

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

November 23, 2020

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell:

In accordance with Neb. Rev. Stat. 68-1118, please find the Division of Medicaid & Long-Term Care's annual report on the status of Nebraska's Aging and Disability Resource Centers (ADRCs).

ADRCs are intended to provide information about publicly and privately funded Long-Term Services and Supports (LTSS) to all populations with disabilities, persons age 60 and over, caregivers, and provide access assistance. ADRCs were created through a pilot program in 2016 and became permanent in 2018.

If you have any questions, please contact the Department at DHHS.Aging@Nebraska.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Brunssen".

Jeremy Brunssen, Interim Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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

**Aging & Disability Resource Center
Report**

December 1, 2020

Nebraska Revised Statutes 68-118

Contents

Acronyms and Definitions.....	2
Introduction.....	4
Background.....	5
National ADRC/NWD Efforts.....	5
No Wrong Door Schematic.....	6
Nebraska’s NWD Efforts.....	7
Nebraska’s ADRC Effort.....	8
Contact the ADRC.....	11
Call Toll-Free (844) 843-6364.....	11
ADRC Website.....	11
ADRC Services & Costs.....	11
Local ADRC Services.....	11
Informational Contacts.....	12
Options Counseling.....	13
Benefits Assistance.....	14
Total Contacts.....	14
Local ADRC Costs.....	15
ADRC Callers & Clients.....	16
Unique Clients Served.....	16
Client Age Range.....	17
Reported Client Health Conditions.....	18
Reported Client Residence Setting.....	19
Contacts by Target Population.....	20
Census Data.....	21
Estimated Target Populations.....	21
Total Population & ADRC Contacts.....	22
FY2021 Preview.....	23
Services.....	23
Changes.....	23
Marketing.....	23
Exhibit 1: ADRC Service Map.....	24
Exhibit 2: Total Population by Service Area.....	25
Exhibit 3: ADRC FY 2021 Plan for Services Sample.....	26

This page intentionally left blank.

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. The programs may help people understand the eligibility criteria for benefits, the benefits provided by the program, the payment process, and the rights of beneficiaries; provide consultation and advice; help them complete benefits application forms.
- **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. A Point of Entry that provides a Home Care Provider Registry will also:
 - Document and implement a maintenance policy.
 - Develop & share publications (such as, but not limited to brochures) about provider information and the consumer's rights.
 - Report:
 - Total Number of Home Care Providers in the registry
 - Number of providers by each service type (e.g.: homemaker providers)
 - Time spent developing & maintaining the directory and publications
 - Regularly record when the Home Care Provider Registry & Consumer Rights were shared with a consumer.
- **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 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 information and referral process involves establishing contact with the individual, assessing the individual's long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following 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. The Centers for Medicare & Medicaid Services (CMS) works in partnership with states, consumers and advocates, providers and other stakeholders to create a sustainable, person-driven long-term support system in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.
- **MAAA-** Midland Area Agency on Aging (located in Hastings, NE).
- **Mobility Training** - A state ADRC Program service that provides training which introduces new riders, commuters, and other residents to the transportation options that are available in their community and trains them to use the system effectively. Participants learn the basic components of the public transit system and other transportation options (e.g., bicycles, carpools and vanpools); the location of park and ride or park and pool lots, bus stops, train stations, ferry terminals, and other facilities; and basic travel skills such as how to read a bus schedule, find the bus closest to work/home, participate in a car/van pool, and plan a commute using the system. Instruction may be provided on an individual or group basis and may involve field training in which the individual is accompanied by a customer service representative. The objective of the training is to encourage use of the public transportation by building rider confidence and comfort with the system. It is tracked by the hour.
- **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.
- **RFP-** Request for Proposals.
- **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.
- **Taxonomy-** a system of classification to provide order and arrangement for administration of information, vocabulary, terminology, services, and processes.
- **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 such as a transition from hospitalization to independent living and who need assistance to obtain and coordinate the support services that will facilitate the change. 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. In order for this administrative service to be used, data must be collected and recommendations must be made to address unmet needs.
- **WCNAAA-** West Central Nebraska Area Agency on Aging (located in North Platte, NE).

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, persons age 60 and over, caregivers, and 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 efforts.

Seven of the eight (8) Area Agencies on Aging (AAA) participated in the pilot, and continue 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 project annual evaluation reports for 2016, 2017, and 2018 are shared with the Nebraska Legislature and are available under the Reports tab on the DHHS website: <http://dhhs.ne.gov/Pages/Aging-Program-Documents.aspx>. 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 ADRCs became permanent through the passage of LB 793 in April of 2018. Funding was designated for ADRCs from the Health Care Cash Fund for FY2019 and FY2020, with general funds appropriated in FY2021. Area Agencies on Aging were initially appropriated \$613,912 per year. In 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.

Neb. Rev. Code §68-1118 requires the Division of Medicaid and Long-Term Care to pursue federal matching funds (Medicaid Administrative Claiming, MAC) to financially supplement ADRC activities. In 2019, the Division published an RFP to support administrative claiming activities, with a contractor commencing work in March 2020. Two staff positions were created to support this work within the SUA and DHHS. The contractor, HCBS Strategies, is familiar with establishing administrative claiming through CMS, state cost allocation plans, random moment time studies, and training staff.

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 demonstration grants to states to develop ADRCs in 2003.

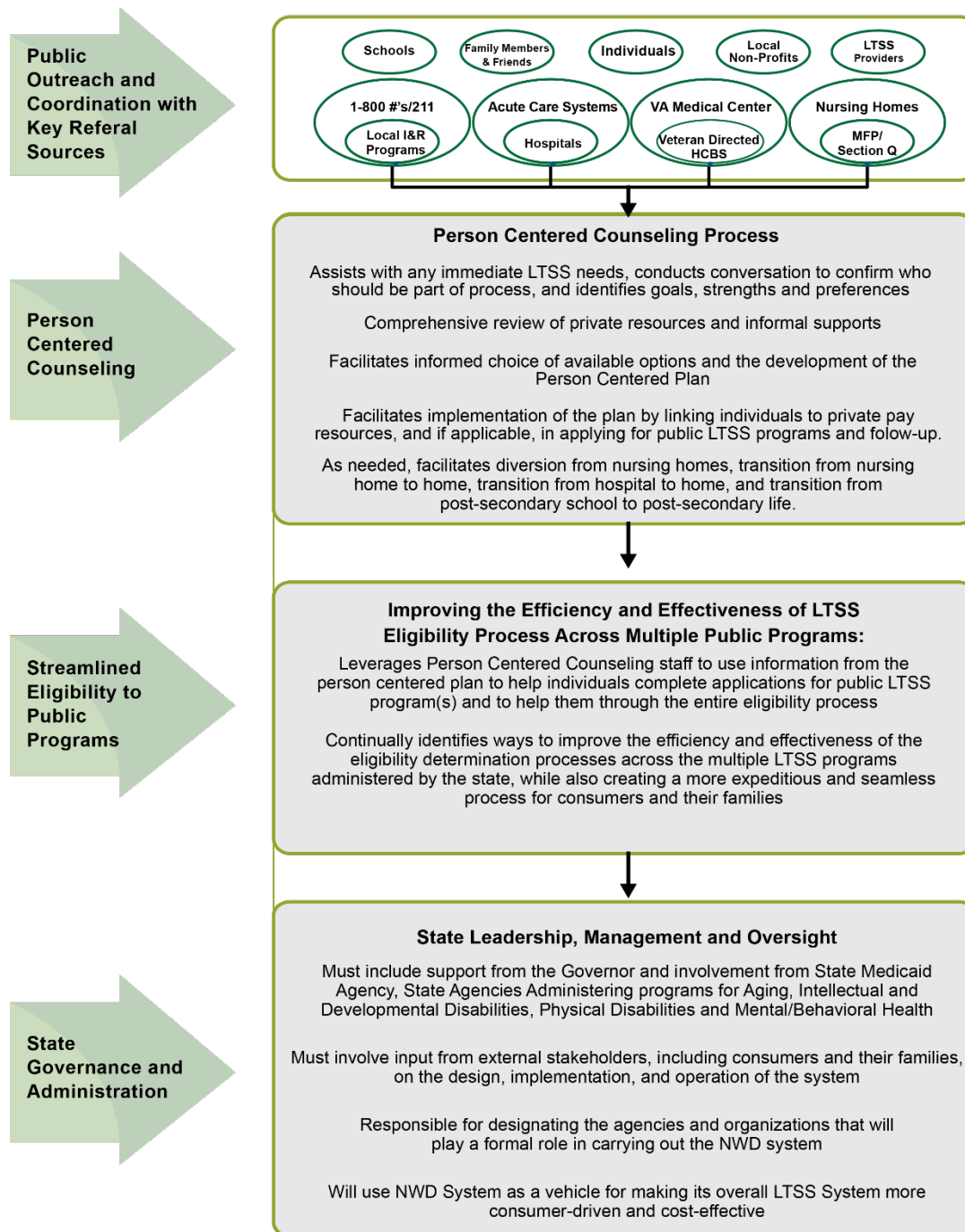
The original ADRC efforts focused on developing an entity that would act as a single-entry point for individuals needing LTSS. At this time, the federal government required ADRCs to serve older adults and one additional population with disabilities, typically adults with physical disabilities. This federal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

This evolution created challenges because most states are structured in silos, serving individual client bases 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.

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 identifies four primary functions for the NWD system and informed Nebraska's efforts.

Figure 1. No Wrong Door Schematic



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 online¹.

- *“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*

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

Nebraska's ADRC Effort

LB 320 (2015) 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 and website to 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 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 develop their ADRC Plan(s), a necessary component for AAAs accessing ADRC program 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:*
 - *Information and Referral*
 - *Options Counseling*
 - *Transitional Options Counseling*
 - *Benefits Assistance*
 - *Mobility Training*
 - *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.

Sub-recipient monitoring of ADRC sites was conducted in conjunction with annual monitoring of AAAs 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 cited above 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. In FY20, the toll-free number received 273 calls, 64% of the call volume from FY19. The majority of calls were from Nebraskans – with 179 in state calls. Only 12 calls had an unknown incoming phone number. The remaining 82 calls originated from 24 other states. Florida phone numbers called the toll-free phone number 25 times, followed by Iowa (17), Kansas (5), and Texas (4). In FY19, the toll-free number received 426 calls. A lack of statewide marketing and the COVID-19 pandemic may have attributed to the drop in overall call volume between FY19 and FY20.

ADRC Website

The ADRC Website is <http://ADRCNebraska.org/>. The vendor changed in FY20 to Arounja. Future changes are anticipated as the project will merge efforts with NEHII and Unite Us, utilizing Nebraska 2-1-1 resources.

ADRC Services & Costs

Local ADRC Services

ADRC services are available at seven out of eight AAAs. **Figure 2** lists the Taxonomy of services available for FY20. Three services listed in LB 793 (2018) were offered in FY20.

Figure 2. FY2020 Taxonomy of ADRC Services

Service	AOWN	AP	BRAAA	ENOA	MAAA	NENAAA	SCNAAA	WCNAAA
Information & Referral	✓	✓	✓	✓	✓	✓	✓	
Options Counseling	✓	✓	✓	✓	✓	✓	✓	
Transitional Options Counseling								
Benefits Assistance					✓		✓	
Mobility Training								

However, data reflected in this report was not fully verified by the time of publication, due to delays in the Aging Partners interface with the new state system. Aging Partners, located in Lincoln, covers 8 counties. This represents about 25% of the state total population for those aged 60+. Despite this delay, service units continue to be reflected in service area reporting.

In FY20, the ADRC recorded 8,254 unique contacts regarding 4,948 unique individuals. **Figure 3** highlights the number of contacts by ADRC service. An Informational Contact is a combination of the ADRC service: Information & Referral and Basic Information.

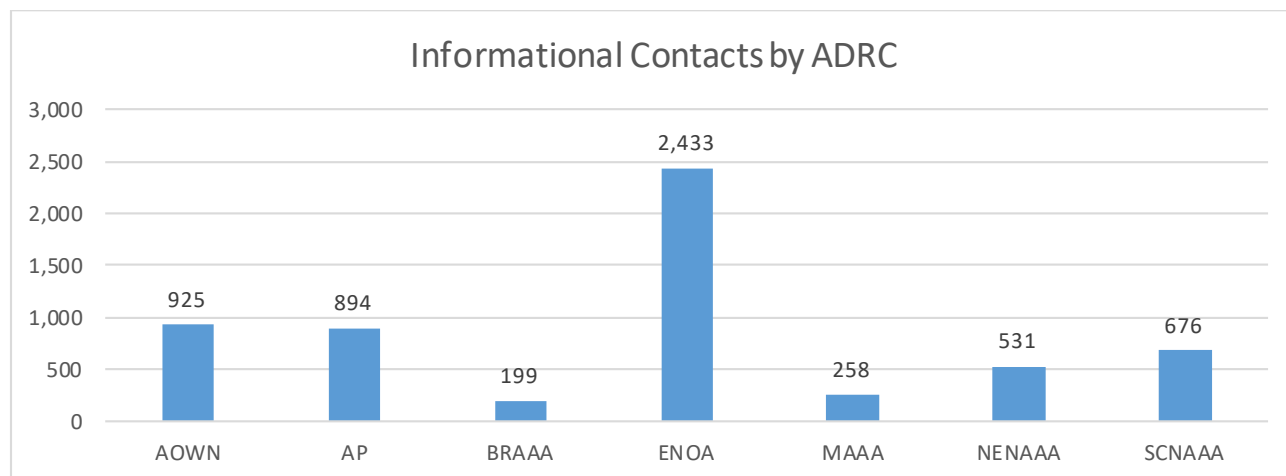
Figure 3. Contacts by ADRC Service

	Informational Contacts	Options Counseling	Benefits Assistance	Total Contacts
# of Contacts	5,916	1,215	1,123	8,254
% of Contacts	71.67%	14.72%	13.61%	100%

Informational Contacts

Figure 4 reflects “Total Informational Contacts” by ADRC site.

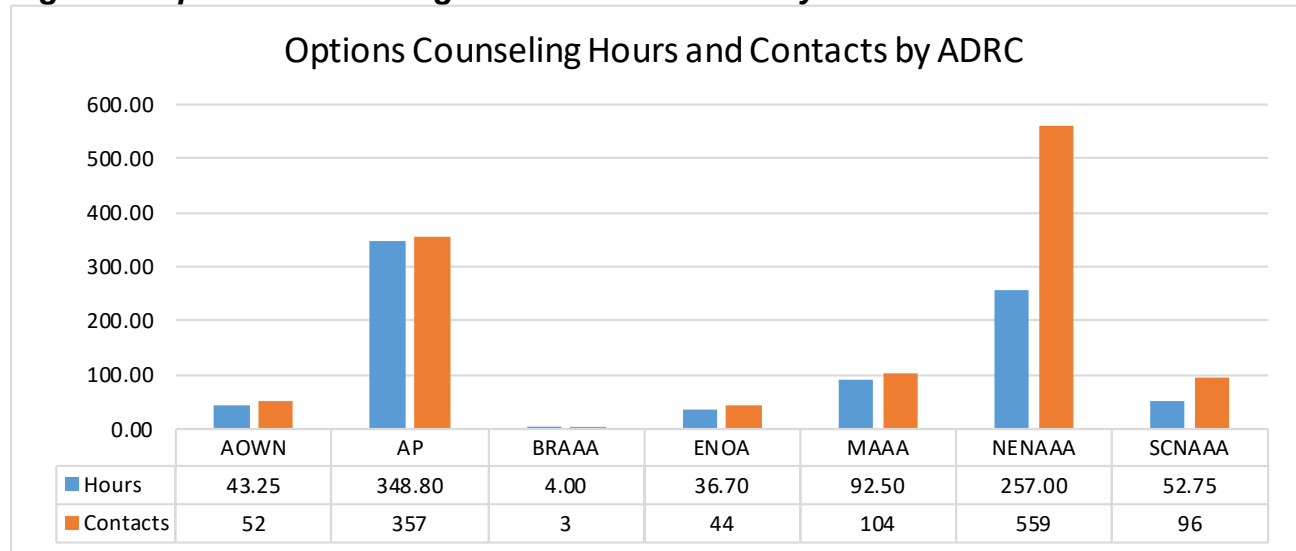
Figure 4. Informational Contacts by ADRC



Options Counseling

Figure 5 spotlights Options Counseling by service hour and contacts. The Hour service unit focuses on the time spent providing Options Counseling. The Contact service unit emphasizes the number of times the ADRC staff provided options counseling with clients.

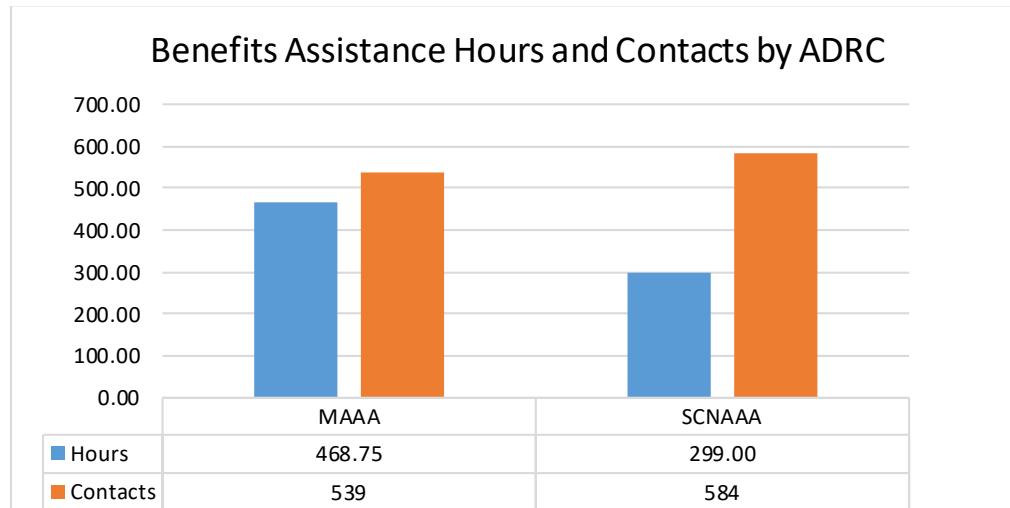
Figure 5. Options Counseling Hours and Contacts by ADRC



Benefits Assistance

Figure 6 highlights Benefits Assistance services by hour and contacts. The Hour service unit focuses on the time spent providing Benefits Assistance services. The Contact service unit emphasizes the number of times the ADRC staff worked with clients.

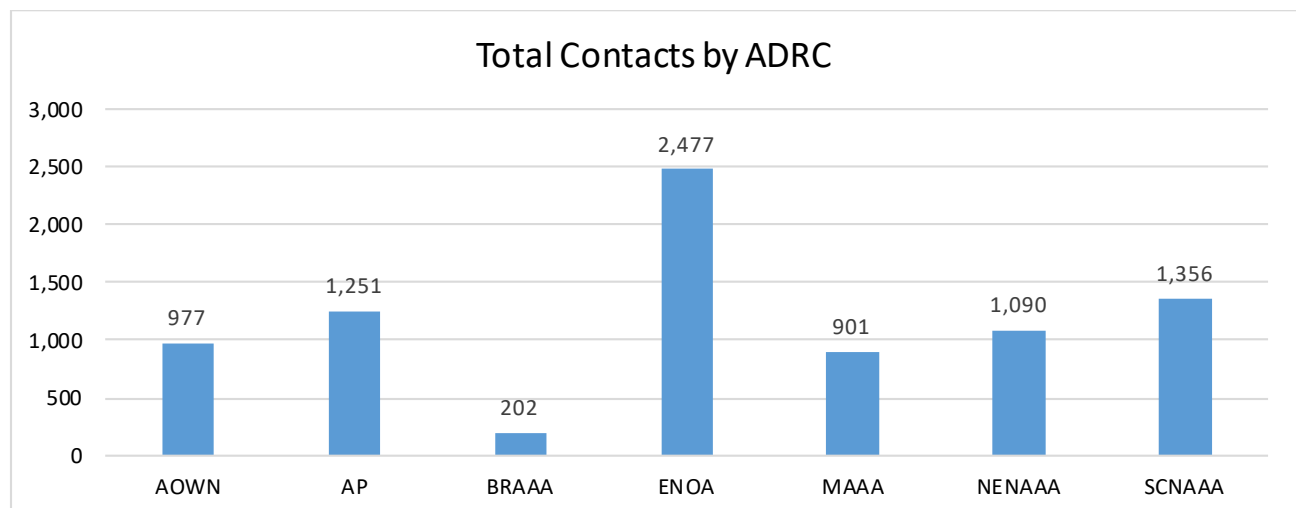
Figure 6. Benefits Assistance Hours and Contacts by ADRC



Total Contacts

Figure 7 is the sum of the contacts in **Figures 4, 5, and 6**. It represents a complete overview of ADRC Services in FY20. Options Counseling and Benefits Assistance contacts were added to Informational Contacts to consistently count services provided.

Figure 7. Total Contacts by ADRC



Local ADRC Costs

Figure 8 compares each ADRC site services costs. As noted below, six of the seven sites used state Community Aging Services Act (CASA) funds to supplement the ADRC program.

Figure 8. ADRC Cost by ADRC Site

	Expenditures							
	Statewide	AOWN	Aging Partners	Blue Rivers	ENOA	Midland	Northeast	South Central
CASA	\$90,628	\$14,575	\$0	\$7,700	\$8,300	\$10,045	\$8,257	\$41,751
ADRC	\$574,618	\$75,086	\$77,419	\$87,658	\$87,659	\$77,449	\$81,398	\$87,949
Total	\$665,246	\$89,661	\$77,419	\$95,358	\$95,959	\$87,494	\$89,655	\$129,700

ADRC Callers & Clients

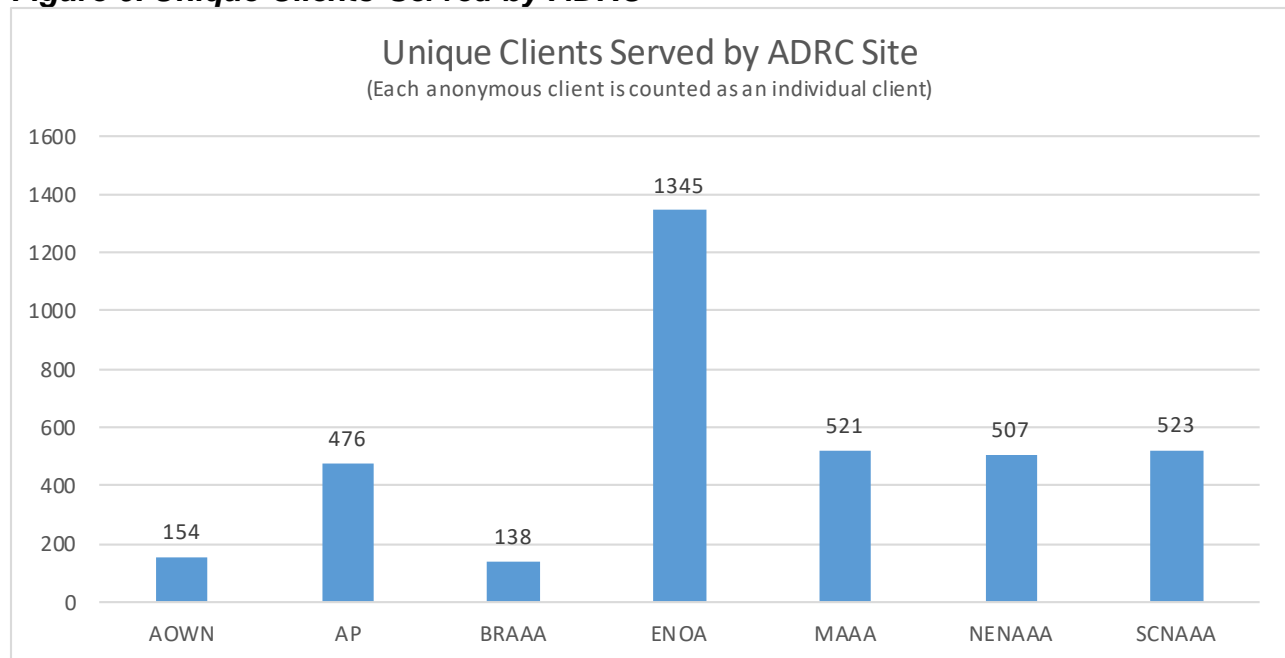
ADRC staff use PeerPlace, a new aging software service implemented in December 2019, to document and track participants and referrals. For each call received or made by the ADRC, staff use the software to develop a participant record and document referrals. Staff can also search for callers that have 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, such as a parent calling on behalf of a child with a disability or a sibling calling on behalf of an older adult.

Unique Clients Served

Figure 9 shows 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 9. Unique Clients Served by ADRC



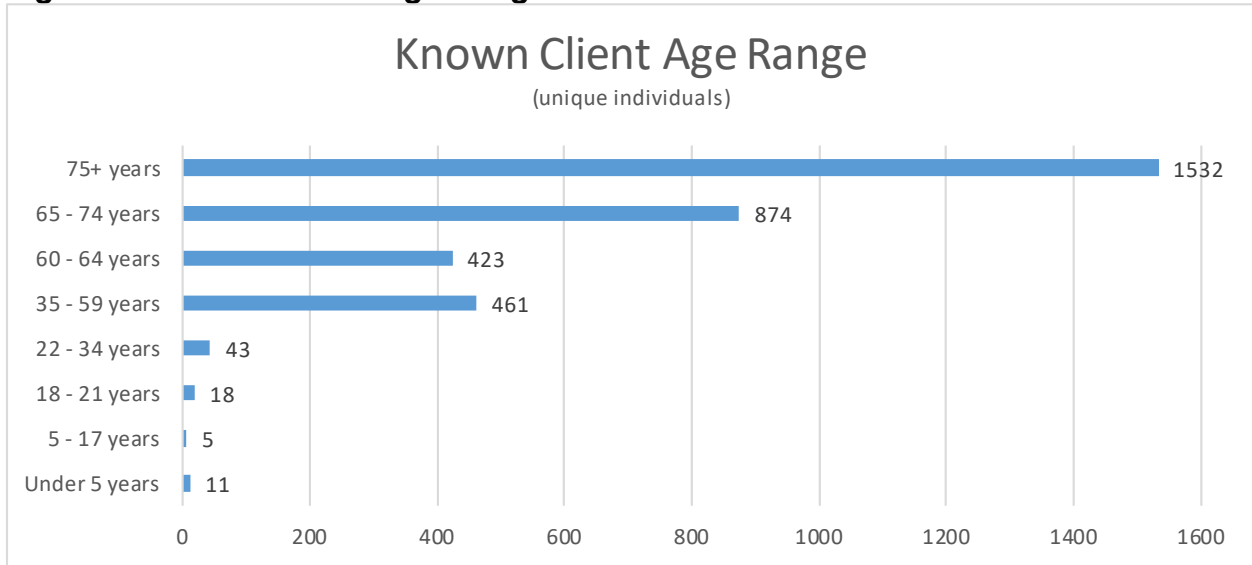
$n = 3,664$

Client Age Range

Approximately 32% of clients (1,579 of 4,946) did not have an identified age range.

Figure 10 shows the known age ranges for unique clients served.

Figure 10. Known Client Age Range

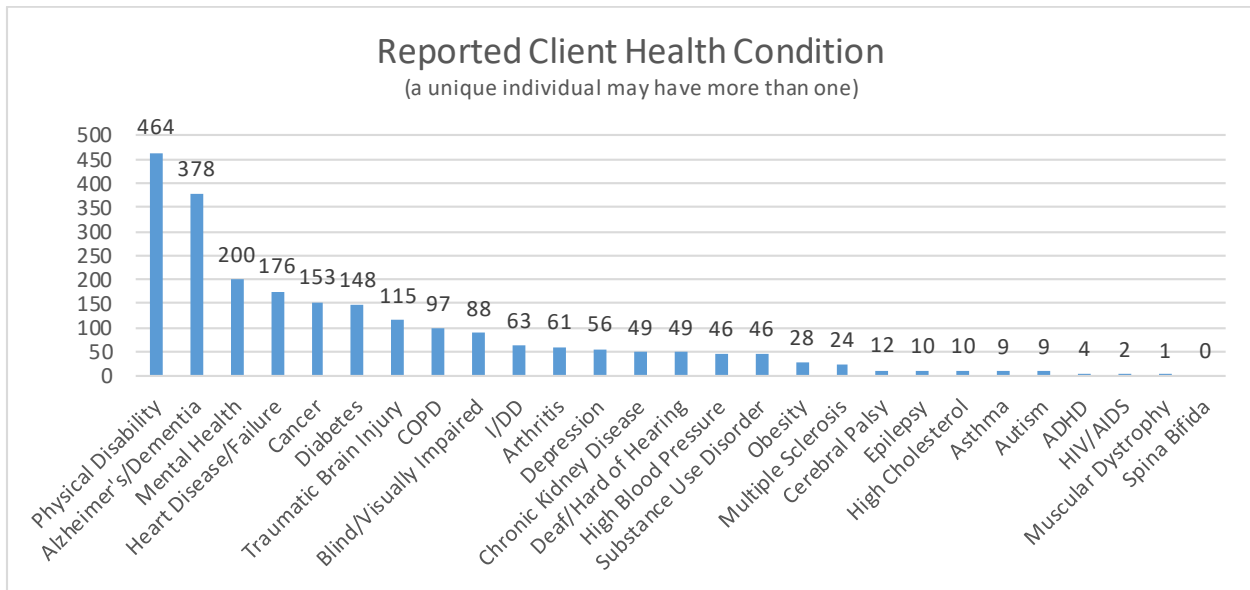


n = 3367

Reported Client Health Conditions

Figure 11 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 11. Reported Client Health Condition

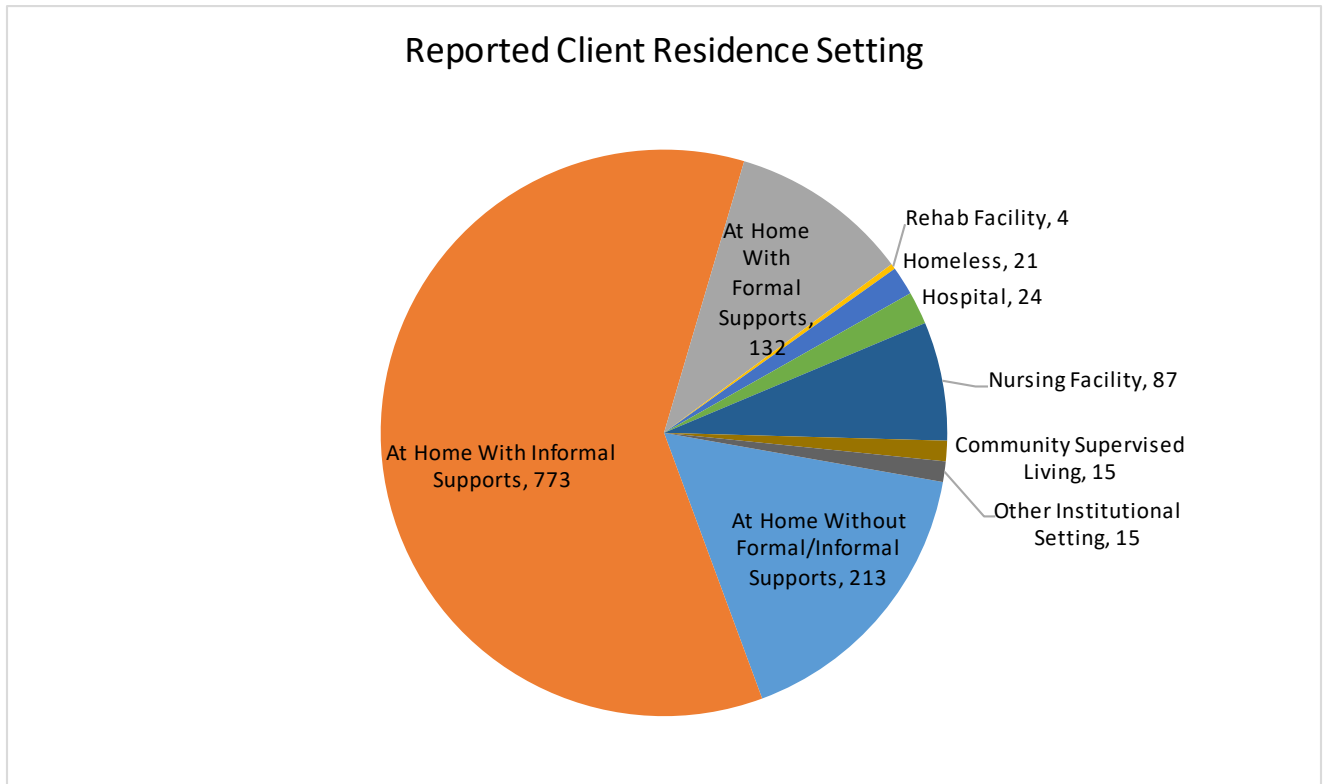


Reported Client Residence Setting

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 12 shows the residence setting for approximately 26% of the uniquely identified clients.

Figure 12. Reported Client Residence Setting

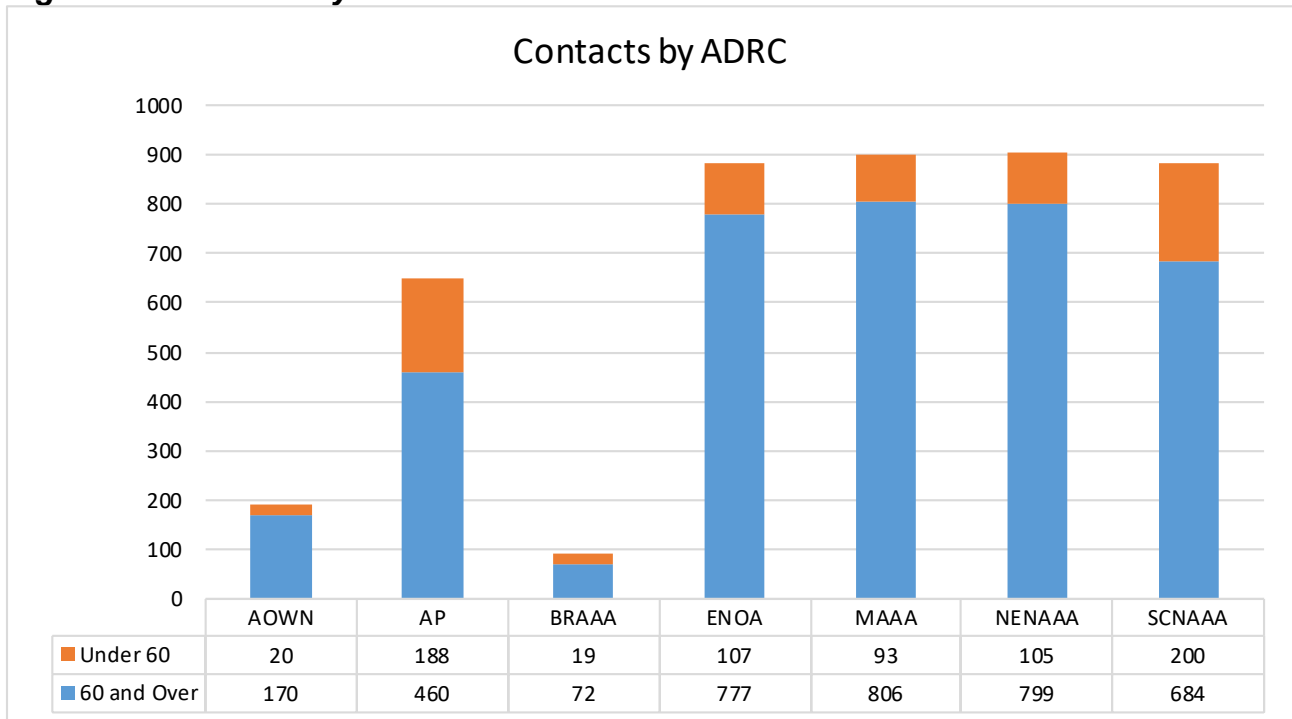


n = 1,284. 3,664 clients did not have a residence setting identified & are not shown.

Contacts by Target Population

Figure 13 reflects the number of contacts for clients that were over or under 60 years of age. These numbers highlight the number of contacts, not unique clients.

Figure 13. Contacts by ADRC



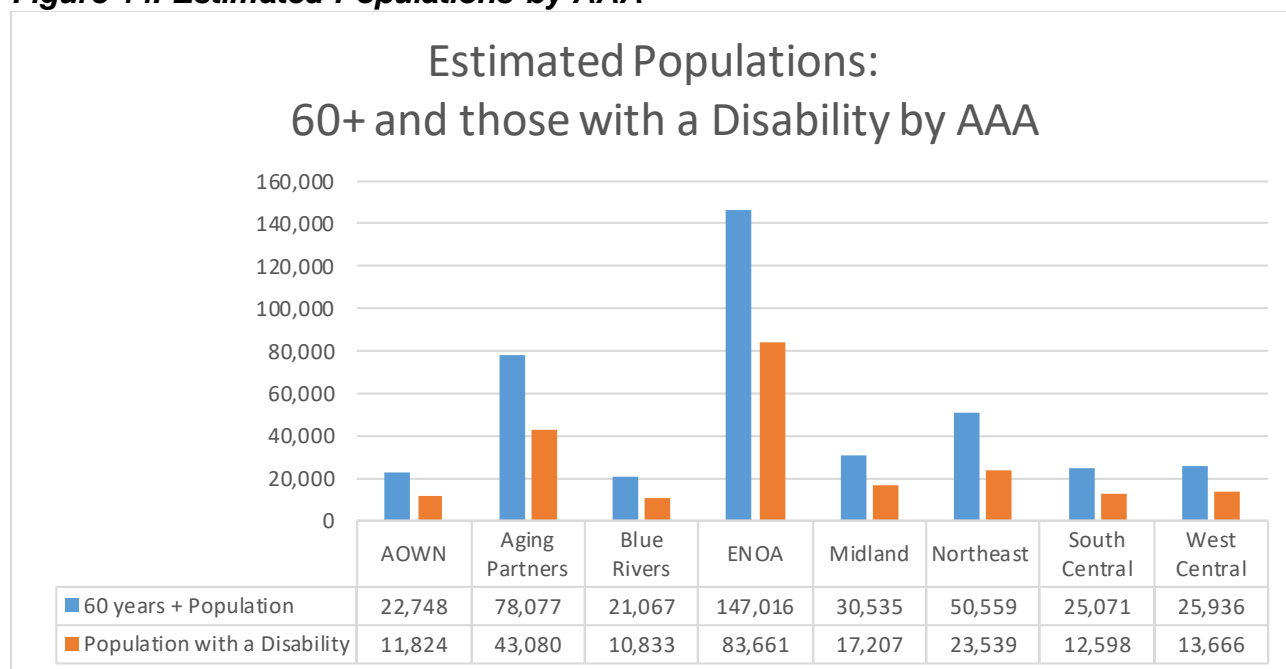
West Central Nebraska AAA does not participate in the ADRC program.

Census Data

Estimated Target Populations

Figure 14 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 14. Estimated Populations by AAA



Margin of Error is not included. (American Community Survey, 2014-2018 S1810: Disability Characteristics & American Community Survey, 2014-2018 S0101: Age and Sex)

Total Population & ADRC Contacts

Figure 15 reviews the population and compares it to the total number of ADRC contacts. The population reflects all Nebraska citizens in the associated region.

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	85,550	925	52	0	977
Aging Partners	395,228	894	357	0	1,251
Blue Rivers	72,663	199	3	0	202
ENOA	815,947	2433	44	0	2,477
Midland	130,390	258	104	539	362
Northeast	205,654	531	559	0	1,090
South Central	100,300	676	96	584	772
West Central	99,028	0	0	0	0
Total Population	1,893,921	5,916	1,215	1,123	8,254

Margin of Error is not included. (American Community Survey, 2014-2018 S0101: Age and Sex)

FY2021 Preview

Services

Four ADRC Partner Organizations (APOs) will expand their participation to provide ADRC services. The APOs are Brain Injury Alliance of Nebraska, League of Human Dignity, the Munroe Meyer Institute, and Easterseals. All Taxonomy services will be offered in FY21.

Figure 16. FY2021 Taxonomy Services by AAA and APO

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

Changes

The State Unit on Aging software system was replaced in December 2020. It provides tracking for aging services:

- Older Americans Act (OAA)
- Nebraska’s Community Aging Services Act (CASA)
- Nebraska’s Care Management Units

The previous software could not accommodate the ADRC program. The ADRC program utilized a secondary system (previously mentioned: Trilogy Network of Care). The new, web-based software from PeerPlace, was installed in November 2019. PeerPlace replaced the ADRC software. PeerPlace allows seamless integration of traditional aging information, and the ADRC information in one platform.

A public resource directory continues to be available at <http://ADRCNebraska.org/>. As previously mentioned, future changes are anticipated as the project merges efforts with NEHII, Unite Us, and 2-1-1.

Marketing

Through the Money Follows the Person grant, the State Unit on Aging utilized \$78,000 for statewide marketing and advertising of the ADRC. This built 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: ADRC Service Map

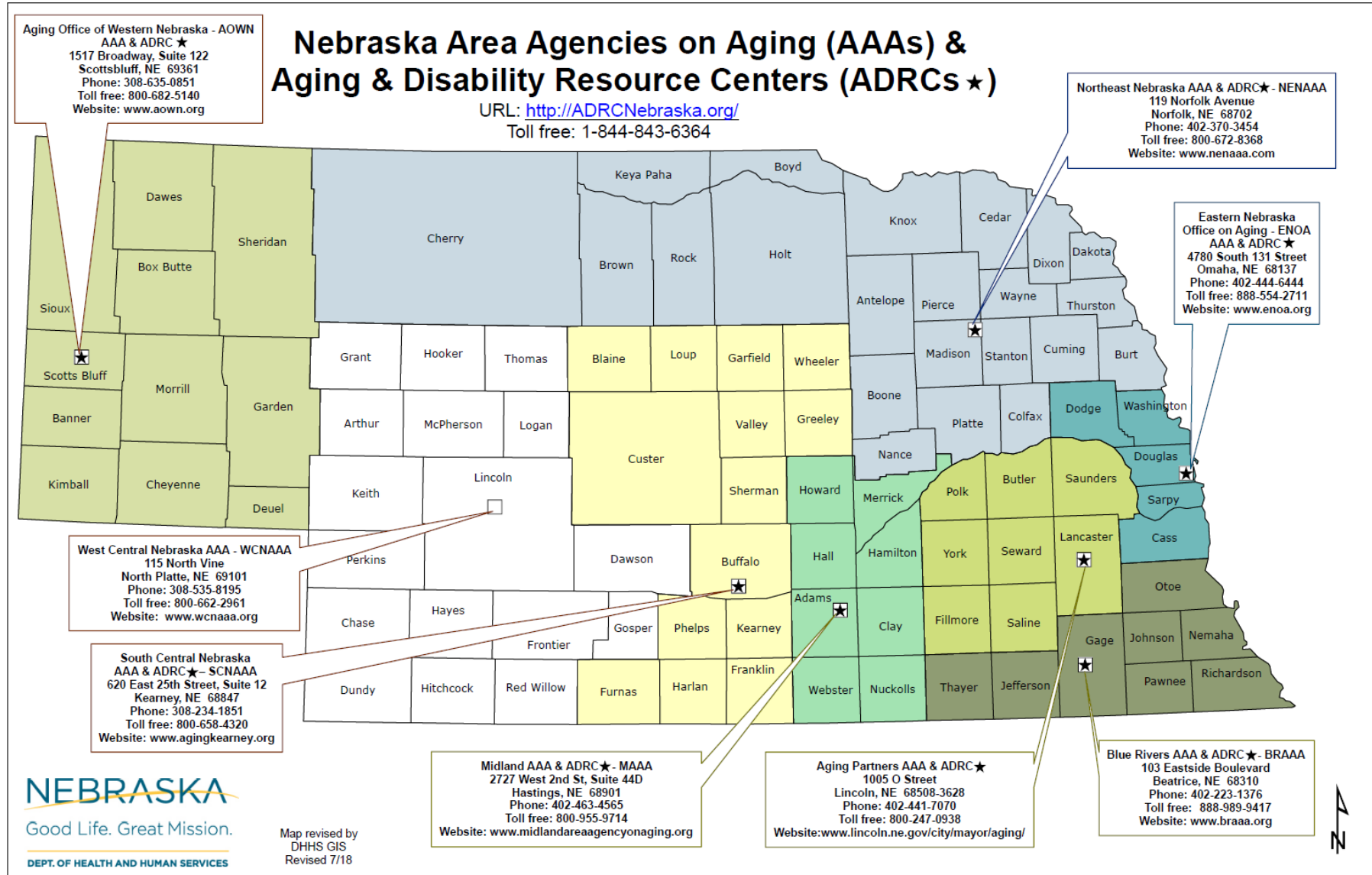


Exhibit 2: Total Population by Service Area

Margin of Error is not included. American Community Survey, 2014-2018

Total population 1,904,760

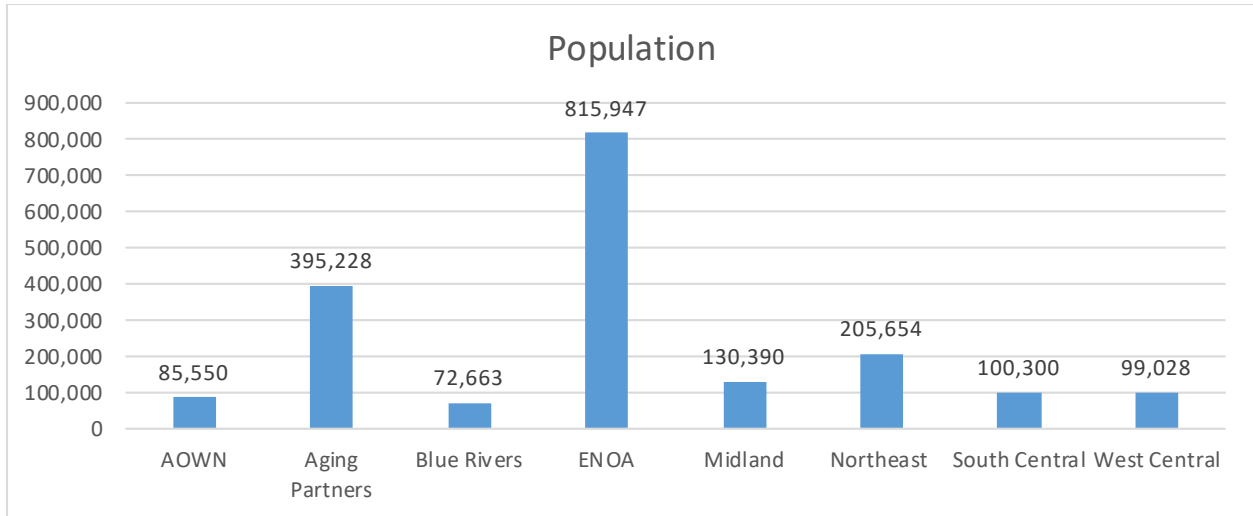


Exhibit 3: ADRC FY 2021 Plan for Services Sample

This plan was previously developed by Nebraska's Area Agencies on Aging and submitted to the State Unit on Aging with the FY21 Area Plan Updates at the end of FY20. The information in this plan reflects data available at the time it was created.

Plan for Services *(some formatting applied for this report)*

ADRC (Aging and Disability Resource Center) Nebraska

Overview

This Plan for Services is submitted by the Aging Office of Western Nebraska (AOWN), Aging Partners (AP), Blue Rivers Area Agency on Aging (Blue Rivers), the Eastern Nebraska Office on Aging (ENOA), Midlands Area Agency on Aging (Midlands), Northeast Nebraska Area Agency on Aging (NENAAA), and South Central Nebraska AAA (SCNAAA), hereinafter jointly referred to as ADRC Nebraska. We are pleased to submit this plan in collaboration with organizations instrumental in providing information, guidance and instruction including the University Center for Excellence in Developmental Disability Education, Research and Service of the Munroe-Meyer Institute at UNMC, Nebraska VR, Disability Rights Nebraska, League of Human Dignity, Easterseals Nebraska, The Arc of Nebraska, and Brain Injury Alliance of Nebraska. These agencies are referred to as Disability Partners and have signed a memorandum of understanding (MOU) to collaborate and work with the ADRC Nebraska in the further development and implementation of ADRC Nebraska.

The purpose of this plan is to promote appropriate, effective and efficient use of long-term care resources, serving as an ADRC as outlined in Nebraska Revised Statute 68-118. 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;
- Assistance to individuals in assessing their existing or anticipated long-term care needs,
- Development and implementation of individualized person-centered plans for long-term care designed to meet an individual's specific needs and circumstances; and,
- Assistance to individuals in accessing 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.

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 LTC care and supports in a comprehensive, flexible, and cost-effective manner by:

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 Solution

ADRC Nebraska offers a coordinated system for providing:

- Comprehensive information on available public and private LTC programs and services;
- Options Counseling 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.

Our Plan: ADRC Nebraska Action Plan 7/1/2020 to 6/30/2021

The ADRC Nebraska Action Plan 7/1/20 to 6/31/21 (Attachment 1) is the creation of the ADRC Leadership Team. The ADRC Leadership Team consists of the AAA Directors, Disability Partners, and Fritz & O'Hare Associates.

The purpose of the Action Plan is to outline strategies to improve the delivery of ADRC services and implement the delivery of ADRC services by Disability Partners.

Additionally, the plan includes work with the SUA on the development and implementation of Medicaid Administrative Claiming. Action plan goals include the following:

Goal 1: Consistent language that clearly identifies AAAs and Disability Partners as part of the ADRC is developed and documented.

Goal 2: An ADRC model integrating Disability Partners into the delivery of ADRC services (Information & Referral and Options Counseling- currently being delivered solely by AAA) is created.

Goal 3: ADRC Statewide Advisory Committee continues to provide advice and support on ADRC operations and outcomes.

Goal 4: Current outreach plans and efforts for educating consumers, caregivers, state and local providers, and advocacy organizations on ADRC services are built upon to include Disability Partners.

Goal 5: The ADRC online resource database is accurate and up-to-date.

Goal 6: Disability Partner & AAA staff providing ADRC services are trained in the consistent and uniform delivery of ADRC services.

Goal 7: Disability Partners perform ADRC functions and/or services as identified in their individualized contracts with NE4A.

Goal 8: Individuals are seamlessly and confidentially referred to local providers and community resources/services through Disability Partners & AAAs.

Goal 9: All calls coming to AAAs and Disability Partners route through a customized process.

Goal 10: ADRC service documentation (on the dashboard, I&R Plans, and Action Plans) is complete, accurate, and timely.

Goal 11: ADRC services and materials are accessible to all individuals in alternate formats and languages.

Goal 12: Referral sources utilize ADRC services to assist consumers.

Goal 13: The ADRC is financially stable, including pursuing Medicaid administrative claiming.

ADRC Direct Services Provision

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

- 40. Information & Referral
- 41. Options Counseling
- 43. Benefits Counseling (SCNAAA & MAAA Only)

Additionally, ADRC Nebraska will explore implementing the following ADRC services as defined in the State Unit on Aging Program Reference Guide:

- 42. Transitional Options Counseling
- 44. Mobility Training
- 45. Point of Entry
- 46. Unmet Need
- 47. Home Care Provider Registry

ADRC Medicaid Administrative Claiming

ADRC Nebraska will work with the SUA to develop and implement Medicaid Administrative Claiming, also known as Federal Financial Participation (FFP).

ADRC Partnerships

It is the intent of the Nebraska Legislature that ADRC Nebraska serves as an ongoing component of Nebraska's LTC care continuum and that ADRC 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.

Currently, the only agencies providing ADRC services are the AAAs, as established in the pilot project. However, moving forward, Nebraska Revised Statute 68-118 identifies the need to engage agencies currently serving eligible individuals in the process. In 2018, we provided an opportunity for disability agencies to join the ADRC Nebraska efforts through discussions at the ADRC State Advisory Committee. All agencies who stepped forward are engaged as partners (Disability Partners). We have renewed our engagement with the Disability Partners by way of a MOU (Attachment 2). MOU wording was negotiated between the Disability Partners and the AAAs.

ADRC Nebraska will continue to partner and collaborate with the DHHS Medicaid Long Term Care Division, Disability Partners, and other agencies and organizations instrumental in providing information, guidance and instruction. As expectations for services deliverable by the individual Disability Partners are established through collaboration and partnership discussions, available funding may be available to Disability Partners when defined ADRC service(s) are provided and information/units submitted to the ADRC software. The funding may be equally divided among the Disability Partners providing ADRC services.

Disability Partners that decide to provide ADRC services will be required to have staff trained in those services. Disability Partners will be engaged in designing operational processes and training. They will:

- a. Accept referrals, provide appropriate ADRC services (information & referral or options counseling to be determined by each respective agency).
- b. Provide data in the appropriate ADRC software.
- c. Provide comprehensive information to empower eligible individuals to make informed choices regarding long-term care services and supports.
- d. Ensure that the ADRC is an ongoing component of Nebraska's LTC continuum and that ADRC sites coordinate and establish partnerships with organizations specializing in serving aging persons and persons with congenital and acquired disabilities.
- e. Promote a convenient point of entry to eligible individuals seeking information and access to LTC services and supports.
- f. Explore opportunities for sustainability of the Nebraska ADRC.

Disability Partners' specific roles and responsibilities according to the ADRC Partnership Plan include the following:

1. Responsibilities

- a. Each Partner will actively support awareness of the ADRC. This may include dissemination of materials, outreach, education, and marketing efforts, including ADRC information on websites and Facebook pages.
- b. Partners will act as a referral resource.
- c. Partners will participate in the State Advisory Council and/or local Advisory Council meetings and Joint Leadership Team, as well as other committee meetings.
- d. Partners will work together to provide training and education among peers, providers and consumers.
- e. Partners will provide a link to their organization's state or national website for the ADRC website, as a resource for referrals, and to increase the information available to consumers seeking more detailed information.
- f. With the goal of establishing a comprehensive ADRC in Nebraska and recognizing the ADRC initiative as a "work in progress", the partners will participate in on-going meetings in the development of: outreach plans, marketing plans, reviewing other States' ADRC programs, ADRC services, and Federal Matching Funds.

2. Online LTC Services Support

- a. Each Partner will review the ADRC website (Nebraska.networkofcare.org) for accuracy and provide input and updates, as necessary.
- b. Each Partner will link to the Information Pages and display the Nebraska ADRC Partnership logo on its home web page.

The plan will progress to include the process and procedure and sharing of resources with Disability Partners as outlined in the MOU. The formal contract between each Disability Partner will define the services expected and the funds available to support provision of those services.

Technical Resources

The following are technical resources which are utilized as operational tools by ADRC Nebraska staff. These tools will continue to evolve as ADRC Nebraska grows and improves:

- Network of Care or Other State Authorized Tool - 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.

ADRC Deliverables

ADRC Nebraska will provide the deliverables as outlined in the ADRC Nebraska Action Plan. (See Attachment 1)

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.

Fritz & O'Hare Associates: AOWN, AP, Blue Rivers, ENOA, Midlands, NENAAA and SCNAAA will each provide funding to NE4A in the amount of \$5,643.00 for the purpose of contracting with Fritz & O'Hare to provide organization, coordination, training, and oversight of the operations of ADRC Nebraska.

MOUs can be cancelled at any time with written notice from either party. Lack of funding will be a determining factor by NE4A in allowing for any of the MOUs to continue past funded periods.

Attachment 1. ADRC Action Plan 7/1/2020 to 6/31/2021

Nebraska Aging and Disability Resource Center (ADRC) Mission: The mission of the NE ADRC is to support seniors, persons with disabilities, their families and caregivers by providing useful information, assistance, and education on community services and long-term care services and support options while at all times respecting the rights, dignity and preferences of the individual.

Nebraska ADRC Target Population: Eligible individual means a person “who has lost, never acquired, or has one or more conditions that affect his or her ability to perform basic activities of daily living that are necessary to live independently.” (LB 793, 2018)

ADRC Partnerships: The Nebraska Association of Area Agencies on Aging (NE4A) membership includes the Aging Office of Western Nebraska, Aging Partners, Eastern Nebraska Office on Aging, Blue Rivers Area Agency on Aging, Northeast Nebraska Area Agency on Aging, South Central Nebraska Area Agency on Aging, and Midland Area Agency on Aging. NE4A has established partnerships with the following organizations that serve individuals with congenital and acquired disabilities to operate as ADRC Disability Partners:

- Arc of Nebraska
- Brain Injury Alliance of Nebraska
- Disability Rights Nebraska
- Easterseals Nebraska
- League of Human Dignity
- Munroe-Meyer Institute at UNMC
- Nebraska VR (Vocational Rehabilitation)

Additionally, NE4A contracts with Fritz & O'Hare Associates to serve as ADRC Project Coordinators.

Overview

The Nebraska ADRC Action Plan is designed to advance the NE ADRC pilot created in 2016 legislation (LB320) to permanent status, as promulgated in 2018 legislation (LB 793). The experience, lessons learned, work teams, procedure documentation (ADRC Operations Manual, ADRC Dashboard Manual, ADRC Forms Manual) and agency-specific protocols developed during the NE ADRC pilot project will be built upon to further develop the NE ADRC.

Of utmost importance is the Nebraska Revised Statute 68-118 requirement to “establish a partnership with one or more lead organizations that specialize in serving persons with congenital and acquired disabilities.” To that end, the NE4A has established a partnership with the agencies (ADRC Disability Partners) listed above.

An ADRC Leadership Team (AAAs, Disability Partners, Project Coordinators) are jointly developing this NE ADRC Action Plan and what follows is the work accomplished as of October 2018. The Leadership Team will continue to refine and revise the Action Plan in upcoming months and begin work on goals/actions steps within stated timelines.

Definitions

- *ADRC*: “A community-based entity established to provide information about long-term care services and support and to facilitate access to options counseling to assist eligible individuals and their representatives in identifying the most appropriate services to meet their long-term care needs.” (LB 793)
- *ADRC Leadership Team*: AAA Directors, Disability Partners, Project Coordinators
- *ADRC Statewide Advisory Committee*: Committee established to provide ongoing advice and support to the ADRC; membership inclusive of state agencies, advocacy organizations, consumer representatives, AAA Directors, and disability partners
- *Community Resources/Services*: Resources and services available at the local level
- *Dashboard*: Software program administered by the State Unit on Aging (SUA) used to record consumer information and ADRC service delivery
- *Disability Partners*: Agencies who have signed on as ADRC partners-Arc of Nebraska, Brain Injury Alliance, Disability Rights Nebraska, Easterseals Nebraska, League of Human Dignity, Munroe Meyer Institute, Nebraska VR,
- *Local providers*: providers of aging and disability services at the local level
- *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.” (LB 793)

Abbreviations

- AAA: Area Agency on Aging
- ADRC: Aging and Disability Resource Center
- I&R: Information & Referral
- NE4A: Nebraska Association of Area Agencies on Aging
- SUA: State Unit on Aging

ADRC Goals

Goal 1: Consistent language that clearly identifies AAAs and Disability Partners as part of the ADRC is developed and documented. Estimated Completion Date: 2/1/19

Goal 2: An ADRC model integrating Disability Partners into the delivery of ADRC services (Information & Referral, Options Counseling- currently being delivered solely by AAA) is created. Estimated Completion Date: 4/1/19

Goal 3: ADRC Statewide Advisory Committee continues to provide advice and support on ADRC operations and outcomes. Estimated Completion Date: 5/1/19

Goal 4: Current outreach plans and efforts for educating consumers, caregivers, state and local providers, and advocacy organizations on ADRC services are built upon to include Disability Partners. Estimated Completion Date: 7/1/19

Goal 5: The ADRC online resource database is accurate and up-to-date. Estimated Completion Date: 7/1/19

Goal 6: Disability Partner & AAA staff providing ADRC services are trained in the consistent and uniform delivery of ADRC services. Estimated Completion Date: 9/1/19

Goal 7: Disability Partners perform ADRC functions and/or services as identified in their individualized contracts with NE4A. Estimated Completion Date: 10/1/19

Goal 8: Individuals are seamlessly and confidentially referred to local providers and community resources/services through Disability Partners & AAAs. Estimated Completion Date: 10/1/19

Goal 9: All calls coming to AAAs and Disability Partners route through a customized process. Estimated Completion Date: 10/1/19

Goal 10: ADRC service documentation (on the dashboard, I&R Plans, and Action Plans) is complete, accurate, and timely. Estimated Completion Date: 10/1/19

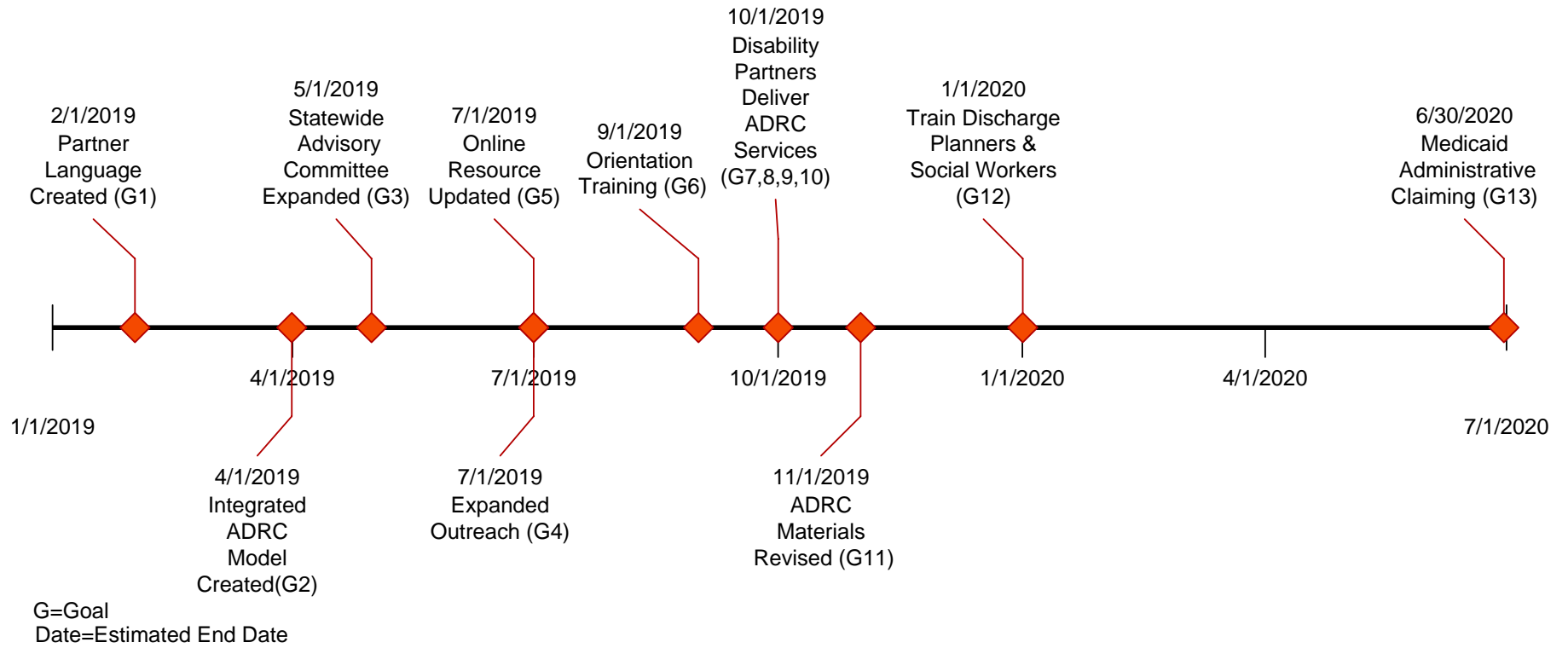
Goal 11: ADRC services and materials are accessible to all individuals in alternate formats and languages. Estimated Completion Date: 11/1/19

Goal 12: Referral sources utilize ADRC services to assist consumers. Estimated Completion Date: 1/1/20

Goal 13: The ADRC is financially stable, including pursuing Medicaid administrative claiming. Estimated Completion Date: 9/1/19

ADRC Milestones & Timeline

Figure 1 ADRC Milestones & Timelines



Goal 1: Consistent language that clearly identifies AAAs and Disability Partners as part of the ADRC is developed and documented. Estimated Completion Date: 2/1/19

Action Steps	Lead	Timeline
1.1 Explore ADRC language other states are using when referring to AAAs and Disability Partners	ADRC Leadership Team	1/1/19
1.2 Discuss the language as it relates to the incorporation of Disability Partners into the delivery of ADRC services	ADRC Leadership Team	2/1/19
1.3 Adopt language	ADRC Leadership Team	2/1/19
1.4 Document language and include in ADRC Operations Manual	ADRC Project Coordinators	7/1/19

Goal 2: An ADRC model integrating Disability Partners into the delivery of ADRC services (Information & Referral, Options Counseling- currently being delivered solely by AAA) is created. Estimated Completion Date: 4/1/19

Action Steps	Lead	Timeline
2.1 Research other states to identify how agencies delivering disability services and aging services are integrated in the delivery of ADRC services.	ADRC Leadership Team	1/1/19
2.2 Discuss results with ADRC Leadership Team.	ADRC Leadership Team	1/1/19
2.3 Develop model integrating the delivery of ADRC Services with AAA & Disability Partners	ADRC Leadership Team	3/1/19
2.4 Present model to key stakeholders and obtains buy-in	ADRC Leadership Team	4/1/19
2.5 Document developed model in the ADRC Operations Manual	ADRC Project Coordinators	7/1/19

Goal 3: ADRC Statewide Advisory Committee continues to provide advice and support on ADRC operations and outcomes. Estimated Completion Date: 5/1/19

Action Steps	Lead	Timeline
3.1 Define role of Advisory Committee and Leadership Team	ADRC Leadership Team	2/1/19
3.2 Review Advisory Committee membership & revise/recruit members.	ADRC Leadership Team	3/1/19
3.3 Orient Advisory Committee Members	Project Coordinators	5/1/19
3.4 Discuss current quarterly meeting schedule & decide upon meeting schedule going forward	ADRC Leadership Team	2/1/19
3.5 Discuss potential meeting locations & decide upon location going forward	ADRC Leadership Team	2/1/19

Goal 4: Current outreach plans and efforts for educating consumers, caregivers, state and local providers, and advocacy organizations on ADRC services are built upon to include Disability Partners. Estimated Completion Date: 7/1/19

Action Steps	Lead	Timeline
4.1 Develop Charter for Outreach Team	ADRC Leadership Team	3/1/19
4.2 Seek membership for Outreach Team including representatives from SUA, Statewide Advisory Committee, Disability Partners, Consumers, AAAs	Project Coordinators	4/1/19
4.3 Build upon Outreach Plan to include state and local events such as presentations at conferences, meetings and distribution of printed materials and website postings	ADRC Outreach Team	5/1/19
4.4 Develop printed material and distribute at state and local level	ADRC Outreach Team	6/1/19
4.5 Implement Outreach Plan	ADRC Outreach Team	7/1/19
4.6 Track outreach activities & report to ADRC Leadership Team	Project Coordinators	7/1/19

Goal 5: The ADRC resource database is accurate and up-to-date. Estimated Completion Date: 7/1/19

Action Steps	Lead	Timeline
5.1 Develop protocol for reviewing online resource database	Quality Assurance Team	3/19
5.2 Implement protocol for reviewing online resource database	AAAs & Disability Partners	4/19
5.3 Monitor online resource database reviews	Quality Assurance Team	Ongoing
5.4 Submit changes to SUA	AAAs & Disability Partners	Ongoing
5.5 Document protocol in existing Operations Manual		7/19

Goal 6: Disability Partner & AAA staff providing ADRC services are trained in the consistent and uniform delivery of ADRC services. Estimated Completion Date: 9/1/19

Action Steps	Lead	Timeline
6.1 Seek representatives from Disability Partners to join the existing ADRC Training Team	Project Coordinators	3/1/19
6.2 Establish core competencies for staff delivering ADRC services	ADRC Training Team	4/1/19
6.3 Review current orientation and continuing education training opportunities being provided at agency level	ADRC Training Team	4/1/19
6.4 Research additional training opportunities	ADRC Training Team	5/1/19
6.5 Develop ADRC orientation & continuing education training requirements	ADRC Training Team	6/1/19
6.6 Train staff, as needed	Project Coordinators	9/1/19
6.7 Document orientation & continuing education requirements in existing ADRC Operations Manual	ADRC Training Team	7/1/19

Goal 7: Disability Partners perform ADRC functions and/or services as identified in their individualized contracts with NE4A. Estimated Completion Date: 10/1/19

Action Steps	Lead	Timeline
7.1 Discuss core functions (training, Quality Assurance, Consumer Review, Resource Database, Outreach, etc.) each individual Disability Partner will perform	ADRC Leadership Team	5/1/19
7.2 Discuss ADRC services (I&R & OC) each Disability Partner will perform	ADRC Leadership Team	5/1/19
7.3 Develop protocols for cross-referrals between Disability Partners delivering ADRC services & AAAs	ADRC Leadership Team	7/1/19
7.4 Develop protocols for documentation (Dashboard & forms) requirements for Disability Partners delivering ADRC services	ADRC Leadership Team	7/1/19
7.5 Develop service delivery work flow incorporating Disability Partners into the current ADRC work flow	ADRC Leadership Team	7/1/19
7.6 Determine payment scale for service delivery by Disability Partners	NE4A & Disability Partners	8/1/19
7.7 Train Disability Partner and AAA staff on work flow and protocols	Project Coordinators	9/1/19
7.8 Train Disability Partner staff on ADRC delivery of services & documentation requirements (Dashboard & forms)	Project Coordinators	9/1/19
7.9 Provide Disability Partners with training on ADRC functions (Quality Assurance, Consumer Review, Resource Database, Outreach, etc.) so they can fulfill their roles in participating more fully in the ADRC	Project Coordinators	9/1/19
7.10 Revise existing ADRC Operations manual to reflect changes to work flow	Project Coordinators	10/1/19
7.12 Disability Partners begin delivering ADRC services and functions	Disability Partners	10/1/19

Goal 8: Individuals are seamlessly and confidentially referred to local providers and community resources/services through Disability Partners & AAAs. Estimated Completion Date: 10/1/19

Action Steps	Lead	Timeline
8.1 Strengthen existing protocols for referrals to local providers and community resources	AAAs	3/1/19
8.2 Review confidentiality practices	AAAs	3/1/19
8.3 Revise protocols & practices as needed	AAAs	5/1/19
8.4 Strengthen existing protocols for referrals to local providers and community resources	Disability Partners	5/1/19
8.5 Review confidentiality practices	Disability Partners	5/1/19
8.6 Revise protocols & practices as needed	Disability Partners	7/1/19
8.7 Identify common referral sources	AAAs & Disability Partners	5/1/19
8.8 Meet with common referral sources to determine if formal agreement is necessary	AAAs & Disability Partners	6/1/19
8.9 Develop formal agreement, if needed	AAAs & Disability Partners	10/1/19

Goal 9: All calls coming to AAAs and Disability Partners route through a customized process. Estimated Completion Date: 10/1/19

Action Steps	Lead	Timeline
9.1 Create a work flow chart for incoming calls with written explanation	AAAs & Disability Partners	3/1/19
9.2 Train all staff on work flow chart	AAAs & Disability Partners	5/1/19
9.3 Research other states' screening tools	Quality Assurance Team	5/1/19
9.4 Research AAA current practice	Quality Assurance Team	5/1/19
9.5 Review SUA taxonomy & guidance	Quality Assurance Team	5/1/19
9.6 Develop flow chart	Quality Assurance Team	7/1/19
9.7 Train staff on flow chart	AAAs	9/1/19
9.8 Document in ADRC Operations Manual and Forms Manual	Project Coordinators	10/1/19
9.9 Review case scenarios to determine which calls to route to Disability Partners	ADRC Leadership Team	7/1/19
9.10 Discuss specialty areas of Disability Partners	ADRC Leadership Team	7/1/19

Action Steps	Lead	Timeline
9.11 Determine which calls will be transferred to which Disability Partners	ADRC Leadership Team	7/1/19
9.12 Develop protocols on transferring calls	Quality Assurance Team	8/1/19
9.13 Train staff on protocols	AAAs & Disability Partners	9/1/19
9.14 Implement transferring calls to Disability Partners	AAAs & Disability Partners	10/1/19
9.15 Document protocols in ADRC Operations Manual	Project Coordinators	10/1/19

Goal 10: ADRC service documentation (on the dashboard, I&R Referral Summary Form, and Action Plans) is complete, accurate, and timely. Estimated Completion Date: 10/1/19

Action Steps	Lead	Timeline
10.1 Review how service is currently internally monitored & revise as needed	AAAs	5/1/19
10.2 Discuss with SUA what additional Dashboard reports are available to assist in Dashboard monitoring	AAAs	5/1/19
10.3 Document monitoring process	AAAs	7/1/19
10.4 Train Disability Partner staff on Operations, Dashboard & Forms Manuals	Project Coordinators SUA	9/1/19
10.5 Develop internal monitoring process for service documentation	Disability Partners	9/1/19
10.6 Discuss with SUA what Dashboard reports are available to assist in Dashboard monitoring	Disability Partners	9/1/19
10.7 Document monitoring process	Disability Partners	10/1/19
10.8 Continue review of Action Plans, including Action Plans created by Disability Partners	Quality Assurance Team	Ongoing
10.9 Provide feedback to ADRC staff on Action Plans	Quality Assurance Team	Ongoing

Goal 11: ADRC services and materials are accessible to all individuals in alternate formats and languages. Estimated Completion Date: 11/1/19

Action Steps	Lead	Timeline
11.1 Define and develop specific standards for ADRC materials (i.e. different languages, accessible to visually and hearing impaired, reading levels)	Leadership Team	7/19
11.2 ADRC materials are developed in different languages	Leadership Team	11/1/19
11.3 ADRC materials are developed in accessible formats, including appropriate reading levels	Leadership Team	11/1/19

Goal 12: Referral sources utilize ADRC services to assist consumers. Estimated Completion Date: 1/1/20

Action Steps	Lead	Timeline
12.1 Develop a work group with members from AAAs, Disability Partners, and referral sources	ADRC Leadership Team	9/1/19
12.2 Develop training options	Work Group	11/1/19
12.3 Provide training to referral sources	AAAs & Disability Partners	1/1/20

Goal 13: The ADRC is financially stable, including pursuing Medicaid administrative claiming. Estimated Completion Date: 7/1/20

Action Steps	Lead	Timeline
13.1 Meet with MLTC staff on FFP process	AAAs	2/1/20
13.3 Train staff on FFP	AAAs	3/1/20
13.4 Submit information on FFP to MLTC staff, as required	AAAs	4/1/20
Seek Other Funding Opportunities		
13.5 Research potential funding opportunities	ADRC Leadership & SUA	Ongoing
13.6 Pursue other funding opportunities as appropriate	ADRC Leadership & SUA	Ongoing

Attachment 2 Memorandum of Understanding (Disability Partners)

**Memorandum of Understanding
Between and Among
Nebraska Association of Area Agencies on Aging
And
The League of Human Dignity, The University of Nebraska Medical
Center Munroe-Meyer Institute, Nebraska Vocational Rehabilitation,
Brain Injury Alliance, Easter Seals Nebraska, ARC of Nebraska and
Disability Rights Nebraska.**

Purpose of Memorandum of Understanding

This Memorandum of Understanding (MOU) establishes the roles and responsibilities of the Nebraska Association of Area Agencies on Aging (NE4A) and partnering organizations that specialize in serving persons with congenital and acquired disabilities. Hereinafter, the term "Partners" shall mean NE4A and the named disability partners.

This MOU will be effective as of July, 2018, and will remain in effect until this MOU is updated and duly signed or until one or more parties terminates this MOU in writing. Any changes to this MOU must be made in writing and signed by all parties.

General Program Responsibilities

1. The Partners will work together to provide comprehensive information to empower eligible individuals to make informed choices regarding long-term care services and supports.
2. The Partners will work together to ensure that the ADRC is as an ongoing component of Nebraska's long-term care continuum and that ADRC sites coordinate and establish partnerships with organizations specializing in serving aging persons and persons with congenital and acquired disabilities.
3. The Partners will promote a convenient point of entry to eligible individuals seeking information and access to long-term care services and supports.
4. The Partners will explore opportunities for sustainability of the Nebraska ADRC.

Specific Roles and Responsibilities / ADRC Partnership Plan

1. Responsibilities

- a. Each Partner will actively support awareness of the ADRC. This may include dissemination of materials, outreach, education, and marketing efforts, including ADRC information on websites and Facebook pages.
 - b. Partners will act as a referral resource.
 - c. Partners will participate in the State Advisory Council and/or local Advisory Council meetings, as well as other committee meetings.
 - d. Partners will work together to provide training and education among peers, providers and consumers.
 - e. Partners will provide a link to their organization's state or national website for the ADRC website, as a resource for referrals, and to increase the information available to consumers seeking more detailed information.
 - f. With the goal of establishing a comprehensive ADRC in Nebraska and recognizing the ADRC initiative is a "work in progress", the Partners will participate in on-going meetings in the development of:
 - outreach plans
 - marketing plans
 - reviewing other States' ADRC programs
 - ADRC services
 - Federal Matching Funds
3. Online Long Term Care Services Support
- a. Each Partner will review the ADRC website (Nebraska.networkofcare.org) functions for accuracy and provide input and updates, as necessary.
 - b. Each Partner will link to the Information Pages and display the Nebraska ADRC Partnership logo on its home web page.
4. Funding
- a. Funding shall be available to disability partners when defined ADRC service(s) are provided and information/units submitted to the ADRC software. The funding shall be equally divided among the participating disability partners providing ADRC services.

- b. Partners may pursue Federal Matching Funds upon approval and assistance with DHHS.

5. Technical Resources

- a. Partners will collaborate and cooperate in working with the following technical resources: Network of Care, Statewide training on disability and aging resources, State Advisory Council and/or local Advisory Council meetings, and the ADRC Operations and Forms manuals.

Connie Cooper

Chairman, NE4A

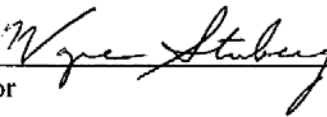
7/12/18

Date

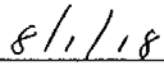
Signatures of the Partners of ADRC Nebraska are on Attachments A-G.

Attachment A

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and the
University Center for Excellence in Developmental Disability Education,
Research and Service of the Munroe-Meyer Institute



Director



Date

Attachment B

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and
Nebraska Vocational Rehabilitation

Lindy Foley

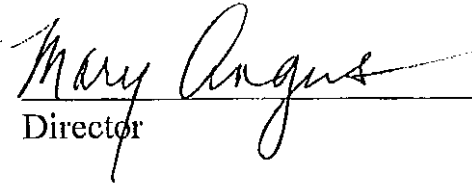
Director

July 22, 18

Date

Attachment C

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and the
Disability Rights of Nebraska



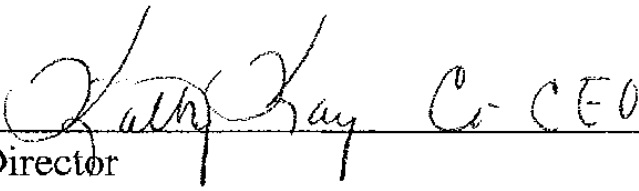
Director

8/2/18

Date

Attachment D

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and the
League of Human Dignity



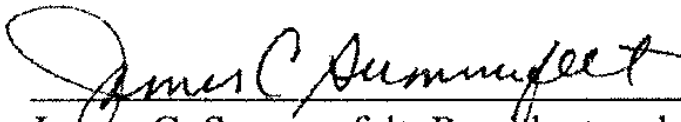
Director

7/26/18

Date

Attachment E

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and
Easterseals Nebraska



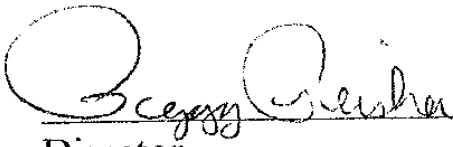
James C. Summerfelt, President and CEO

July 20, 2018

Date

Attachment F

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and the
Brain Injury Alliance of Nebraska



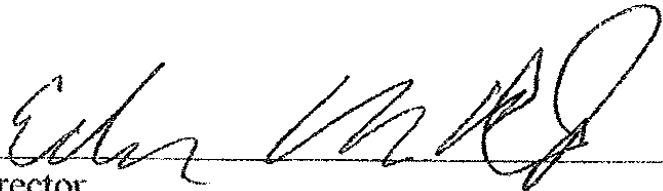
Director

7-12-18

Date

Attachment G

Signature page for the ADRC Plan and Memorandum of Understanding
between the
Nebraska Association of Area Agencies on Aging
and the
ARC of Nebraska



Director

9/29/18

Date