant's unmet need(s), the service provided (service units), tasks for follow-up, and additional notes.

Caller Age Range

As noted above, a caller could be contacting the ADRC on their own behalf or on behalf of a friend or loved one. *Figure 10* reflects the age range of the individuals contacting the ADRC. Each caller was counted, duplicates were not removed.

Figure 10. Known Caller Age Range

Known Caller Age Range

| Age Range	Value
75+ years	1,277
65 - 74 years	1,651
60 - 64 years	1,112
35 - 59 years	1,895
22 - 34 years	225
18 - 21 years	3

n=6,163. No callers identified as under 18 years. 5,096 callers did not identify their age & are not shown. 11,259 callers were documented.

Unique Clients Served

Figure 11 shows the unduplicated client count by ADRC Site. Each anonymous client is counted as a unique client.

Figure 11. Unique Clients Served by ADRC

Unique Clients Served by ADRC

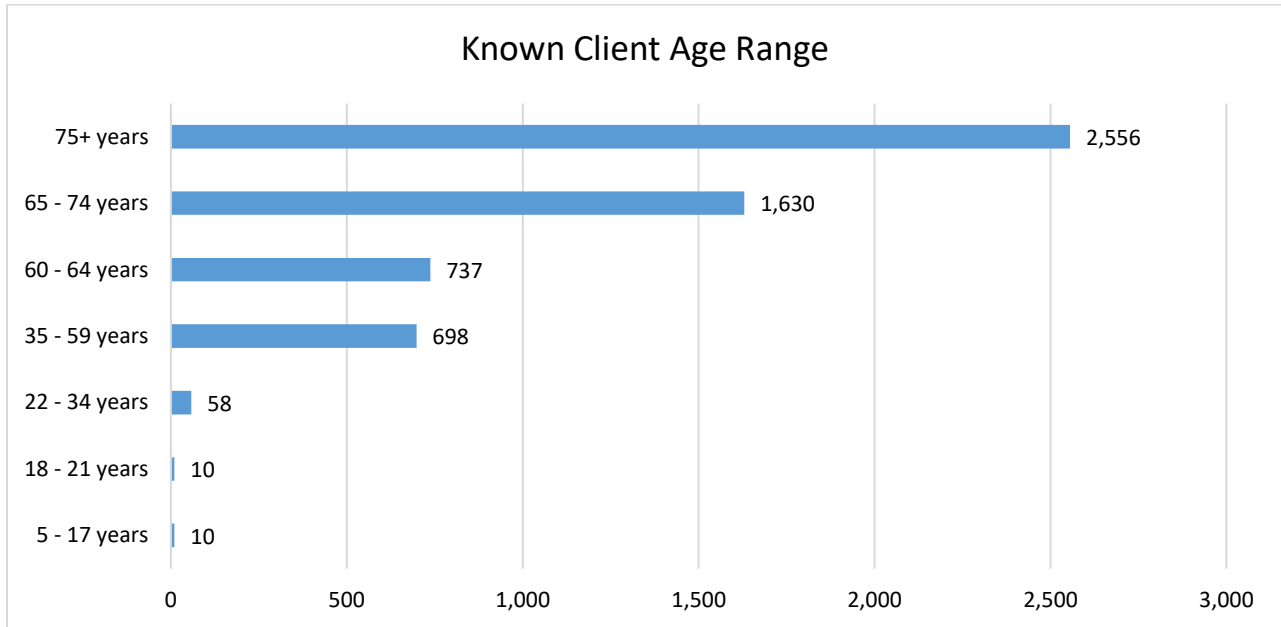| ADRC	Clients
AOWN	520
AP	887
BRAAA	404
ENOA	3,884
MAAA	646
NENAAA	920
SCNAAA	786
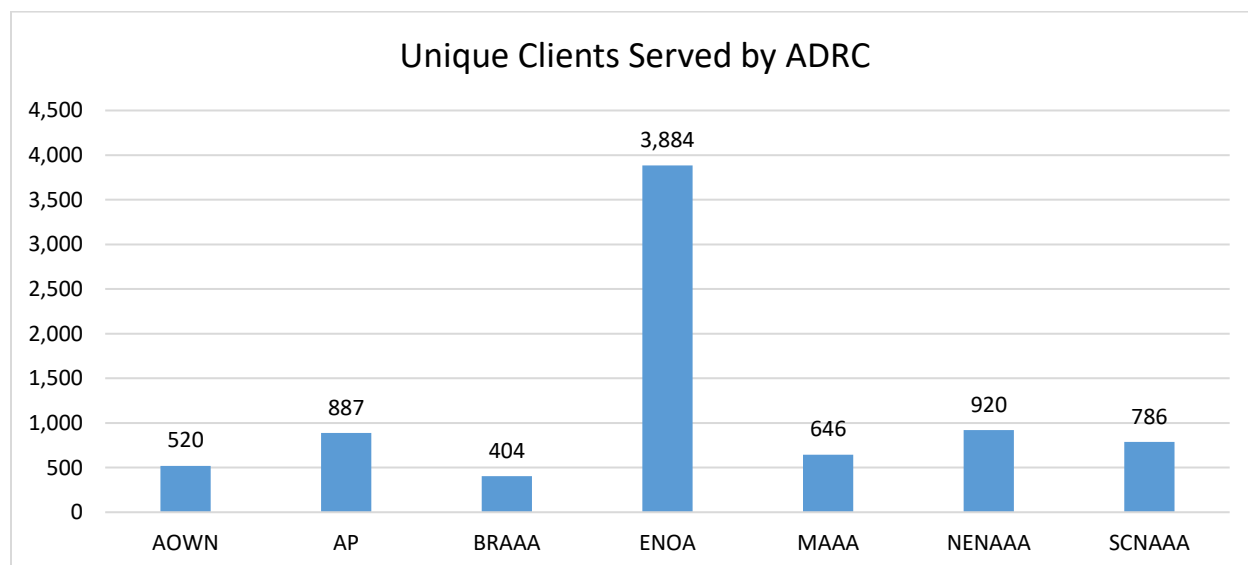
n = 8,047

Client Age Range

Approximately 41% of clients (2,338 of 8,047) did not have an identified age range. **Figure 12** shows the known age ranges for unique clients served. No clients under 5 years were identified.

Figure 12. Known Client Age Range

n= 5,709.

Reported Client Health Conditions

Figure 13 highlights the most commonly reported client health conditions. This list was taken from CMS' Chronic Condition Warehouse. Clients may have more than one condition reported. 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.

Figure 13. Reported Client Health Condition
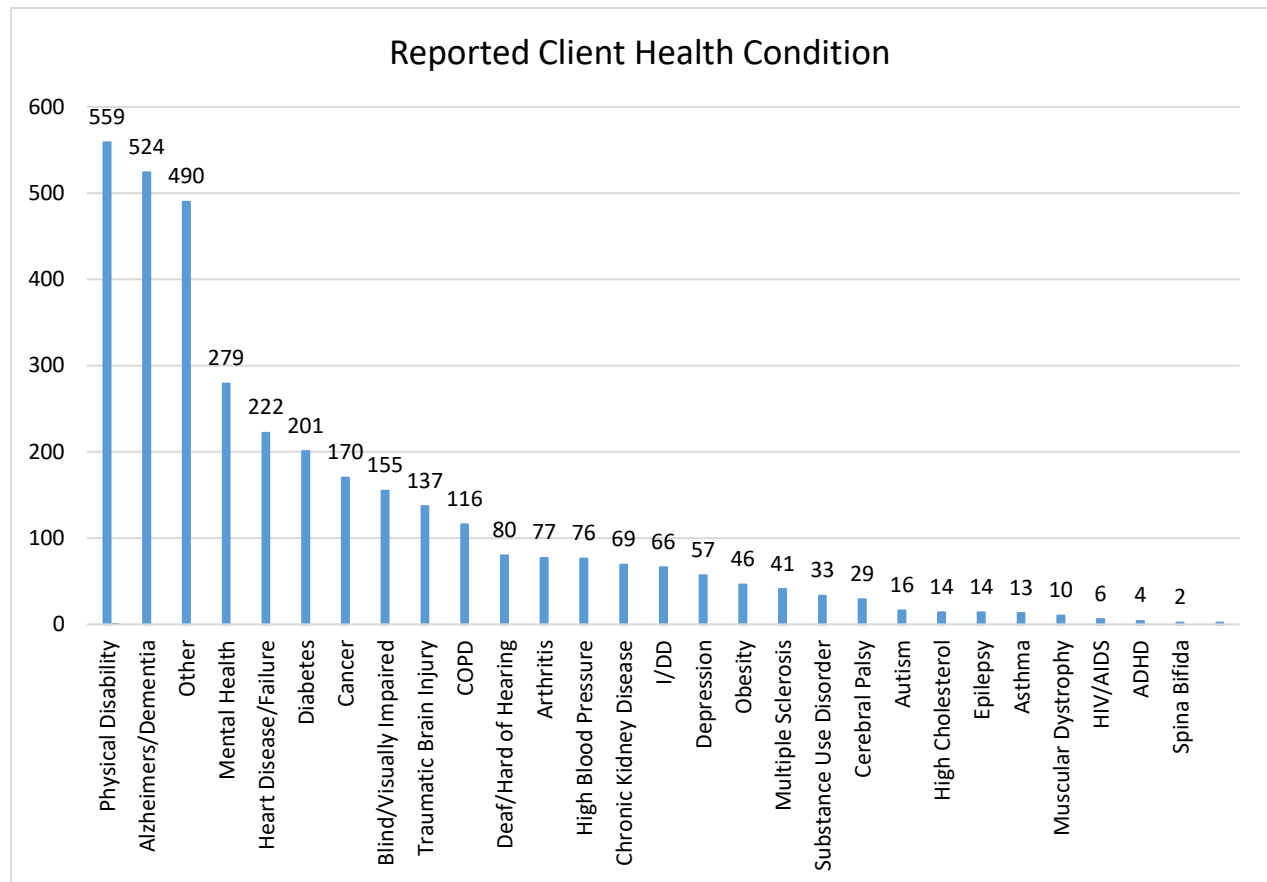
Reported Unmet Needs

In FY2019, unmet needs were identified and recorded as listed in §68-1116. In general, the needs have remained consistent with ADRC clients and also with those from AAA interaction with non-ADRC clients. These services are consistent across the nation, with inadequate quantity and geographical dispersion, unaffordable, or providers are at capacity.

Transportation

- Rural and urban transportation options
- Hours and days for local transportation
- Evening and weekend transportation
- Transportation for procedures that remove independent transportation ability

Home Modifications – Repairs - Maintenance

- Small projects (installation of safety bars and rails, changing locks, heavy yard work)
- Home entry ramp installation
- Rental properties have slow, or no, response and delays (repairs, modifications, bed bugs)
- Wait lists for modification assistance
- Repairs for storm damage (windows, gutters, trees, siding, roof, mold, HVAC)
- Lawn care and snow removal providers
- High cost of HVAC repair and replacement

Housing

- Affordable housing availability
- Wait lists for housing
- Assistance with all aspects of relocation

Community Services

- Wait list for mental health community living
- Adult day care availability
- Funding and providers for dental care
- Caregiver support groups in rural areas
- Providers for Medicaid clients who need CHORE/PAS
- Local payees and guardians

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. ***Figure 14*** shows the residence setting for approximately 29% of the uniquely identified clients.
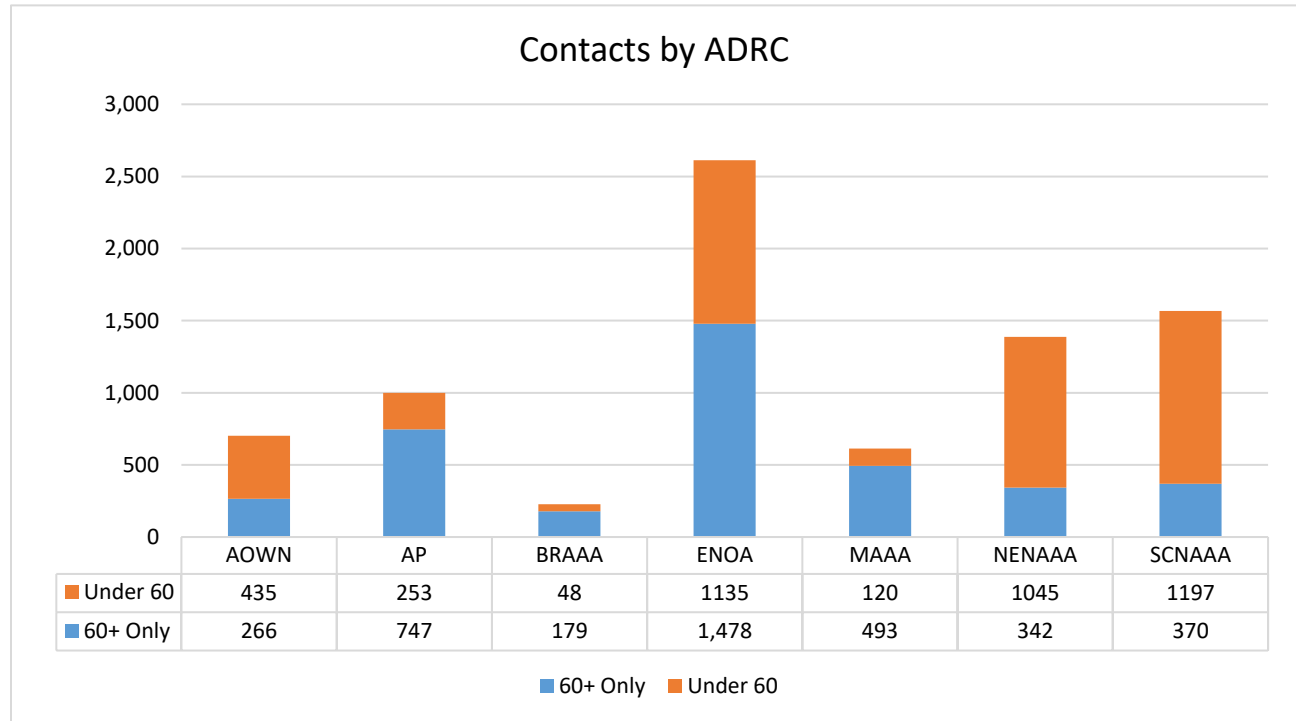
Figure 14. Reported Client Residence Setting
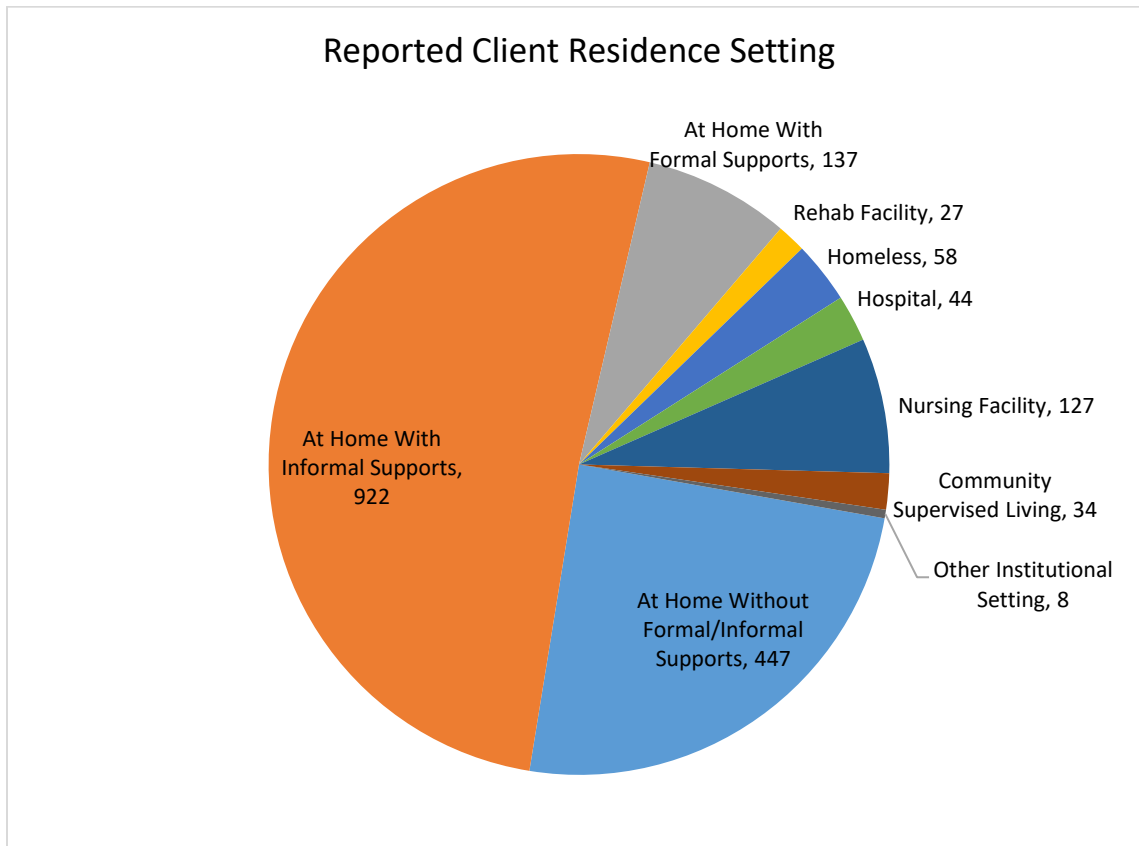
n = 1,804. 6,243 clients did not have residence setting identified & are not shown.

Client Contacts by Target Population

Figure 15 reflects the number of contacts for clients that were over or under 60 years of age. These numbers highlight the work spent (contacts), not unique clients.

Figure 15. Contacts by ADRC

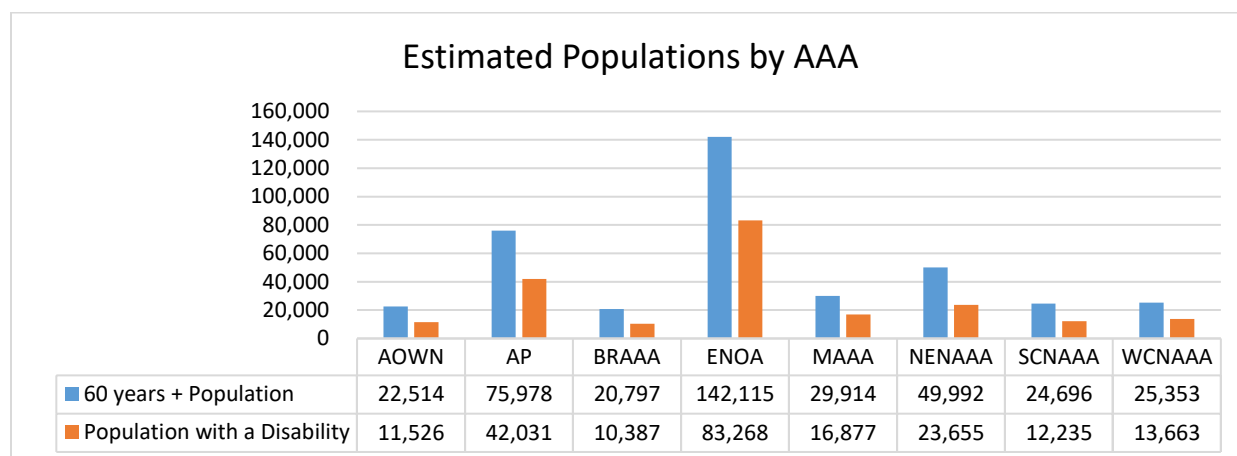### Contacts by ADRC

	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA
Under 60	435	253	48	1135	120	1045	1197
60+ Only	266	747	179	1,478	493	342	370

60+ Only   Under 60

Census Data
Estimated Target Populations

Figure 16 illustrates the American Community Survey's estimated populations 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. The overlap between both communities is unavailable because of the different age ranges in the two surveys (60 years versus 65 years).

Figure 16. Estimated Populations by AAA

Estimated Populations by AAA

	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA	WCNAAA
60 years + Population	22,514	75,978	20,797	142,115	29,914	49,992	24,696	25,353
Population with a Disability	11,526	42,031	10,387	83,268	16,877	23,655	12,235	13,663

Margin of Error is not included. (American Community Survey, 2013-2017 S1810: Disability Characteristics & American Community Survey, 2013-2017 S0101: Age and Sex)

Total Population & ADRC Contacts

Figure 17 reviews the population and compares it to the total number of ADRC contacts. The population reflects all Nebraska citizens.

Figure 17. General Population and ADRC Contacts by Region

Region	AAA Region Population	Informational Contacts	Options Counseling Contacts	Total ADRC Contacts
AOWN	86,323	673	68	**741**
Aging Partners	391,464	1,143	80	**1,223**
Blue Rivers	72,906	409	13	**422**
ENOA	807,397	4,108	52	**4,160**
Midland	130,339	680	121	**801**
Northeast	205,773	1,319	223	**1,542**
South Central	100,261	1,234	394	**1,628**
West Central	99,458	0	0	**0**
Total Population	**1,893,921**	**9,566**	**951**	**10,517**

Margin of Error is not included. (American Community Survey, 2013-2017 S0101: Age and Sex)

FY2020 Preview

Services

ADRC staff are available at seven out of eight AAAs. *Figure 18* lists the services available in FY2020. ADRC Services are in yellow, boxed and italicized (services #40-#44). Three services listed in LB 793 are being offered in FY2020. South Central and Midland added Benefits Assistance in FY20.

Figure 18. FY2020 Taxonomy Services by AAA and ADRC

Service #	Service	AOWN	AP	BR	ENOA	MID	NEN	SCN	WCN
1	Personal Care		✓		✓		✓		✓
2	Homemaker	✓	✓	✓	✓	✓	✓	✓	✓
3	Chore	✓	✓	✓	✓	✓	✓	✓	
4	Home Delivered Meals	✓	✓	✓	✓	✓	✓	✓	✓
5	Adult Day Care/Health								
6	Case Management		✓			✓	✓		
7	Assisted Transportation		✓				✓		✓
8	Congregate Meals	✓	✓	✓	✓	✓	✓	✓	✓
9	Nutrition Counseling		✓		✓				
10	Transportation		✓			✓	✓		✓
11	Nutrition Education	✓	✓	✓	✓	✓	✓	✓	✓
12	Information & Assistance	✓	✓	✓	✓	✓	✓	✓	✓
13	Health Promotion/Disease Prevention (EB)	✓	✓	✓	✓	✓	✓	✓	✓
14	Health Promotion/Disease Prevention (Non EB)	✓	✓	✓	✓	✓	✓	✓	✓
16	Legal Assistance	✓	✓	✓	✓	✓	✓	✓	✓
20	Care Management	✓	✓	✓	✓	✓	✓	✓	✓
21	Telephone & Visiting	✓				✓			
22	Senior Center Hours	✓	✓	✓	✓	✓	✓	✓	✓
23	Material Distribution	✓	✓	✓	✓	✓	✓	✓	✓
24	Social Activities	✓	✓	✓	✓	✓	✓	✓	✓
25	Counseling		✓			✓	✓	✓	
27	Outreach	✓	✓	✓	✓	✓	✓	✓	✓
28	Information Services	✓	✓	✓	✓	✓	✓	✓	✓
29	Legal Outreach	✓	✓	✓	✓	✓	✓	✓	✓
30	Caregiver Counseling	✓							
31	Caregiver Training	✓							
32	Caregiver Respite	✓	✓	✓	✓	✓	✓	✓	✓
33	Caregiver Supplemental Services	✓	✓	✓	✓	✓	✓	✓	✓
34	Caregiver Assistance: Case Management		✓		✓	✓	✓		✓
35	Caregiver Support Groups		✓		✓	✓			
36	Caregiver Assistance: Information & Assistance	✓	✓	✓	✓	✓		✓	✓
37	Caregiver Outreach	✓	✓	✓	✓	✓	✓		✓
38	Caregiver Information Services	✓		✓	✓		✓		✓
40	*Information & Referral*	✓	✓	✓	✓	✓	✓	✓	
41	*Options Counseling*	✓	✓	✓	✓	✓	✓	✓	
42	*Transitional Options Counseling*								
43	*Benefits Assistance*					✓		✓	
44	*Mobility Training*								

Changes

The State Unit on Aging software system tracks aging services:
- Older Americans Act (OAA)
- Nebraska's Community Aging Services Act (CASA)
- Nebraska's Care Management Units

This software has been in use since the early 1990s, and cannot accommodate the ADRC program. The ADRC program has utilized a secondary system (previously mentioned: Trilogy Network of Care). The new, cloud based software, from PeerPlace, will be installed in late 2019. This software will replace the current ADRC software. PeerPlace will allow seamless integration of traditional aging information, and the ADRC information, in one platform. A public resource directory will continue to be available at http://ADRCNebraska.org/.

Data for this and other reports will be more readily available with new software. The SFY20 report will pull from the old and new systems. Beginning in SFY21, reporting will be available through the new system in its entirety.

Marketing

Through the Money Follows the Person grant, the State Unit on Aging will receive $78,000 for statewide marketing and advertising of the ADRC. This will build upon the foundation laid during the pilot and increase public awareness of this service. Previous marketing funding was a one-time appropriation in FY16.

Exhibit 1: Sample ADRC plan

The ADRCs submitted similar plans of operations. All plans are posted at:
http://dhhs.ne.gov/Pages/Aging-Program-Documents.aspx .
The South Central Nebraska AAA plan is provided as a representative sample.
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SOUTH CENTRAL NEBRASKA AAA (SCNAAA) PLAN FOR SERVICES FY2019

For ADRC (Aging and Disability Resource Center)

Overview

South Central Nebraska AAA (SCNAAA) is pleased to submit this plan to promote appropriate, effective and efficient use of long-term care resources serving as an ADRC. As such, we will provide comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and provide individuals access to the range of publicly-supported long-term care programs for which individuals may be eligible, by serving as a convenient point of entry for such programs.

Services Provided

 The ADRC at the SCNAAA will offer three tiers of service:

- Information & Assistance (Basic Information) – This is usually a quick contact with an individual asking about a single community resource.
- Information and Referral (I & R) – Provide an individual with information about community resources and link people who need assistance with appropriate service providers and/or supply descriptive information about the agencies or organizations which offer services.
- Options Counseling – Assist an 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 encourages the widest possible use of community-based options to allow an individual to live as independently as possible in the setting of his or her choice.

The Opportunity

The ADRC will be known as a convenient point of entry to the range of publically 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.

- Reach and serve 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.

- Provide reliable, objective information about a broad range of community resources of interest to the elderly and people with disabilities.
- Enable people to make informed, cost-effective decisions about long-term care and to delay, or prevent, the need to apply for public assistance to pay for long-term care services.

The Solution

A coordinated system for providing:

- Comprehensive information on available public and private long-term care programs and services.
- Options counseling to assist eligible individuals in the development of a long-term care plan of services and supports.
- Access to the range of publicly-supported long-term care programs for which consumers may be eligible.
- A convenient point of entry for available resources and referrals.
- A partnership with one or more disability organizations that specialize in serving persons with congenital and acquired disabilities.

Our Plan

SCNAAA has a well-deserved reputation for quality customer service as evidenced by our consumer surveys. The ADRC is committed to ensuring that services and information are made available to all eligible individuals. This will be accomplished by:

- Maintaining accurate, comprehensive, unbiased information about the long-term care services available in the community.
- Continuing to provide the same services provided over the past two years of the ADRC pilot project.
- Providing confidential and/or anonymous access to information.
- Assuring that individuals have the opportunity to access the most appropriate services available.
- Assisting 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 their long-term care needs and that uses uniform data and information collection.

Rationale

It is the intent of the Nebraska Legislature that Aging and Disability Resource Centers serve as an ongoing component of Nebraska's long-term care continuum and that Aging and Disability Resource Center sites coordinate and establish partnerships as necessary with organizations specializing in serving aging persons and persons with disabilities to provide the services described in the act.

Technical Resources

The following are examples of resources:

- Network of Care - An interactive Web portal that provides comprehensive information that can be utilized by those seeking information about available services, supports, and resources
- ADRC Operations Manual, Forms Manual, Dashboard Manual – manuals used by ADRC staff and cover everything from intake procedures to informed choices
- Statewide trainings for ADRC staff on disability and aging resources
- State and Local Advisory Councils
- In-house lending library, DVDs, CDs, etc.

Partnerships

The SCNAAA will establish a partnership with one or more lead organizations that specialize in serving persons with congenital and acquired disabilities including, but not limited to, Centers for Independent Living and the University Center for Excellence in Developmental Disability Education, Research and Service of the Munroe-Meyer Institute at UNMC.

See attached Memorandum of Understanding, which is incorporated herein by reference.

Project Deliverables

The SCNAAA will provide: Basic Information & Assistance, Information & Referral, and Options Counseling throughout our program and service area.

Funding

The following table details the funding, resources and expenses for the delivery of the services outlined in this plan.

ADRC Funding	
ADRC Award	87,659.00
CASA	41,751.00
Total funding	129,410.00
Expenses	
Personnel	95,069.00
Travel	1,908.00
Print and Supplies	2,500.00
Equipment	1,059.00
Building Space	3,662.00
Communication and Utilities	2,480.00
Other	5,732.00
Contractual/NE4A	17,000.00
Total Expenses	**$129,410.00**

Exhibit 2: ADRC Service Map

Exhibit 3: Total Population by Service Area

Margin of Error is not included. American Community Survey, 2013-2017

Total population 1,893,921

Population

Service Area	Population
AOWN	86,323
AP	391,464
BRAAA	72,906
ENOA	807,397
MAAA	130,339
NENAAA	205,773
SCNAAA	100,261
WCNAAA	99,458