NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

December 1, 2016

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

Dear Mr. O'Donnell:

Pursuant to the provisions of Nebraska Revised Statute § 68-1118, the Division of Medicaid and Long-Term Care (MLTC) is submitting this report to the clerk of the legislature evaluating the aging and disability resource center (ADRC) demonstration projects as established under the Aging and Disability Resource Center Demonstration Project Act.

Feel free to contact Cynthia Brammeier at Cynthia.Brammeier@nebraska.gov if you have any questions about this report.

Sincerely,

Calder A. Lynch, Director
Division of Medicaid & Long-Term Care
Department of Health and Human Services

Nebraska's Aging and Disability Resource Center Pilot

Initial Report and Evaluation

HCBS STRATEGIES INCORPORATED

HCBS.INFO

November 29, 2016

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Acronyms

- AAA- Area Agency on Aging
- ACA- Affordable Care Act
- ACL- Administration for Community Living
- ADRC- Aging and Disability Resource Center
- AIM- Advanced Illness Management
- AIRS- Alliance of Information and Referral Systems
- AoA- Administration on Aging
- AOWN- Aging Office of Western Nebraska
- AP- Aging Partners
- BIP- Balancing Incentives Program
- BRAAA- Blue Rivers Area Agency on Aging
- CCTP- Community Care Transition Program
- CIL- Center for Independent Living
- CM- Care management
- CMS- Centers for Medicare & Medicaid Services
- CQI- Continuous Quality Improvement
- DDD- Division of Developmental Disabilities
- DSS- Disability Services Specialists
- DHHS- Department of Health and Human Services
- ENOA- Easter Nebraska Office on Aging
- FFP- Federal Financial Participation
- HCBS- Home and community based services
- HIPAA- Health Insurance Portability and Accountability Act
- I&A- Intake and assessment
- I&R- Intake and referral
- IAP- Individual action plan
- ICF- Intermediate care facility
- IDD- Intellectual and developmental disability
- IT- Information technology
- LTSS- Long term services and supports
- MAAA- Midland Area Agency on Aging
- MDS- Minimum data set
- MFP- Money Follows the Person
- MH- Mental Health
- MS- Microsoft
- NAMIS- Nebraska Aging Management Information System
- NAPIS- National Aging Program Information Systems
- NE4A- Nebraska Area Agencies on Aging
- NENAAA- Northeast Nebraska Area Agency on Aging
- NWD- No Wrong Door
- OAA- Older Americans Act
- PACE- Program for all-inclusive care for the elderly
- PAS- Personal assistant services
- QI- Quality improvement
- RFGP- Request for grant proposals
- RFP- Request for proposals
- SC- Service Coordinator
- SCNAAA- South Central Nebraska Area Agency on Aging
- SUA- State Unit on Aging
- TBI- Traumatic brain injury
- TNoC- Trilogy Network of Care
- UNMC- University of Nebraska Medical Center
- VA- Veterans Affair’s
- VR- Vocational rehabilitation

Executive Summary

LB320 established the Aging and Disability Resource Center (ADRC) Demonstration Project Act in May 2015. The purpose of this Act was to evaluate the feasibility of establishing ADRCs statewide. ADRCs are intended to provide information about and help access both publicly and privately funded long term services and supports (LTSS) to all populations with disabilities.

HCBS Strategies was awarded a three-year contract to conduct an evaluation of three ADRC pilot sites that initiated their efforts in July 2016. Measures identified in the RFP included:

- The number and type of people served by the ADRCs
- The impact of the ADRC on the knowledge base of service recipients
- Consumers' perceptions about the ADRC
- Trust in ADRC programs

HCBS Strategies' approach to the evaluation has been to conduct a formative evaluation and assist in defining measures and developing data collection infrastructure in the first year and analyze these data in the second and third years. The formative evaluation was designed to be a back-and-forth process in which HCBS Strategies provided guidance to the ADRCs about how they could enhance their business operations.

In contrast to the original vision of three ADRC pilot sites described in the legislation, the actual initiative is piloting statewide changes. The ADRCs will offer four tiers of services:

- **Basic information** will be provided to individuals who do not require any referrals or other counseling.
- **Information and Referral (I&R)** will replace most of the assistance provided by the AAAs under Intake and Assistance (I&A).
- **Options Counseling** is an intermediate service that will result in a standardized written plan that identifies the individual's goals and the action steps necessary to meet those goals.
- **Enhanced Options Counseling** is a more intensive service that will be piloted with a limited number of individuals, many of whom would have otherwise received Care Management.

The effort will enhance the information and referral database to include resources important for all individuals with disabilities. The ADRCs have also established a clear governance structure and stakeholder input process.

EXECUTIVE SUMMARY

The ADRCs have hired staff who are providing I&R and Options Counseling to individuals seeking LTSS. However, a standardized approach for providing these services was not implemented until October 2016. Enhanced Options Counseling is scheduled to be implemented in early 2017.

The ADRCs are currently implementing a plan for collecting data on process measures that assess how ADRC business operations are functioning (e.g., number of people served, timeliness) and outcome measures that evaluate the degree to which the ADRC is impacting outcomes (e.g., satisfaction).

While the ADRC effort has made substantial progress at developing infrastructure, there are several policy decisions that need to be made and incorporated into operations, including:

- Embedding the ADRC within a strong No Wrong Door (NWD) network
- Clarifying and enhancing the role of the disability community within the ADRC/NWD network
- Diversifying sources of funding

The year two and three evaluations will provide updates on the ADRCs' efforts to enhance their infrastructure and analyses of the process and outcome measures.

Background

NATIONAL ADRC/NWD EFFORTS

Aging and Disability Resource Centers (ADRCs) were initially developed as a pilot by the State of 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 series of 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 long term services and supports (LTSS). These single-entry points also tried 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 eventually evolved to include all populations with disabilities.

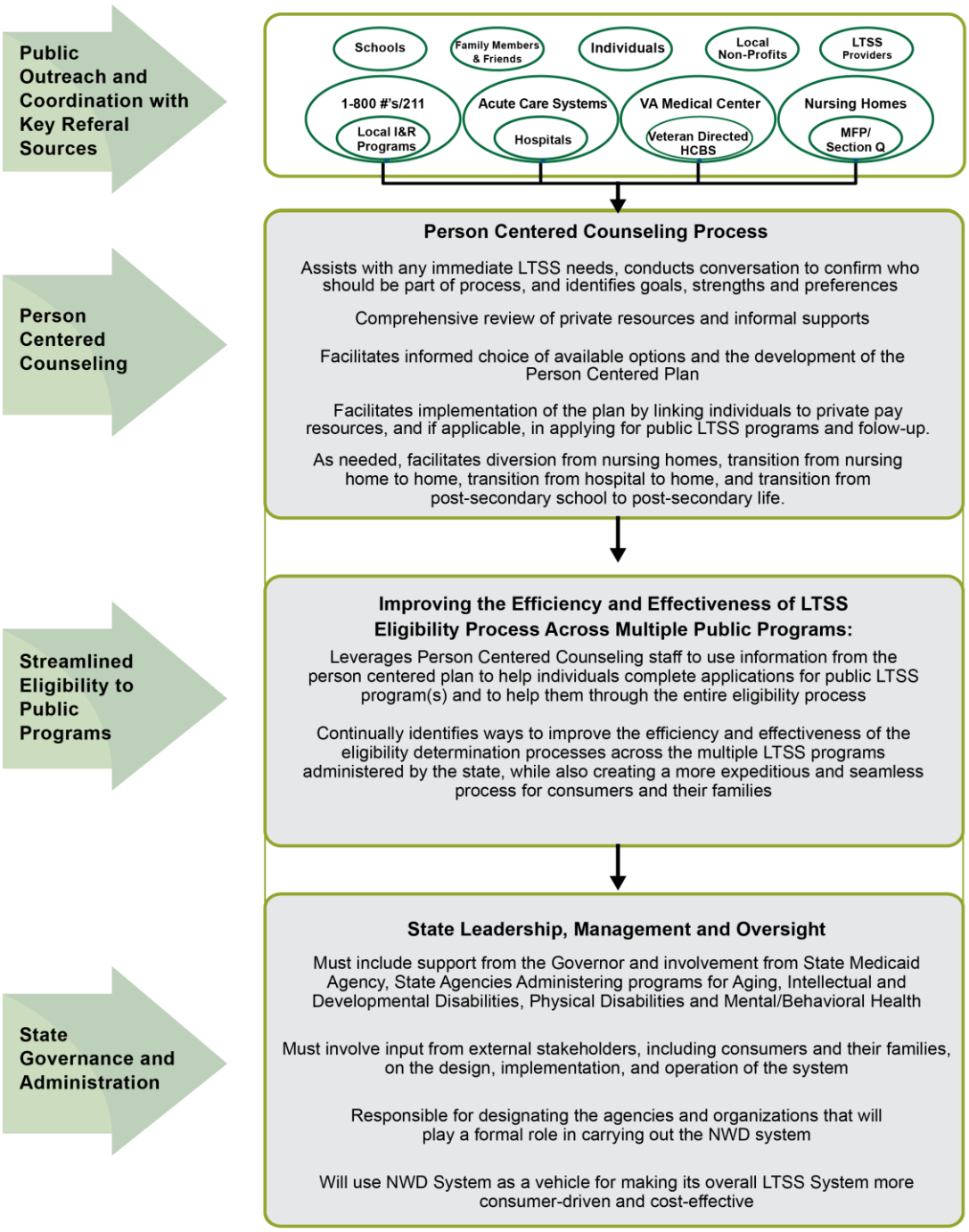
This evolution created challenges because most states had existing entities that provided ADRC-like services to other populations, such as individuals with intellectual and developmental disabilities (IDD). To accommodate this, the federal guidance has shifted to describing a No Wrong Door (NWD) network that includes ADRCs and other access points for LTSS. The Balancing Incentives Program (BIP), which was a component of the Affordable Care Act (ACA), included NWD as one of the required components.

No Wrong Door Schematic

Exhibit 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, available at https://www.adrc-tae.acl.gov/tiki-index.php. This schematic identifies four primary functions for the NWD system. This schematic informed Nebraska's efforts.

BACKGROUND

EXHIBIT 1: FEDERAL NO WRONG DOOR SCHEMATIC



Source: NWD website, https://www.adrc-tae.acl.gov/tiki-index.php?page=PlanningGrants.

BACKGROUND

ADRCs represent a widespread, but diverse program. Per the fact sheet put out by ACL, 53 states, territories and DC have ADRCs. Many of these states, such as Wisconsin and Maryland, have established statewide ADRC networks. All states are working to define and enhance how the ADRCs and NWD efforts work. Each state and locality must determine how best to incorporate and interpret the ADRC/NWD requirements into operations. Because of this, there are major differences in the structure of and functions provided by the ADRCs/NWD networks across and within states.

NEBRASKA'S ADRC PILOT EFFORT

LB320 established the Aging and Disability Resource Center Demonstration Project Act in May 2015. The purpose of this Act was to evaluate the feasibility of establishing ADRCs statewide. These ADRCs are intended to provide information about and help access both publicly and privately funded LTSS to all populations with disabilities. The Act identifies the following outcomes that are driving the need for this effort:

(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.

LB320 required the Department to establish three pilot sites that would provide one or more of the following functions:

(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) Assistance in accessing and applying for public benefits programs;
(3) Options counseling;
(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.

The legislation limited potential pilot sites to Area Agencies on Aging (AAAs). However, the legislation required that these AAAs coordinate with entities that support other populations with disabilities. The legislation does not specify what this coordination should consist of. Instead, it requires that applicants describe this in their solicitation responses.

It is important to note that even if the pilot sites assumed all the functions included in the legislation, the results of the pilot may not address the core question of whether the ADRC can meet all the outcomes for the following reasons:

1. Streamlining and coordinating access functions, including outreach, triage, assessment, and support planning, for all disability populations will require leadership from the State. In Nebraska, a combination of State agencies, local government agencies, and private sector agencies fulfill these functions. They currently operate in silos, separated by disability population (e.g., IDD, older adults, etc.). While the ADRCs can help navigate this web of agencies, State leadership is necessary to truly streamline and coordinate these systems.
2. The legislation did not address if and how the ADRC effort should be integrated with existing AAA access functions (notably Information and Assistance (I&A) and Care Management) and other functions currently being provided by disability partners. If the ADRC effort is meant to build a seamless system, it is necessary to determine where these existing functions fit and how they will need to change to fulfill the goals for the ADRC.
3. Sustainability and cost-effectiveness are important factors that will likely determine whether to continue the ADRC effort, yet the legislation does not explicitly address this. ADRC efforts that have been successful in other states have taken two primary approaches on this issue. One, they have tried to make the business case that the ADRCs save a state money by delaying Medicaid eligibility, especially for expensive institutional services. Two, they have repurposed existing funds and added new sources of funding, such as Medicaid administrative Federal Financial Participation (FFP).

Methodology

EVALUATION REQUIREMENTS IN THE REQUEST FOR PROPOSALS (RFP)

HCBS Strategies was awarded a contract to conduct an evaluation of three ADRC pilot sites that initiated their efforts in July 2016. The RFP identified several constructs that can be seen as measures of the direct effect of the quality of ADRC supports:

- Improving the knowledge base of service recipients
- Consumers' perceptions about the ADRC
- Trust in ADRC programs itself

The RFP also required the following constructs that will likely measure the volume of support provided by the ADRC pilot sites:

- The breakdown of the demographic composition of each service area by counties and service area
- Numeric measurements of the level of effort each ADRC is accomplishing in each site and county served

Finally, the RFP identified two measures that, while the ADRC may influence them, will likely be determined by factors outside of the control of the ADRC (e.g., availability of supports, quality of direct care, etc.):

- The level of satisfaction with services being provided and resources available
- Consumers' perceived unfulfilled or unaddressed needs

The RFP also proscribed several requirements for the structure of the evaluation:

- Identify and classify the activities, indicators, output or outcome, baseline, benchmark, and source of data
- Utilize methodology/ies that allow all stakeholders to give their input
- Permit different channels of gathering relevant information at different levels. (i.e. group survey, focus group, interviews, public or caregivers' options, pre- and post-survey of the program participants, observations from meetings attended, etc.)
- Utilize structured interviews with direct support staff and the leadership team to capture all relevant, current, and vital data
- Include persons with limited English proficiency and minorities in the evaluation analysis

METHODOLOGY

The RFP also required that the evaluation provide program modification suggestions. In the questions and answers process, the State Unit on Aging (SUA) clarified that the evaluation should include a review of ADRC program operations.

The RFP requires three reports for which drafts are due on November 1 in 2016, 2017, and 2018 with final reports due the following December 1. This report fulfills the requirement for 2016.

OVERVIEW OF APPROACH

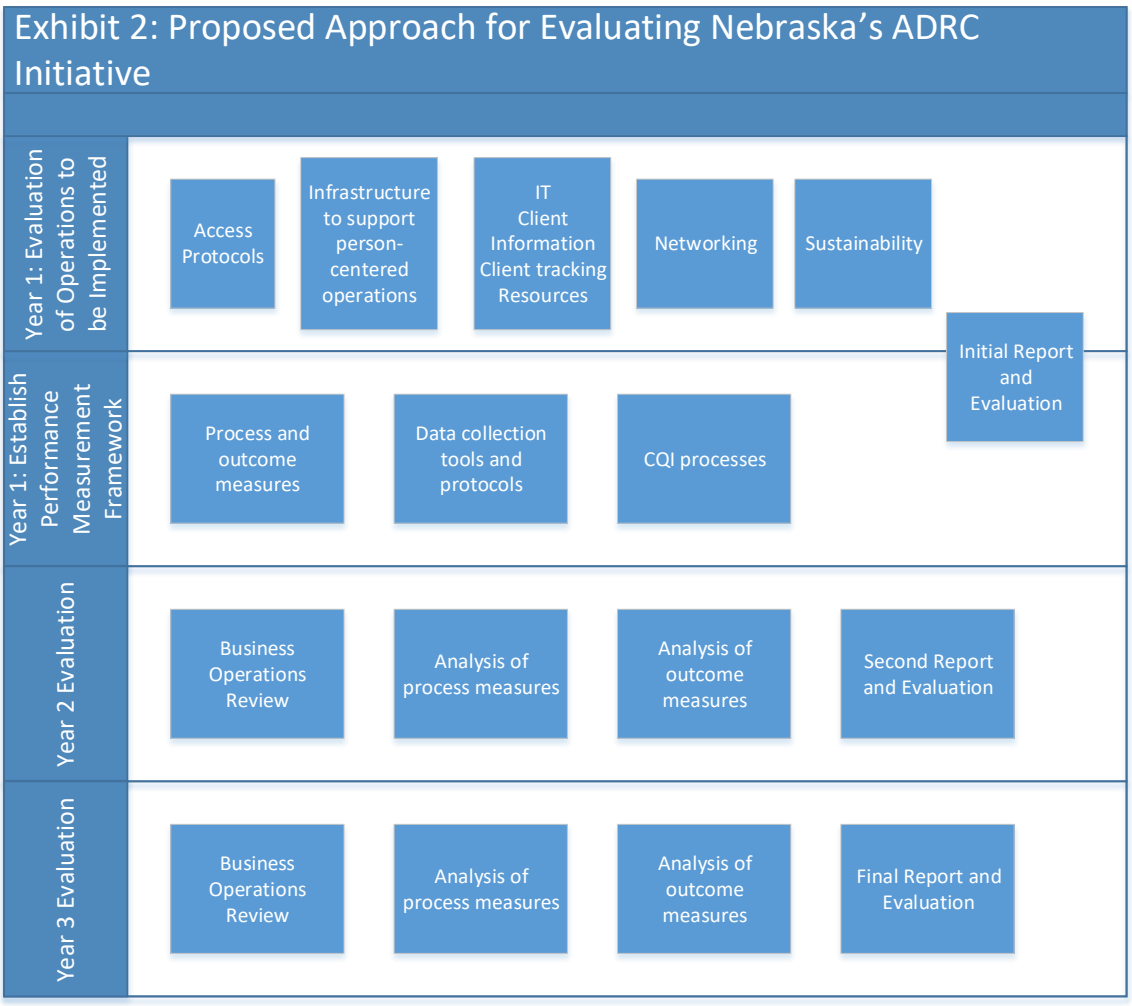
We reviewed several technical considerations before developing our proposed approach:

1. The contracts for the pilot sites and the evaluation started at approximately the same time. Therefore, we proposed to include a formative evaluation in year one that examined plans as well as existing operations for the ADRC pilot sites. We envisioned that our role would include:
    - Providing guidance to the State and the ADRC sites regarding business operations that need to be built or improved.
    - Facilitating the selection of standard instruments for collecting both process and outcome data.
2. Because the State envisions that, if successful, the pilot will evolve into a statewide program, we proposed to consider the following outcomes not directly required in the RFP:
    - The degree to which the ADRC is integrated with and utilizes existing mechanisms for providing LTSS counseling and other ADRC-like services rather than duplicating them. We refer to this as networking. This will be crucial in crafting a cost-effective ADRC network.
    - Plans for financial sustainability after the pilot period, including drawing down Medicaid administrative Federal Financial Participation (FFP) and obtaining additional sources of funding (e.g., payments from hospitals, managed care organizations, private pay, etc.).
3. Because the scope of work set a limit for funding available and required producing three reports over three years across three pilot sites, we crafted a scope of work that relied upon the pilot sites to collect the data. This approach allowed us to spend more time on the formative evaluation.

Exhibit 2 provides an overview of our proposed approach for the evaluation. The first year has included the formative evaluation, in which we have examined emerging and planned operations and plans for meeting the data collection requirements specified in the ADRC solicitation. In

the second and third years, we plan to conduct operational reviews that evaluate how the development and refinement of operations are proceeding and analyze data collected by the sites.

Exhibit 2: Proposed Approach for Evaluating Nebraska's ADRC Initiative



Formative Evaluation

The formative evaluation involved reviewing relevant documents and conducting structured interviews to obtain an understanding of the strengths and challenges of current and planned infrastructure. Because the ADRCs will exist in a system that includes other entities that perform ADRC-like functions (including the existing AAA I&A and Care Management infrastructure), we not only examined the work of the pilot sites to develop the ADRCs, but we

reviewed (1) the operations in place in the pilot sites prior to the ADRC and (2) LTSS access processes operated by other entities in both the public and private sectors.

In our work in developing ADRC infrastructure, we have found it helpful to group the business operations that we will be looking at into the following categories:

- **Access processes**: These may include policies, protocols and/or training infrastructure that address the following ADRC-related business processes:
  - Outreach
  - Incoming and outgoing referrals
  - Intake
  - Triage
  - Assessment
  - Support planning
  - Options counseling
  - Benefits counseling
  - Facilitation of access to LTSS programs and/or other programs that may benefit individuals with disabilities (e.g., housing, income maintenance, etc.)
  - Follow-up
  - Short-term case management
- **Infrastructure to support person-centered operations**: We examine whether and how a person-centered approach was being incorporated into ADRC operations, because this is a major focus of both the RFP and CMS' home and community based services (HCBS) rules.
- **Information technology (IT)**: Information technology has become a central component of program design as technologies improve and programs become more complex. From our review of the ADRC pilot site RFGP, we identified the following as potential requirements for an IT solution:
  - Store information about clients, such as assessment results
  - Track clients as they move across business processes (e.g., those in the access processes section)
  - A searchable database of information and referral (I&R) resources, such as providers and publicly funded LTSS programs
  - Reporting capabilities, including being able to pull data that match up with the State's performance metrics
  - Security capabilities that may need to comply with HIPAA standards

- **Networking**: Nebraska's ADRC solicitation envisioned that the ADRCs will serve as a hub that will connect individuals to the larger LTSS network. Therefore, the State and the local ADRCs need to ensure that this larger network understands and is willing to work with the ADRCs. Therefore, this report examines which entities the State and the ADRCs have educated about the initiative and secured agreements with to cooperate. This analysis consists of three major components: 1) the types of entities (e.g., other State and local agencies, social service providers, hospitals, etc.), 2) the types of agreements (e.g., educating potential partners about the ADRC, verbal understanding, written agreement, contract, etc.), and 3) the degree to which these agreements are or will be encompassed into business operations. This last point overlaps with the review of referral processes identified in the bullet on access processes.
- **Sustainability**: We reviewed plans for ensuring that the ADRC effort is sustainable. This includes addressing two major components: 1) have the State and the ADRC pilot sites developed well thought out assumptions about the volume of support the ADRCs will provide and the staffing and other costs necessary to provide this support; and 2) what efforts have been made to tap into multiple different sources of support, especially Medicaid administrative FFP.

We obtained information for the formative evaluation through interviews with representatives of:

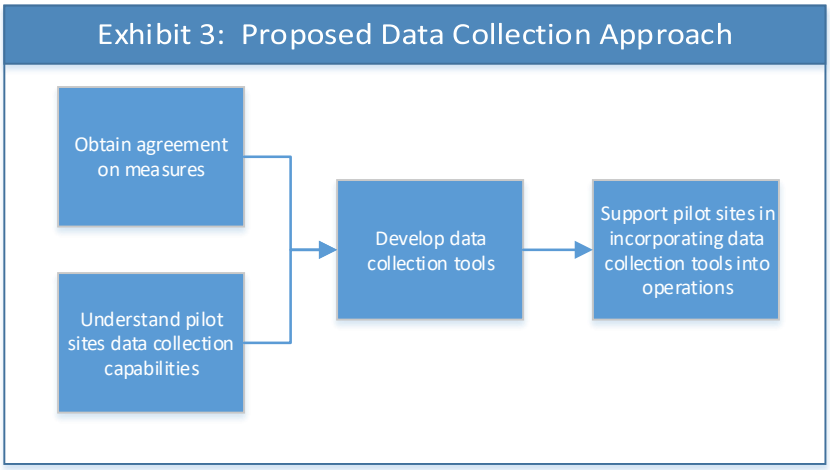
- The SUA
- Other State agencies that oversee LTSS
- All seven AAAs participating in the pilot
- The ADRC coordinators
- The disability partners

We also reviewed documents and previous reports.

Process and Outcomes Evaluation

We have been working with the State and the pilot sites to establish measurable performance indicators, data collection tools, and processes for integrating these data into a centralized database. ***Exhibit 3*** shows our general approach.

METHODOLOGY



The initial report includes the review of operations and performance indicators and data collections plans. In Years 2 and 3, we propose to assess the progress on developing and improving operations by revisiting and updating the original operations review. We will also include analyses of the data that should be available by this point. We anticipate that most of these analyses will involve descriptive statistics, however, we hope to make comparisons across the AAAs.

Formative Evaluation Findings

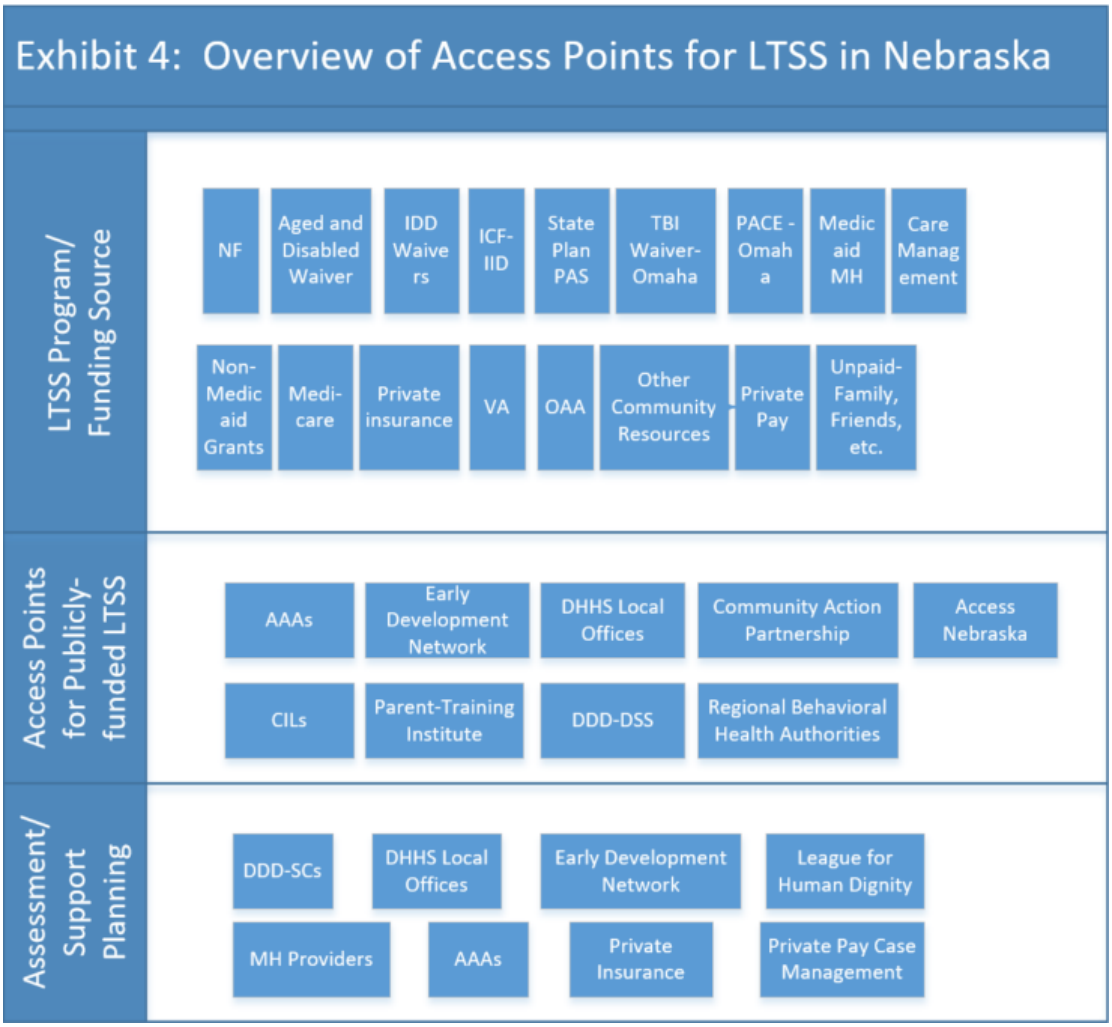
As noted in the methodology section, the formative evaluation included not only a review of in-development and planned operations, but operations that existed in the pilot sites prior to the evaluator's site visit, which occurred during August of 2016, and access processes operated by other public and private sector entities.

ACCESS PROCESSES OPERATED BY OTHER PUBLIC AND PRIVATE SECTOR ENTITIES

Our evaluation started with a recognition that the ADRC effort needed to 1) facilitate access to publicly funded LTSS programs and 2) be integrated with other public and private sector entities that facilitate access to these programs. Therefore, our first step was to construct an overview of Nebraska's publicly funded LTSS programs with an emphasis on how potential participants access them. ***Appendix 1*** is a table that provides a summary of the characteristics of these publicly-funded LTSS programs in Nebraska. This table includes information about the following:

- Program characteristics (e.g., services, federal authority, etc.)
- Intake and triage processes
- Eligibility determination processes and criteria
- Support planning processes and tools
- Person-centered components
- Quality indicators

Exhibit 4 provides an overview of the major LTSS funding streams and programs and the processes for accessing them. This diagram should be viewed as a sketch of the service delivery system rather than an in-depth catalogue of all its components, which is beyond the scope of this project. This review identified 17 LTSS programs and/or funding sources. We identified eight entities and one website (ACCESSNebraska) that the State uses to help people locate and navigate this maze of programs. We also identified eight entities that will conduct assessments and develop support plans once an individual is determined eligible for a particular program.



To be successful, the ADRCs should network the components identified in ***Exhibit 4*** so that individuals seeking LTSS receive assistance from the ADRC or another access point to navigate to the program that best meets their preferences and needs.

ASSISTANCE IN ACCESSING LTSS PROVIDED BY THE AREA AGENCIES ON AGING ASSUMING THE ADRC ROLE PRIOR TO THE PILOT

Based on interviews with AAA/ADRC and SUA staff and review of documents they provided, we analyzed operations for access processes within the AAA/ADRCs. These analyses use similar constructs as described for the other LTSS access points. However, in this case, we identified current and planned changes to operations. ***Exhibit 5*** presents a summary of these analyses.

FORMATIVE EVALUATION FINDINGS

Summary of AAA Access Processes Prior to the ADRC

The first column in ***Exhibit 5*** provides a summary of the operations infrastructure as it was in September 2016. At that time, most of the changes to the operations to implement the ADRC had not yet occurred. Therefore, this portion of the exhibit can be seen as a snapshot of the AAA operations prior to the implementation of the ADRC.

Prior to the ADRC, individuals age 60 and older and their caregivers accessed LTSS through the AAA's I&A and Care Management programs. I&A provides answers to questions and referrals to address LTSS and other needs. Care Management services include a comprehensive assessment, a written plan for meeting LTSS needs, and ongoing follow-up. For the most part, the infrastructure for these programs had not been standardized across AAAs with two notable exceptions:

1) Care Management uses a standardized assessment tool
2) The AAAs had collaborated with the SUA in building a database of LTSS resources in the Trilogy Network of Care (TNoC) system. Both I&A and Care Management staff use this database

The AAAs generally did not serve populations under 60, with one notable exception. Under the National Family Caregiver Support Program, the AAAs provide support to 1) caregivers of individuals of any age with Alzheimer's or related dementia and 2) grandparents ages 55 and older caring for a grandchild under age 59 with a disability.

The AAAs are making progress in to building greater consistency across the AAAs and expanding assistance in accessing LTSS. This included strengthening their association (NE4A) and establishing partnerships with hospitals. The AAAs response to the ADRC solicitation can be seen as one of the fruits of this collaboration.

FORMATIVE EVALUATION FINDINGS

EXHIBIT 5: SUMMARY OF CURRENT AND PLANNED AAA/ADRC LTSS ACCESS BUSINESS OPERATIONS

Business Process	Current	Envisioned	Status	Current Standardization	Other notes
Infrastructure for coordinating across sites	While seven of the eight AAAs submitted applications as part of three separate consortiums, the seven pilot sites are collaborating to build common infrastructure across the State. This collaboration has included issuing a contract with Fritz & O'Hare Associates, who will act as ADRC coordinators. The ADRC coordinators are working with the AAAs to develop standardized processes and tools for the AAAs. The AAAs are also increasing collaboration including establishing their association, Ne4A, as a 501(c)(3) to allow for additional joint contracting.	The AAAs have implemented a statewide ADRC advisory council and local advisory councils. These councils will facilitate collaboration among the AAAs and with other ADRC partners.	Finalized plans	Standardized across all AAAs	For the pilot effort, all AAAs except one are participating. The goal is to cover the whole state, including the geographical area served by the AAA not participating in the pilot (West Central).
Initial Intake & Triage					
Outreach/Marketing	The AAAs are using existing marketing and outreach mechanisms (e.g., health fairs, Facebook, websites, visiting community partners) to increase knowledge about services and supports provided by the ADRCs. To better communicate the role the ADRC will play within the LTSS system, the AAAs are also using an ADRC PowerPoint and brochure during these meetings.	The AAAs have worked with the ADRC coordinating team to develop a formal marketing plan. It is envisioned that this marketing plan will be implemented once the operations of the ADRC are solidified. The AAAs will also be members in statewide and local ADRC advisory councils. These councils will help raise awareness of ADRC effort and enhance coordination with other State agencies and disability partners.	Draft plans	AAA specific	

FORMATIVE EVALUATION FINDINGS

Business Process	Current	Envisioned	Status	Current Standardization	Other notes
Linkages to Pathways to LTSS	The Eastern Nebraska Office on Aging (ENOA) was part of a Community Care Transition Program (CCTP) with the Alegent Hospital systems in the Omaha area. After that grant ended, ENOA kept the relationship going and entered an agreement with them to do aspects of the CCTP. This has produced positive results and fosters relationships with not only the hospitals and discharge planners, but the clinics and physicians that are referring to ENOA since ENOA is now in their data system. Alegent desires to move it through their other facilities in Nebraska and ENOA has been facilitating those discussions with the other AAA Directors. A working relationship also exists with the University of Nebraska Medical Center in their desire to educate their physician networks on the availability of Long Term Care Services and Supports in the community	The AAAs envision that they will continue to improve coordination efforts with health systems and discharge planners statewide to decrease hospital readmission through programs like AIMs. They also envision strengthening the process of responding to individuals who are flagged in MDS Section Q[1] as wanting to leave a nursing facility. The AAAs are interested in examining how to implement and receive reimbursement for functions carried out by the ADRCs.	Partially imp./plans in flux	AAA specific	
Description of Intake Process	The intake processes vary across the AAAs. The larger AAAs (e.g., Aging Partners) have designated intake and triage staff. Other AAAs may 1) have a secretary field the calls and direct to staff they believe is appropriate; or 2) call goes to a random staff, and that staff provides the intake function. Intake is largely informal and high level. Focuses on the consumer's needs and what type of action is needed (e.g., simple referral, options counseling, care management).	The AAAs envision that the ADRC intake functions will be blended into the AAA intake functions, rather than working in a silo. The coordination team is working to standardize these practices across agencies to the extent possible. There is also a vision of having a standardized tool for collecting initial information about the caller and having intake staff be familiar with the NAPIS[2] data requirements so that this information is captured in an efficient and effective manner.	Finalized plans	AAA specific	Moving forward, the AAAs expressed interest in learning how the intake functions for the AAAs and ADRCs can be billed together to avoid double-dipping.

[1] The MDS Section Q is a mandated federal form that is completed for all residents of a nursing facility that received Medicare or Medicaid reimbursement.

[2] States are required to submit the National Aging Program Information Systems (NAPIS) State Program Reports to ACL. Nebraska's SUA must obtain this information from the AAAs and submit it to ACL.

FORMATIVE EVALUATION FINDINGS

Business Process	Current	Envisioned	Status	Current Standardization	Other notes
Ability to track individuals who contact the AAA/ADRC	All the AAAs have transitioned to using the Trilogy Dashboard to track ADRC contacts. Aging Partners also has a formal automated system, SAMS I&R, which they use to populate forward into Trilogy.	The Trilogy system is sufficient for current practices, but an enhanced system to collect a wider range of metrics is desired by both the AAAs and the State. The State envisions implementing an options counseling module and developing further reporting capabilities within the Trilogy system. The coordinating team will continue to work with the AAAs to develop the contents of the dashboard and ensure that it is being utilized in a consistent manner	Draft plans	AAA specific	
Triage: Processes for determine where to route people who contact the AAA/ADRC	Most the AAAs do not have a standardized way triage occurs. Staff use their professional knowledge about when and where to make referrals, however this can be subjective and limited to the staff's knowledge of available resources. Aging Partners is the only AAA with a formal triage process. AP utilizes the automated SAMS system to develop a triage prioritization that rates the individual's need from 2-5 and provides recommended next steps. AP is also the only agency with triage staff who are Alliance of Information and Referral Systems (AIRS) certified. The AIRS certification includes training staff on AIRS taxonomy, which is used by the State, and how to classify and manage information and referral resources.	The ADRC effort will be developing standardized guidance regarding how to triage people to other agencies or within the different ADRC offerings (e.g., I&R, Options Counseling, Extended Options Counseling).	Draft plans	AAA specific	
Determination of who will get I&R, Options Counseling, Extended Options Counseling or another service	The determination about what level of assistance to provide the caller with once they are triaged to the ADRC is largely left up to staff judgment. There is not currently a standard definition for options counseling, so staff are often unclear about how to differentiate between providing I&A and options counseling.	The ADRC effort has developed draft definitions for who should refer I&R, Options Counseling, and Extended Options Counseling. The definitions will need to be incorporated into ADRC operations.	Draft plans	AAA specific	

FORMATIVE EVALUATION FINDINGS

Business Process	Current	Envisioned	Status	Current Standardization	Other notes
Required timeframes	Timeframes for which assessment and follow-up occur vary by AAA, largely dependent on staffing resources. Aging Partners has the priority scoring methodology, and if the consumer is high priority, they will be seen immediately. If they score as a lower priority of need, they are put on a waiting list. ENOA has informal standards of conducting an initial screen within 24-48 hours, and the assessment typically occurs within 7-10 days following this contact. The remainder of the AAAs have general, informal rules for follow-up. Some rural AAAs cover a wide geographical region and it make take longer to serve clients in the outer areas.	It is envisioned that standardized timeframes will be developed. These timeframes will include accommodations for staffing and logistic constraints in the rural areas.	Developing plans	AAA specific	South Central has private care management contractors, and the contractors can take on as much as they want (i.e., they can turn down difficult or hard to reach cases). They may struggle having consistent timeframes.
Staff qualifications and training	The staffing requirements for non-care management positions vary across the AAAs. For I&A there are not specific requirements, but most agencies expect a bachelor's degree. Training is typically developed and conducted on an ad-hoc basis, and varies across the AAAs.	The vision is to develop standardized staff qualifications and training for each position that align with the requirements in the RFGP.	Developing plans	AAA specific	Suggested that the requirement of AIRS training be included in the update staff qualification.
LTS Options Counseling					
Description of the LTS Options Counseling Process	The processes for providing options counseling vary across the agencies. Because clear definitions and guidelines for what options counseling is and how it should be performed have not been developed, staff are typically using their judgment to determine what type of support to provide and when the activity qualifies as options counseling. Many of the AAAs have created the options counseling position, but the function of this staff has not yet been defined. There is a concern that this may become a catch-all position, where they are dealing with issues that there is not a defined staff for at the agency, but does not fit into the role of the options counselor	The vision under the ADRC model is to delineate and define I&R, Options Counseling, and extended Options Counseling to improve clarity about what options counseling is and when it should be provided. Each of the options will include training materials and accompanying tools. All options will provide a written document that summarizes the outcomes of the process.	Finalized plans	AAA specific	Some agencies don't have I&A staff and the first calls go to options counselors. This enhances confusion around the overlap of the functions.

FORMATIVE EVALUATION FINDINGS

Business Process	Current	Envisioned	Status	Current Standardization	Other notes
Description of assessment	The AAAs use a standardized, home-grown, comprehensive assessment for individuals in the Care Management program.	The pilot sites plan on using the Care Management assessment as the tool for people who receive Extended Options Counseling under the pilot. They may adapt this tool or use another tool for the pilot with individuals under age 60. The AAAs are only planning on collecting high-level assessment categories for Options Counseling and I & R.	Partially imp./plans finalized	Standardized across all AAAs	
Written plan or other instructions given to clients	The template and process used to develop a plan of care varies by the AAAs. Aging Partners uses the automated SAMS system to develop the support plan, while others use Microsoft Word or Excel documents. Most agencies provide the individual with a copy of the plan of care so that he/she can work to implement it, however this is not consistent across all agencies.	The ADRC effort is developing standardized template for written plans. Individuals receiving I&R will be offered to have a document that summarizes the referrals either emailed or mailed to them. Individuals receiving Options Counseling will receive a written plan that identified goals and activities. The plan for Extended Options Counseling will use a similar format, but include more comprehensive information.	Finalized plans	AAA specific	
Required timeframes	The individual agencies are defining the timeframes for follow-up, except for State programs, which require the agencies to meet face to face with the consumer on a quarterly basis. Some agencies strive to have monthly or bi-monthly follow-up via telephone or in-person; however, this is not required.	It is envisioned that standardized timeframes will be developed. These timeframes will include accommodations for staffing and logistic constraints in the rural areas.	Developing plans	AAA specific	

FORMATIVE EVALUATION FINDINGS

Business Process	Current	Envisioned	Status	Current Standardization	Other notes
IT (use of NAMIS, Trilogy, and/or other IT)	The care management assessment tool is automated within the NAMIS system. Aging Partners completes the assessment in SAMS and re-enters in NAMIS. Other agencies may use a paper version of the tool in the field and enter the information within the automated system upon return to the office. IT for completing the Plan of Care varies across the agencies. Aging Partners is the only agency with a sophisticated IT system. Other agencies use electronic and/or paper versions developed in Microsoft Office or Excel.	The ADRCs are using the Dashboard function within the Trilogy system to track calls and clients. Written plans will either be completed using MS Word or fillable PDFs templates.	Partially imp./plans in flux	AAA specific	
Staff qualifications and training	The care management positions are in state statue and are standardized across the AAAs. The staffing requirements for non-care management positions vary across the AAAs. Training is typically developed and conducted on an ad-hoc basis, and varies across the AAAs.	The vision is to develop standardized staff qualifications and training for each position that align with the requirements in the RFGP.	Developing plans	AAA specific	
Other processes					
Approach for updating LTSS resources in the Trilogy system	Anyone from the public can request updates or the inclusion of additional information within the Trilogy system. Staff at the State Unit on Aging regularly review the requests and make necessary updates within the system. The State has established the requirement that provider information is verified by the AAAs and State staff on an annual basis.	Several taxonomy categories will be added to the database to identify the number of resources in a manner required by the RFGP. The SUA will be producing reports that summarize these resources. The AAAs will use that information to address weaknesses within the database. To standardize processes, the AAAs are considering staff become AIRS-certified.	Finalized plans	Standardized across all AAAs	

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SUMMARY OF ORIGINAL REQUEST FOR GRANT PROPOSALS (RFGP) RESPONSES

In December 2015, the AAAs submitted responses to a RFGP put out by the SUA to fund three pilot sites. The AAAs, except for West Central Nebraska, formed the three following teams:

1. Aging Partners acting as the lead agency with Blue Rivers and Midland
2. Northeast Nebraska acting as the lead agency with Eastern Nebraska
3. South Central Nebraska acting as the lead agency with the Aging Office of Western Nebraska

The three proposals were nearly identical, except for the descriptions of the AAAs. It is important to note that the AAAs approached the ADRC pilot as a statewide effort rather than three independent pilots. In addition to writing nearly identical proposals, they contracted with the same entities to support the development of the initiative and established working committees that include all seven of the AAAs who signed on for the ADRC pilot. The proposals also proposed to cover the service area of the one AAA that chose not to participate in the ADRC pilot.

While we will note individual differences across the pilot sites, we plan to treat the ADRC effort as a single effort, rather than three separate pilots, for the evaluation. This should reduce redundancies in the reports.

All the proposals included supporting all populations with disabilities and their family members and caregivers.

The proposals all included the following measurable goals:

1. Provide reliable and objective information about a broad range of community resources
2. Enable people to make informed, cost-effective decisions about LTSS
3. Delay or prevent the need for LTSS and public funding for LTSS
4. Serve as the single entry point for publicly funded LTSS
5. Help individuals of all ages access services through advocacy and assistance

The selected pilot sites proposed to meet these goals by providing the following services:

- Information and Referral
- Options Counseling
- Identification of Unmet Service Needs

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Proposed Approach for Information and Referral (I&R) in the Original Proposals

In the proposals, I&R was described as including the current AAA I&A staff as well as new ADRC staff. The proposals discussed maintaining the TNoC database and building operations that would:

- *"Provide confidential and/or anonymous access to information;*
- *Provide assessment and assistance based on the consumer's need(s);*
- *Provide barrier-free access to information;*
- *Recognize the consumer's right to self-determination;*
- *Provide an appropriate level of support in obtaining services;*
- *Assure that consumers are empowered to the extent possible; and,*
- *Assure that consumers have the opportunity to access the most appropriate service available in the system.*"

The proposals discussed making this service accessible regardless of language or disability.

Challenges in the Proposed Approach for I&R

The proposals failed to clarify how I&R under the ADRC would differ from I&A currently provided by the AAAs. Presumably, the major difference would be that they would be expanding to serve all populations with disabilities, yet the proposals did not discuss how operations infrastructure would be enhanced to meet this objective (e.g., enriching the database to include resources relevant to other population groups, ensuring the adequacy of the database, enhancing training, etc.).

It was unclear how the text from the proposal (included in italics above) would be operationalized as part of I&R. In fact, though the text was in the I&R description, it could better serve as a general statement about the philosophy that will guide the work of the ADRC.

Proposed Approach for Options Counseling in the Original Proposals

The proposals described options counseling as an "optional" service that would occur:

- *"When an individual, or person acting on his or her behalf, requests or indicates an interest in receiving information or advice concerning long-term care options.*
- *When the ADRC determines that the individual might benefit from receiving long-term care options counseling.*
- *When an individual is referred to the ADRC by a hospital, nursing home, assisted living facility, or other similar source."*

The service was described as an *"interactive decision-support process that allows staff to evaluate people's strengths and preferences and weigh their options, rather than simply providing a list of service providers or programs people can choose from. This is an extension of I&A as it will expand upon information and assistance by offering different alternatives for a person who may be dealing with major life decisions."*

After the submission of the original proposals, the AAAs submitted additional description in response to questions from the SUA. In this documentation, the AAAs clarified that options counseling would include a standardized assessment and documented plan of action. The response included a 15-page "sample" version of these documents. The AAAs also proposed to develop a quality assurance plan and satisfaction survey.

Challenges in the Proposed Approach for Options Counseling

We identified two major challenges with the approach for options counseling included in the proposals. One, the RFGP required that services start on July 1, 2016 with contracts being awarded between March 1 and April 1, 2016. It would have been extremely challenging for the AAAs to have met this timeframe even if their proposals included fleshed-out business processes and ready for implementation tools. Upon our first reading of the RFGP and the responses, it was clear that it would take substantial amounts of time to achieve consensus among the AAAs, disability partners and the SUA, develop business processes and tools, adapt automation and other systems, and train staff.

Two, as described in the proposals, options counseling shared many similarities to Care Management, which the AAAs were already offering. Both involve a comprehensive assessment, a written plan of action, and follow-up. The proposal did not clarify what would distinguish these services.

Proposed Approach for Identification of Unmet Service Needs in the Original Proposals

The original proposals proposed to capture information about unmet needs through a series of listening sessions with existing community groups. In the follow-up response, the AAAs proposed to develop a process for identifying unmet service needs. They also proposed to develop a tool that will allow them to "*identify disparities in long-term services due to age, gender, location, transportation access, type of disability and any other cause leading to an area of disparity*."

Challenges in the Proposed Approach for Identification of Unmet Service Needs

The proposals did not provide sufficient description of how they would address this issue. Listening sessions alone may be problematic because 1) the information will likely be anecdotal and 2) individuals with unmet needs may be less likely to be able to actively participate in these events because of the unmet needs (e.g., respite care for the caregivers, transportation, etc.).

It may be difficult for the pilot sites to obtain data that will allow them to fulfill the objectives they have proposed. Notably, they have proposed to identify causes of disparity. Conducting a causal study would require the collection of detailed information about the individuals and the service delivery system in each area. Simply cataloging unmet needs would be a more achievable goal.

REVISED OPERATIONAL APPROACH AND PLAN FOR BUILDING INFRASTRUCTURE

The pilot sites have made considerable changes to the plans for ADRC operations that have addressed many of the deficiencies included in their original proposals. These changes have been driven by a recognition of the following:

1) In developing the approach towards operations, one of the key challenges was to clarify how the new ADRC services were distinguished from and should interact with existing AAA services. This discussion eventually led to a four-tiered model that included the AAAs providing I&A and portions of Care Management.
2) The work of the AAAs under the ADRC must be integrated with the work of other State and private sector agencies that do and will continue to play central roles in helping people access LTSS. Achieving this will require clarifying the relationships between the AAAs participating in the ADRC pilot and these other entities, notably clarifying referral protocols.
3) The ADRC initiative should result in greater consistency in the operations across the AAAs. This consistency is necessary to be able to: a) establish core ADRC services that result in individuals having similar experiences across the State; b) collect standardized data; and c) facilitate efforts that will involve all the AAAs, notably negotiating agreements with other LTSS access points and diversifying sources of funding.

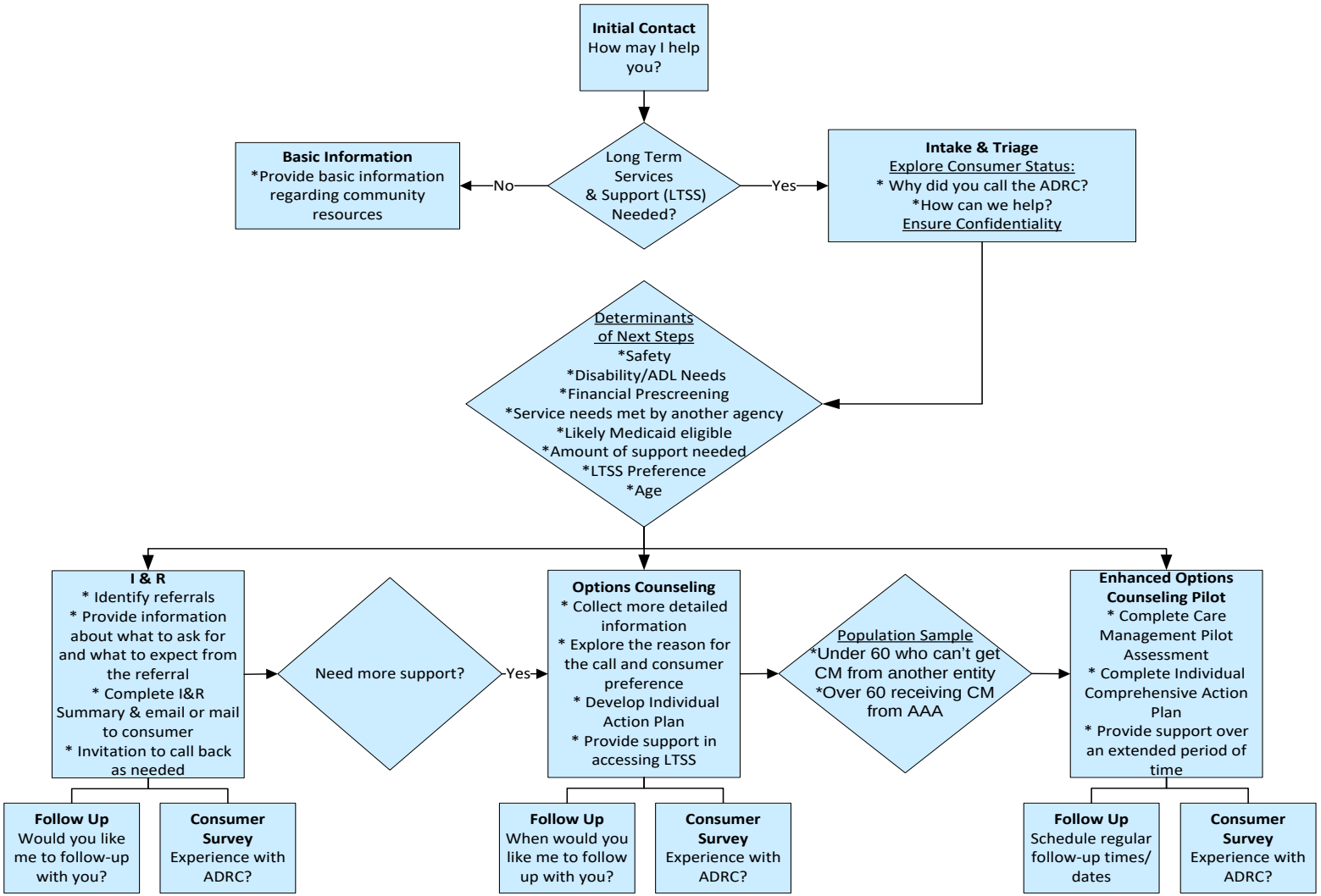
The following exhibits describe the plans for building ADRC operations as of October 2016:

- ***Exhibit 5*** provides a brief description of the planned changes and the status of these plans. We classified the status of plans for building the ADRC using the following categories:

  - No Plans
  - Developing plans
  - Draft plans
  - Finalized plans
  - Partially implemented, but plans are in flux
  - Partially implemented, but plans finalized
  - Fully implemented
  - Other
- ***Exhibit 6*** presents a flowchart that provides an overview of the ADRC operations model
- ***Exhibit 7*** is a table that summarizes the key components of the ADRC services

FORMATIVE EVALUATION FINDINGS

EXHIBIT 6: ADRC PILOT OPERATIONS MODEL



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As shown in ***Exhibits 5*** and ***6***, the ADRCs will offer four tiers of services:

- **Basic information** will be provided to individuals who do not require any referrals or other counseling.
- **I&R** will replace most of the assistance provided by the AAAs under I&A. The major changes from current practice will be:
    - This service will be expanded to include all individuals with disabilities.
    - Individuals will be offered a standardized written referral plan. The most recent draft of the written referral plan is included in ***Appendix 2: Draft ADRC Tools***.
    - More data about the individual and the types of referrals will be tracked.
    - People who would benefit from more than just referrals will receive either Options Counseling or Enhanced Options Counseling. Some of the individuals who currently receive more intensive assistance under I&A may be triaged to Options Counseling.
- **Options Counseling** is an intermediate service that will result in a standardized written plan that identifies the individual's goals and the action steps necessary to meet those goals. The most recent draft of the Action Plan is included in ***Appendix 2: Draft ADRC Tools***. This service will be available to all populations with disabilities and their caregivers.
- **Enhanced Options Counseling** is a more intensive service that will be piloted with a limited number of individuals, many of whom would have otherwise received Care Management. For adults ages 60 and over, pilot participants will receive the current Care Management comprehensive assessment. The major change will be the creation of a standardized written action plan that will be similar to, but more comprehensive than, the Options Counseling plan. Some of the AAAs will also pilot this service with adults with disabilities under age 60. The tools for Enhanced Options Counseling are scheduled to be developed by the end of 2016.

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EXHIBIT 7: DESCRIPTIONS OF THE ADRC SERVICES

Work Domains	Basic Information	Information & Referral (I&R)	Options Counseling	Enhanced Options Counseling
Consumer Status	Consumer does not present as wanting anything more than specific information.	Consumer may be potentially eligible for LTSS; already be receiving Medicaid or services through another LTSS program; or receiving no services.	Consumer has little knowledge about their LTSS options and limited capability or interest in pursuing LTSS independently. They most likely have not received LTSS services in the past and find themselves at a loss of where to turn for help.	Consumers under 60 with disabilities who are not currently eligible for care management from any other LTSS program. Consumers over 60 referred to an AAA Care Management program.
Information Requests	Consumer requests only community resource or provider basic information such as location, business hours, or phone numbers.	Consumer seeks information about LTSS. Information provided may range from simply describing a variety of LTSS options to detailed information about eligibility and referral processes.	Consumers seek extensive information and/or decision-support about LTSS options including: how to plan for the future; information about Medicaid and other LTSS eligibility, application, options, and costs; and assistance determining their wants and needs.	Consumers seek extensive information and/or decision-support about LTSS options including: how to plan for the future; information about Medicaid and other LTSS eligibility, application, options, and costs; and assistance determining their wants and needs.
Consumer Assistance	Information is most commonly provided over the telephone.	Consumer indicates preference for no or minimal assistance with contacting community resources and/or pursuing potential benefits.	Consumer indicates preference or demonstrates the need for hands-on assistance with contacting community resources and/or pursing potential benefits. ADRC services are provided on a face-to-face basis and home visits are common.	Consumer demonstrates the need for assistance to further explore preferences and LTSS needs. Consumer is in need of hands-on assistance in following through with referrals to LTSS and following up with selection of LTSS providers. ADRC services are provided on a face-to-face basis and home visits may be required to monitor service provision.

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Work Domains	Basic Information	Information & Referral (I&R)	Options Counseling	Enhanced Options Counseling
Number of Contacts	Most typically only one	Contact is typically only one or two contacts over a limited length of time.	Contacts are multiple over a longer period of time (typically no more than 90 days).	Contacts are multiple over a longer period of time (typically more than 90 days).
Nature of Contacts	Telephone	Telephone, email or face-to-face in the ADRC office	Telephone, email, face-to-face in ADRC office or in consumer's home	Telephone, email, face-to-face in ADRC office and in consumer's home
Assessment	None	Information on Dashboard	Information on Dashboard	Information on Dashboard Comprehensive assessment
Action Planning	None	The 'Information & Referral Summary' is completed and mailed or emailed to the consumer.	The 'Individual Action Plan' is completed with the consumer face-to-face.	The Individual Comprehensive Action Plan is based on the person-centered planning philosophy and done in conjunction with the consumer.
Follow Up	None	Follow-up is not needed or minimal based on consumer preference.	Follow-up is ongoing until services and supports are secured by the consumer.	Follow-up and monitoring is on-going until consumer reaches stabilization with LTSS provided.
Documentation	Dashboard Information: Record AAA and designate as a basic information call	Dashboard information I&R summary Referrals Follow-up notes	Dashboard information Consent to release/receive information forms Individual Action Plan Referrals Follow-up notes	Dashboard information Consent to release/receive information corms Comprehensive assessment Individual Comprehensive Action Plan Referrals Follow-p notes

Enhancement of the Trilogy Network of Care Database

If the ADRCs are to provide I&R and other services to populations other than older adults, they will need a searchable database that catalogues these resources. The AAAs current resource database, the TNoC database, is the proposed solution for meeting these needs.

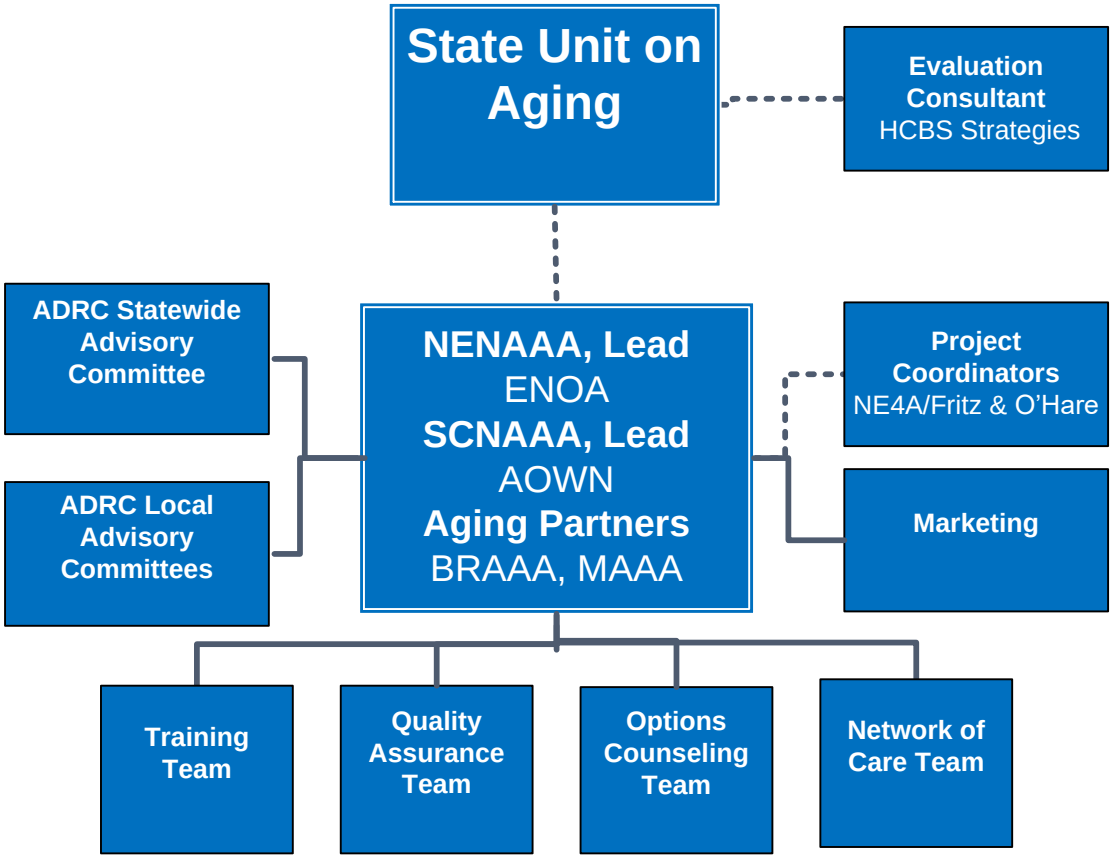
As noted earlier, the original RFGP responses did not describe how the pilot sites would enhance this database. However, the SUA, the ADRC coordinators, and the evaluators worked together to develop a plan that includes the following components:

- **Expand the categories included in the database:** This was necessary to add resources that were relevant to other populations with disabilities and to be able to evaluate whether the ADRC effort was allowing individuals to be better informed about a list of resources identified in the evaluation RFP. This work has been completed.
- **Identify areas in the database to be enhanced:** HCBS Strategies pulled information from the database into a series of tables to classify available resource by: a) resource type (e.g., home delivered meal), b) geographic area covered (by AAA coverage area), c) disability groups covered, and d) whether the resource has been updated in the past year. The Year 2 and Year 3 reports will evaluate the degree to which the ADRCs have strengthened the database. The SUA and ADRCs can use this as a quality management tool after the evaluation is completed.
- **Enhancing the database:** The AAAs and their disability partners will use the tables described earlier to target efforts for enhancing the database.

Project Management Infrastructure

As noted earlier, the AAAs are collaborating to build the ADRC as a unified effort rather than operating as three separate pilot sites. ***Exhibit 8*** provides an overview of how the AAAs have organized the governance of this project.

EXHIBIT 8: ADRC PILOT ORGANIZATIONAL CHART



Abbreviations
NENAAA: Northeast Nebraska Area Agency on Aging
ENOA: Eastern Nebraska Office on Aging
SCAAA: South Central Nebraska Area Agency on Aging
AOWN: Aging Office of Western Nebraska
BRAAA: Blue Rivers Area Agency on Aging
MAAA: Midland Area Agency on Aging
NE4A: Nebraska Association of Area Agencies on Aging

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The AAAs have entered a contract with two ADRC project coordinators who are assisting in developing the ADRC program operations. The governance structure includes the following components:

- The SUA overseeing the effort and with direct responsibility for managing the TNoC database and dashboard.
- Teams devoted to developing and overseeing key pieces of operations (training, quality assurance (QA), Options Counseling, and TNoC).
- One statewide and several local advisory committees that will include key partners. Each AAA will operate its own local advisory committee.

The ADRC effort has also established a work plan for developing core pieces of the operations. The ADRC coordinators are using this document to track work that has been completed and work yet to be done.

PROGRESS MADE TOWARDS BUILDING INFRASTRUCTURE

The ADRC coordinators, AAAs, and the SUA have taken measurable steps towards developing the ADRC infrastructure. This section describes the progress that has been made to date across each of the Work Plan topics, and the following section describes the benchmarks for the following year.

- **Policies-**
  - The ADRC coordinators recruited membership for the operations manual subcommittee and held one meeting. Additional meetings will be scheduled for feedback once the operations manual has been drafted.
- **Intake & Level 1 Assessment-**
  - The ADRC coordinators worked with the evaluators and the SUA to establish updates to the TNoC Dashboard. These updates were recently implemented.
  - Once the updates to the Dashboard are complete, the ADRC coordinators will draft a training manual for staff using the Dashboard.
- **Options Counseling-**
  - The ADRC coordinators worked with the evaluators and the SUA to develop the Individual Action Plan (IAP) and Intake & Referral (I&R) Summary form. These forms were translated into fillable PDFs for local agency use.
  - AAA staff were trained on the use of the IAP and I&R Summary form.
  - The ADRC coordinators have recruited membership to the local advisory committees to obtain feedback on the forms and options counseling process.

- **Flow Chart-**
  - The ADRC coordinators worked with stakeholders, the SUA, and the evaluators to develop a flowchart (see ***Exhibit 6)*** describing the ADRC processes. This flowchart was reviewed and approved by the flow chart committee in October 2016.
- **Training-**
  - The ADRC coordinators recruited membership to the training team, which includes AAA and disability partner staff.
  - In October 2016, the ADRC coordinators provided statewide training on State systems eligibility, services, and access.
- **Agency/System Reports-**
  - The ADRC coordinators worked with stakeholders, the evaluators, and the SUA to develop monthly reporting to assist in determining the efficacy of the pilot.
  - Beginning in October 2016, the coordinators started pulling qualitative and quantitative report data monthly. The first data pull was reviewed by the advisory committee to obtain feedback on additional desired data fields.
- **TNoC-**
  - The ADRC coordinators have recruited membership to the TNoC Team, which includes AAA staff and disability partners. The team will work to review and revise TNoC listings.
  - The coordinators have worked with the SUA and evaluators to develop updated taxonomy to reflect the requirements in the RFGP.
- **Quality Improvement-**
  - The ADRC coordinators worked with the University of Nebraska Medical Center (UNMC) to develop a consumer satisfaction survey and methodology for distribution.
  - The coordinators will work with the AAA directors to refine and finalize the draft methodology for administering the survey.
- **Marketing-**
  - The ADRC coordinators and AAA directors have developed an ADRC marketing plan, which includes a brochure and PowerPoint. Disability partners have reviewed these materials and provided feedback. The coordinators will continue to work with the advisory committees to update the marketing plan. Marketing was targeted to begin December 1, 2016.

- **Enhanced Options Counseling Pilot-**
  - The ADRC coordinators have worked with the evaluators and the SUA to develop the enhanced options counseling definition and objectives. The start date of the pilot is January 1, 2017.
- **Statewide Advisory Committee-**
  - The ADRC coordinators hosted the first quarterly statewide advisory committee meeting in late September 2016. It was well attended and the coordinators obtained valuable input.
- **Disability Partners-**
  - The ADRC coordinators have actively coordinated with the disability partners when possible. Disability partners have attended the trainings and advisory committee meetings.
- **Evaluation**
  - The ADRC coordinators have been actively involved with the evaluators. This group has worked together to review materials including the action plans and ADRC workflow. The coordinators have actively provided input on the evaluation report.

Benchmarks for the Next Year

- **Policies-**
  - The ADRC coordinators and the policy subcommittee will make additional revisions to the operations manual.
  - The ADRC coordinators will train staff on the manual.
- **Intake and triage-**
  - The ADRC coordinators will finalize the dashboard training manual and train staff on using the updated dashboard.
- **Options Counseling-**
  - The ADRC coordinators and the options counselor team will finalize the IAP and I&R summary form.
  - The ADRC coordinators will continue coordination with the local advisory committees to obtain feedback on materials.
- **Training-**
  - The ADRC coordinators and the SUA will provide additional trainings as necessary. For example, this may include supplemental trainings on the IAP and I&R forms.

- **Agency/System Reports-**
  - The ADRC coordinators will work with the ADRC staff to produce ongoing qualitative and quantitative monthly ADRC reports to determine the efficacy of the pilot.
- **TNoC-**
  - The ADRC coordinators and TNoC team will finalize updates to the TNoC and make additional updates as needed.
  - The ADRC coordinators and SUA will develop the TNoC manual and protocols.
  - The ADRC coordinators will continue to work with the ADRC staff to review and revise current TNoC listings.
- **Quality Improvement-**
  - The ADRC coordinators will work with UNMC to finalize the development of the consumer satisfaction survey and method for distribution.
  - The ADRC coordinators will provide training to ADRC staff on how to conduct the satisfaction survey.
  - The ADRC coordinators will work with the AAA staff to collect ongoing consumer survey data.
- **Marketing-**
  - The ADRC coordinators will work with the AAA directors to continue implementing and updating marketing strategy.
- **FFP-**
  - The SUA, ADRC coordinators, and AAA directors will coordinate to develop a plan for drawing down Medicaid administrative Federal Financial Participation (FFP).
- **Enhanced Options Counseling Pilot-**
  - The ADRC coordinators will finalize the objectives for the enhanced options counseling pilot and mechanisms for follow-up.
  - The ADRC coordinators, ADRC staff, and disability partners will develop the person-centered plan (PCP).
  - The ADRC coordinators will train staff on the use of the Enhanced Options Counseling PCP.
  - The ADRC coordinators will obtain and evaluate data from the pilot and share information with the evaluators and the SUA.
- **Statewide Advisory Committee-**
  - The ADRC coordinators will continue holding quarterly statewide Advisory Committee meetings.

- **Disability partners-**
  - The ADRC coordinators will continue to coordinate with the disability partners and involve them in the ADRC pilot process to the maximum extent possible.
- **Evaluation**
  - The ADRC coordinators and evaluators will continue to collaborate to develop pilot materials and processes that align with the RFGP and support the processes implemented through the pilot sites.

Challenges to Overcome

While the ADRC effort has made a substantial effort at developing infrastructure, we identified two challenges to implementing the ADRC pilot as originally conceived in the legislation and RFGP:

- Strengthening referrals to other access points to LTSS
- Clarifying and enhancing the role of the disability community within the ADRC/NWD network
- Ensuring the ADRC brand includes all people with disabilities

We also discuss three challenges that must be addressed if the ADRC vision is to be successful beyond the pilot:

- Embedding the ADRC within a strong No Wrong Door (NWD) network
- Clarifying the role of the AAAs and the ADRCs
- Diversifying sources of funding

Challenges to meeting the ADRC pilot vision

Strengthening Referrals to Other LTSS Access Points

Thus far, the ADRC initiative has primarily focused on building consistency across the participating ADRCs and not on integrating ADRC services within the full range of access points to LTSS identified in ***Exhibit 4.*** While the ADRC workflow (see ***Exhibit 6)*** includes pathways for individuals to be referred to these access points, for these referrals to work smoothly, the following should occur:

- The ADRC should establish written agreements that include referral protocols and cross-training with disability partners and LTSS access points.

- Referral protocols should clearly identify who should be referred to each of the access points and how the referral should be made (including minimizing burden on the individual needing supports).
- These referral protocols should be translated into workflows that are incorporated into training and, once the ADRC is supported by a more sophisticated management information system, automated algorithms.

Clarifying and Enhancing the Role of the Disability Community within the ADRC/NWD Network

While LB320 required involvement of the representatives of the disability community, the AAAs were allowed to define how the partnership should work. The ADRCs have established both State and local advisory committees and their membership is included as ***Appendix 3***.

To assess the level of involvement of the disability community in the ADRC effort, we interviewed representatives from Disability Rights Nebraska, the University of Nebraska Medical Center (UNMC), and the ARC of Nebraska. This discussion revealed the following:

- While the disability partners had a general understanding of the ADRC initiative, they were unaware of the specifics of how the ADRC would operate, including understanding the tiers of services or the draft tools to be used. They only had a cursory understanding of the TNoC database.
- The ADRC initiative is starting to include the disability partners in the statewide and local advisory councils. However, they were not involved in a meaningful way in the development of the draft ADRC operations. In addition, the disability partners were concerned about the potential burden associated with having to serve on multiple advisory committees.
- The disability partners provided a brief training to the ADRC staff on the types of services and supports they offer. However, they have not been asked to provide training on working with people with disabilities. They believed this would be very important for ADRC staff who do not have a disability background.
- The disability representatives reported that while individuals with physical and intellectual/developmental disabilities are represented on the advisory council, mental health is not adequately included. They emphasized that mental health plays a central

role in the LTSS delivery system, and encouraged broader involvement of these agencies.[3]

Based on our discussion with the disability partners, we recommend that the ADRC initiative consider incorporating the following tasks into its plans for the upcoming year:

- The disability partners should be asked to train ADRC staff on working with people with disabilities. The curricula could include topics such as disability etiquette.
- The ADRC effort should more clearly delineate the type of input needed from the disability partners that could be addressed at a state level and clarify when representatives from these partners should be included on local advisory committees.
- A stronger effort should be made to include disability partners that represent individuals with mental health issues.
- The disability partners should be assigned a central role in enhancing the TNoC database. This would include both adding resources targeted to populations with disabilities other than older adults to the database and helping to ensure that the information in the database is accurate and useful.

Ensuring the ADRC Brand Includes All People with Disabilities

It is crucial that the ADRCs are seen as the entry point for all individuals with disabilities, not just as an entity that primarily serves older adults. This is a challenge because the ADRCs are embedded within the AAAs that have traditionally served older adults. Younger individuals with disabilities may be less likely to use the ADRC if they perceive it as a subsidiary of the AAA.

The ADRC initiative should consider addressing this as a branding issue in which they take steps to make sure the ADRC brand is identified with supporting all populations with disabilities. Although a consensus on this issue has not yet emerged, representatives from both the disability community and the AAAs discussed this as a need. Some of the AAAs even questioned whether they would need to change the names of their organizations to be more inclusive.

Branding the ADRC initiative to be inclusive of all populations will include making sure this message is conveyed through the following:

[3] The ADRC Statewide Advisory Committee includes representatives from the Nebraska DHHS Division of Behavioral Health and the local advisory committees include representatives from the Regional Behavioral Health Authorities and local behavioral health providers. ***Appendix 3*** provides more information on these committees.

- Outreach efforts and marketing materials
- ADRC websites
- Protocols ADRC/AAA workers use for providing I&R and Options Counseling, such as:
  - When someone calls, does the person answering the call identify themselves as an ADRC worker or an AAA worker?
  - Do business cards and other identifying information identify workers as part of the ADRC or the AAA?
- Logos and other identifying information included on forms, templates, etc.

Challenges to be Addressed if the ADRC is to Successfully Transition from a Demonstration to an Ongoing Initiative

The purpose of LB320 was to establish ADRC demonstrations that could help determine the feasibility of establishing a statewide system. While the sites are establishing the operations infrastructure for the pilots, there are several issues that must be addressed if the demonstrations are to evolve into a statewide ADRC system.

While it is not necessary to fully address these challenges during the pilot period to establish the feasibility of a statewide system, any plan for a statewide system as described in LB320 must address these challenges.

Embedding the ADRC within a Strong No Wrong Door Network:

While beyond the scope of the original RFGP, an effort led by the SUA to obtain buy-in from agencies that oversee other access points for LTSS will be essential to ensuring the success of this initiative. This effort could position the ADRC and the other access points as doors in a larger No Wrong Door (NWD) network. This would remove an unrealistic expectation that the ADRC improve access to LTSS programs for which it has no oversight and authority and shift that responsibility to a network of agencies that do have this power.

This NWD network should consider including the following "Doors":

- At a minimum, it should include the following divisions within the Department of Health and Human Services:
  - Medicaid and Long-Term Care
  - Developmental Disabilities
  - Behavioral Health
  - Children and Family Services
  - Veterans' Homes

- It should also consider including the following agencies that also provide support to people with disabilities:
    - Nebraska VR (Vocational Rehabilitation) within the Department of Education
    - VA Nebraska-Western Iowa Health Care System
- The effort should try to obtain support among these agencies for the following:
    - Agreement to identify themselves as part of a NWD network.
    - Participation in this network should include the following:
        - Sharing information about how individuals navigate through their agency to obtain services.
        - Training their staff about the supports offered by other agencies in the NWD.
        - Providing guidance to local agencies to facilitate cooperation at the local level.

Based on similar efforts in other states and guidance from ACL, the NWD network could consist of:

- A clear governance structure that identifies how the agencies will collaborate and coordinate stakeholder input.
- Mechanisms for sharing information, such as regular structured meetings, websites, and mechanisms for sharing information (e.g., a common drive, Google Docs, Dropbox, etc.).
- Coordination of access infrastructure, such as:
    - Making access tools (e.g., intake, assessment, support planning, etc.) more consistent (e.g., using the same items for assessing impairment in activities of daily living (ADLs)).
    - Developing a universal multi-directional consent form.
    - Enhancing the ability to share data.

Establishing the NWD network will likely extend well beyond the ADRC pilot effort given the scope of the changes and challenges associated with coordinating across multiple State entities.

Clarifying the role of the AAA versus the ADRC

A central challenge to establishing the ADRC as a permanent program is to clarify the role of the ADRC and the AAA. Is the ADRC another AAA program or subsidiary? Or is the ADRC a paradigm or different way of doing business that will transform all or some of the AAA

operations? Answering this question is a necessary stepping stone to answering other questions, such as:

- How should the ADRC/AAA be branded to facilitate inclusion of younger populations with disabilities?
- How should the AAAs change current programs to reflect the ADRC?
- What will the role of the ADRC/AAA be in a NWD network?

Creation of a Sustainability Plan that Includes Diverse Sources of Funding

Offering person-centered options counseling to all individuals potentially in need of LTSS will likely require increased funding because: 1) there are gaps in the current system (e.g., little funding to provide counseling to non-Medicaid eligible younger adults with disabilities) and 2) person-centered options counseling likely requires more time and resources than traditional I & A.

While the ADRC pilot funds appear to be on track to enhancing the availability of person-centered options counseling, these funds are temporary and are not likely to be sufficient to pay for this service to be universally available. Therefore, it is essential that the ADRC initiative (and a possible NWD network effort) create a sustainability plan.

The first component of this plan should be to project the potential need for the ADRC services and create estimates of the costs to provide these services. These estimates would identify the gap between the available funding and the needed funding.

The second component of this plan would be to develop sustainable and diverse sources of funding, including:

- **Capitalizing on existing funding**: The plan should identify existing funding, such as Older Americans Act Title III, Care Management, and local funding that can be integrated into the ADRC effort.
- **Medicaid administrative claiming:** Many of the activities performed by the ADRC could qualify for matching funds (likely at a 50/50 rate) through Federal Financial Participation (FFP) because they could be considered as Medicaid-related. For example, Medicaid FFP pays for more than one-third of the funding for Wisconsin's ADRCs. The existing funding, including the Care Management spending (which is all State funds), could be used as match for these programs.
- **Establishing relationships and collecting data to justify State investment:** The ADRC effort will likely require continued funding once the pilot funds end. The evaluation of the pilot will provide some information to help the State decide whether

this investment is justified. The main thrust of these measures would be to demonstrate that by aiding in developing plans to meet LTSS needs in the community in cost-effective ways that are more likely to incorporate non-publicly funded supports, fewer people will need Medicaid, especially expensive Medicaid institutional services, in the future. These measures are discussed in the next section and include:

- The volume of individuals receiving counseling.
- The degree to which individual's action plans identify diverse sources of funding and supports. Presumably, by helping people fully utilize other available supports, the plans can reduce the likelihood that individuals will need to rely solely on Medicaid.
- Whether the individual believes this counseling helped prevent or delay entry into a nursing facilities. This would likely reduce Medicaid spending, especially on nursing facility costs.

The ADRCs could also justify their funding by demonstrating that they are reducing burden on State agencies or other programs funded by the State. For example, as part of their intake and routing processes, the ADRCs could establish processes that more accurately target assessments for Medicaid waivers, reducing the number of unnecessary assessments. This would save the State money and prevent individuals from having to go through assessments that result in denials.

- **Other funding opportunities:** The ADRC initiative should explore capitalizing on the infrastructure being built for this effort to secure additional sources of funding. By standardizing and strengthening operations across AAAs, enhancing quality management and oversight, and adopting a person-centered approach, the AAAs are in a stronger position to obtain contracts and/or engage in common marketing for funding opportunities, such as the following:
  - Medicaid-managed care Choice Counseling – Under CMS' managed care rules, state's must offer independent Choice Counseling to individuals considering or enrolled in Medicaid managed care. The AAAs will be in a stronger position to pursue this opportunity either for existing or future Medicaid managed care. This will be especially important if the State folds more LTSS into managed care.
  - Hospital transition – CMS has enacted rules that create incentives to reduce re-hospitalizations and proposed rules that require enhanced person-centered discharge planning. The AAAs acting as ADRCs should explore developing contracts to supply enhanced discharge planning and/or transition support after a discharge.

- **Private pay:** – The ADRCs could offer enhanced options counseling and ongoing case management as a private pay service.

Process and Outcome Measures

As discussed in the methodology section, the first year of this effort has been devoted to establishing proposed measures and the mechanisms for collecting data on these measures. These measures will include:

- Process measures that assess how ADRC business operations are functioning (e.g., number of people served, timeliness)
- Outcome measures that evaluate the degree to which the ADRC is impacting outcomes (e.g., satisfaction)

Exhibit 9 provides a summary of the draft measures, as well as data collection tools and aggregation approaches. Descriptions of the data collection tools can be found in the following section.

EXHIBIT 9: PROPOSED PROCESS AND OUTCOME MEASURES

Measure	Data Collection Tool	Data Aggregation Mechanism
Process Measures		
Number of Resources in the I&R database by: • Resource type • Disability population(s) • Coverage area(s) • Whether updated in last year	TNoC database	Pulling raw data from database and extracting into tables
Number of people receiving ADRC services by: • Type of support: I&R, Options Counseling, and Enhanced Options Counseling • Disability population(s) • Setting (hospital, rehab facility, nursing facility, home, other)	Trilogy Dashboard	Reports pulled from dashboard

PROCESS AND OUTCOME MEASURES

Measure	Data Collection Tool	Data Aggregation Mechanism
Follow-up: • Number receiving • % in which follow-up was done consistent with agreement in original plan	Trilogy Dashboard	Reports pulled from dashboard
Number of people informed about informed consent and confidentiality rights	Trilogy Dashboard	Reports pulled from dashboard
Number of people provided eligibility counseling and financial prescreening	Trilogy Dashboard	Reports pulled from dashboard
Unmet Need by: • Type of need • Disability population(s)	Trilogy Dashboard	Reports pulled from dashboard
Outcome Measures		
Individual and/or representative active in Options Counseling process	Participant survey	Extracted from fillable pdf
Individual and/or representative better informed about LTSS options as result of Options Counseling process	Participant survey	Extracted from fillable pdf
Individual and/or representative trust ADRC gave them objective, accurate and complete information	Participant survey	Extracted from fillable pdf
Individual and/or representative believes Action Plan reflects what is important to the person	Participant survey	Extracted from fillable pdf

PROCESS AND OUTCOME MEASURES

Measure	Data Collection Tool	Data Aggregation Mechanism
Individual and/or representative believe ADRC service will help keep the person from going into a nursing facility	Participant survey	Extracted from fillable pdf
Degree to which plans include: • Multiple sources of support • Government-paid support • Privately paid supports • Unpaid supports	Action plan	Extracted from fillable pdf

PROPOSED DATA COLLECTION TOOLS

There have been four tools developed to allow the ADRC coordinators, evaluators, and SUA to obtain outcome data. These include:

- **Trilogy Dashboard-** The Dashboard is an electronic resource for staff to document and track consumers and referrals. For each call received by the ADRC, staff will use the Dashboard to develop a consumer record and document referrals. Staff can also use the Dashboard to search for callers that have previously contacted the ADRC.

  The Dashboard consists of two primary components, the home screen and the consumer record. The home screen allows staff to see cases that have been assigned to them and/or those that require follow-up. The consumer record within the Dashboard is broken into four tabs:
  - **Caller-** Collects information about the caller and whether there is a concern about safety.
  - **Consumer information-** Collects information about the reason for the call, basic demographic information about the consumer, disability status, and whether the consumer has a legal representative.
  - **Referral-** Allows staff to search the TNoC database by taxonomy categories to provide referrals. This screen will also note if previous referrals have been made.

    - **Finish call-** The final point of documentation, this screen allows staff to document the consumer's unmet need, the outcome of the call, tasks for follow-up, and additional notes.
- **Trilogy Network of Care (TNoC) Database-** The TNoC database is a searchable database of service providers that can be accessed through the Dashboard and a public facing website (http://nebraska.networkofcare.org/aging). The database categorizes providers by the services that they provide and the areas served. Staff are able to obtain contact information and agency descriptions to facilitate referrals.
- **Participant Survey-** The satisfaction survey will collect information about the caller/consumer's interaction with the ADRC and suggestions for improvement. Feedback areas include adequacy of the information provided, clarity of the next steps that will need to be taken, and whether the interaction will allow the consumer to stay within the community. The survey will be available to consumers in an electronic version delivered by email and a paper version delivered by mail. The most recent draft of the survey is included in ***Appendix 2: Draft ADRC Tools***.
- **Action Plans-** The Action Plan is a fillable PDF that will allow the consumer and ADRC staff to document the consumer's person-centered goals, action steps, funding sources, and progress towards the goal. The most recent draft of the Action Plan is included in ***Appendix 2: Draft ADRC Tools***.

RECOMMENDED ADDITIONAL MEASURES FOR CONSIDERATION

While not explicitly required in the ADRC RFGP or authorizing legislation, we recommend that the ADRC consider developing additional measures that could help strengthen the case for additional funding (see the section on the sustainability plan for further discussion). Potential measures include:

- Ability to reduce unnecessary burden and expense for the State by reducing the number of unnecessary assessments
- More direct measures of the ability to delay or prevent Medicaid expenditures, including tracking individuals over time
- Preventing re-hospitalization

Collecting data on these measures would likely require a more sophisticated management information system that the current Trilogy Dashboard. However, the SUA is in the process of procuring a new system and the ability to track these outcomes could be incorporated into the requirements for that system.

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Appendix 1: Summary of Access Processes for LTSS Programs in Nebraska

Access Process	NF	Aged & Disabled Waiver	ICF-IID	Comprehensive Services Waiver	Day Services Waiver	Child Waiver
Operating agency	DHHS	DHHS	DHHS	DHHS	DHHS	DHHS
Oversight	MLTC	MLTC	MLTC	DDD	DDD	DDD
Status/ Changes	N/A	Folding non-LTSS into managed care	Revising Regulations/will be in LTSS	Merging into Child waiver	Changing service definitions and reserved capacity, but not criteria	Changing service definitions and reserved capacity, but not criteria
Entity(ies) responsible for intake	Nursing facility	-AAA for older adults -LHD for 18-64 with disabilities -Early Development Network for infants and toddlers (0-3) -DHHS local office staff for children with disabilities age 3-17	ICFDD facility	DDD Disability Services Specialists determine if meet DD eligibility and then place on the waitlist.	DDD Disability Services Specialists determine if meet DD eligibility and then place on the waitlist.	DDD Disability Services Specialists determine if meet DD eligibility and then place on the waitlist.
Entity(ies) responsible for assessment	Nursing facility	-AAA for older adults -LHD for 18-64 with disabilities -Early Development Network for infants and toddlers (0-3) -DHHS local office staff for children with disabilities age 3-17	ICFDD facility	DDD Disability Services Specialists use ICAP to determine funding amount once they come off the waitlist.	DDD Disability Services Specialists use ICAP to determine funding amount once they come off the waitlist.	DDD Disability Services Specialists use ICAP to determine funding amount once they come off the waitlist.
Entity(ies) responsible for functional eligibility determinations	MLTC contracts with AAAs for 65+ and LHD for 18-64	For adults, the Service Coordination entity. For children, nurse completes, State reviews and approves.	MLTC Program Specialist	DDD specialists determine if meet ICF-IID LOC after the ICAP.	DDD specialists determine if meet ICF-IID LOC after the ICAP.	DDD specialists determine if meet ICF-IID LOC after the ICAP.
Entity(ies) responsible for case management	Nursing facility	-AAA for older adults -LHD for 18-64 with disabilities -Early Development Network for infants and toddlers (0-3) -DHHS local office staff for children with disabilities age 3-17	ICFDD facility	DDD Service Coordinators	DDD Service Coordinators	DDD Service Coordinators
Ages Served	All Ages	All Ages	All Ages	21+	21+	zero+ (all ages)
Target Population	Meet NF LOC	Meet NF LOC, may meet some IDD	Individuals with a Developmental Disability and/or a Related Condition and meet ICF/DD LOC	IDD	IDD	IDD
Funding Source(s)	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid
Federal Funding Authority (e.g.., 1915(c), Title III)	State Plan	1915(c)	State Plan	1915(c)	1915(c)	1915(c)
Services Provided	Skilled nursing and rehabilitation services	Service coordination, home-delivered meals, chore, nutrition, PERS, assistive technology, home modifications, respite, independent skills management,	Active Treatment program which includes training and support to increase the individual's self-help skills, behavior management skills, social skills, adaptive	Respite, habilitation services (includes residential, day, and supported employment), PERS, companion, adult day, assistive technology,	Respite, habilitation services (only vocational and supported employment), PERS, companion, adult day, assistive technology, transportation,	Respite, habilitation services (includes residential, day, and supported employment), PERS, companion, adult day, assistive technology,

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Access Process	NF	Aged & Disabled Waiver	ICF-IID	Comprehensive Services Waiver	Day Services Waiver	Child Waiver
		extra care for children with disabilities, adult day services, non-medical transportation, assisted living, home again (transition supports for people 18+ in NF)	skills, personal-care skills, communication/speech skills in addition	Transitional services, Transportation, Consultative Clinical services, Intensive short-term intervention, home modifications, vehicle modifications	consultative clinical services, intensive short-term intervention, home modifications, vehicle modifications	Transitional services, Transportation, Consultative Clinical services, Intensive short-term intervention, home modifications, vehicle modifications
Distribution of funds (e.g., FFS, capitated, grants)	FFS	FFS	FFS	FFS	FFS	FFS
State Contact Person		Heather Leschinsky	Heather Leschinsky/Teri Zimmerman	Pam Hovis	Pam Hovis	Pam Hovis
Outreach	Don't have function	Don't have function	Don't have function	DDD staff do outreach and education	DDD staff do outreach and education	DDD staff do outreach and education.
Centralized number/800 number		Access Nebraska	None	877-667-6266	877-667-6266	877-667-6266
Intake tool/protocol	No standard intake form - Just Medicaid application.	No standard intake form - Just Medicaid application.	No standard intake form - Just Medicaid application.	No standard intake form for waiver. Have paper tool for initial eligibility determination for DD services to get on Registry. Moving application to Access Nebraska.		
Screening/Triage/Targeting to determine who will get assessed	No standard protocol	No standard protocol	No standard protocol			
Cap on Enrollment	N/A	No	N/A	Yes	Yes	Yes
Waiting List (describe)	N/A	No	N/A	Yes	Yes	Yes
Number on Waiting/Interest List	N/A	N/A	N/A	4-5 years	4-5 years	4-5 years
Prioritization Ranking of Waiting List (yes/no)	N/A	N/A	N/A	Will have reserved capacity for priority criteria based on statutory criteria; transitioning from another DD waiver; transitioning from institution; pilot group; court-ordered cases; and waiting longest.	Will have reserved capacity for priority criteria based on statutory criteria and waiting longest.	Will have reserved capacity for priority criteria based on statutory criteria; transitioning from another DD waiver; transitioning from institution; pilot group; court-ordered cases; and waiting longest.
Who does eligibility determinations	AAA or LHD for initial.		Program Specialist/Random Sample UR every 6 months	DDD DSS	DDD DSS	DDD DSS
Eligibility Determination Instrument (s)	LOC	LOC	Records and assessments from the ICFDD facility	Developmental Index	Developmental Index	Developmental Index
Automation	CONNECT	CONNECT	Paper form with records then uploaded onto SharePoint	Paper form - trying to put it into Therap	Paper form - trying to put it into Therap	Paper form - trying to put it into Therap
Relevant Level(s) of Care	NF	NF	ICF-IID	ICF-IID	ICF-IID	ICF-IID

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Access Process	NF	Aged & Disabled Waiver	ICF-IID	Comprehensive Services Waiver	Day Services Waiver	Child Waiver
Specific functional Eligibility Criteria	I. Limitations in three or more ADLs AND Medical treatment or observation. II. Limitations in three or more ADLs AND one or more Risk and/or cognition factors	See criteria for NF	Diagnosed with an official DD	Diagnosed with a disability or developmental disability which: (1) Is attributable to a mental or physical impairment unless the impairment is solely attributable to a severe emotional disturbance or persistent mental illness; (2) Is manifested before the age of twenty-two years; (3) Is likely to continue indefinitely; (4) Results in substantial functional limitations in three areas of adaptive functioning	See criteria for Comprehensive Services Waiver	See criteria for Comprehensive Services Waiver
Financial Eligibility Criteria		100% FPL. TEFRA applies for children.	100% FPL. TEFRA applies for children.	100% FPL. TEFRA applies for children.	100% FPL. TEFRA applies for children.	100% FPL. TEFRA applies for children.
Name of Plan		Plan of Services and Supports	Individual Program Plan (IPP)	Individual Support Plan (ISP)	Individual Support Plan (ISP)	Individual Support Plan (ISP)
Who leads the development of plans		Services Coordinators (AAA, LHD, DHHS staff, EDN)	ICF/DD	DDD Service Coordinators	DDD Service Coordinators	DDD Service Coordinators
Who is involved		Service Coordinator, client, guardian or other legal representatives and other people designated by the client	ICF/DD Staff	Team approach	Team approach	Team approach
Forms/checklists/automated tools		Needs Assessment - one for children (3-17) and one for adults Chore tool - for adults - assigns hours Children - individual family planning and support document (IFSP) - for assessment and plan (for 0-3)		ISP in Therap. Personal focus worksheet (ADRCs should consider adopting) and agenda is a part of the ISP. Providers use additional assessments to support the process.	ISP in Therap. Personal focus worksheet (ADRCs should consider adopting) and agenda is a part of the ISP. Providers use additional assessments to support the process.	ISP in Therap. Personal focus worksheet (ADRCs should consider adopting) and agenda is a part of the ISP. Providers use additional assessments to support the process.
Person-centered components		Have had self-directed components of waiver. Supposed to have client involved. Exploring using NCI-A/D		Personal focus worksheet, Service Coordination Monitoring Tool, Personal Experience Survey - Moving to NCI	Personal focus worksheet, Service Coordination Monitoring Tool, Personal Experience Survey - Moving to NCI	Personal focus worksheet, Service Coordination Monitoring Tool, Personal Experience Survey - Moving to NCI
Status		Don't currently have a plan - need to develop a plan.		Believe they meet the requirements.	Believe they meet the requirements.	Believe they meet the requirements.
Description				Use Service Coordination Monitoring Tool to document many of the assurances are met.	Use Service Coordination Monitoring Tool to document many of the assurances are met.	Use Service Coordination Monitoring Tool to document many of the assurances are met.
Intake and Triage		Waiver performance measures - cover LOC, timeliness	N/A	Timeliness, accuracy of the decision (based on	Timeliness, accuracy of the decision (based on	Timeliness, accuracy of the decision (based on

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Access Process	NF	Aged & Disabled Waiver	ICF-IID	Comprehensive Services Waiver	Day Services Waiver	Child Waiver
				appeals and results of that).	appeals and results of that).	appeals and results of that).
Support Planning				Timeliness, compliance with process, moving to measure quality of the process	Timeliness, compliance with process, moving to measure quality of the process	Timeliness, compliance with process, moving to measure quality of the process

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Access Process	Personal Assistance Services	PACE	Disabled Persons Family Support	Social Service Block Grant	Lifespan Respite	Medically Handicapped Children's Programs
Operating agency	DHHS	DHHS	DHHS	DHHS	DHHS	DHHS
Oversight	MLTC	MLTC	CFS	CFS	CFS	CFS
Status/ Changes			Title 472 pending regulation revisions			
Entity(ies) responsible for intake	Access Nebraska- handles requests. DHHS- Social services worker gathers functional needs information over the telephone	Immanuel Pathways (IP)	DHHS - SSW in Central Office	DHHS	DHHS - SSW in Central Office	MHCP, DCP, and GHPP statewide staff accepts all referrals.
Entity(ies) responsible for assessment	Social Service Workers (DHHS staff) in local offices across state	IP Enrollment coordinators	DHHS - SSW in Central Office	Social Service Workers (DHHS staff) in Customer Service Centers and local offices across the state	DHHS - SSW in Central Office	MHCP statewide staff collects medical diagnosis/IMTPs for Medical Director's review.
Entity(ies) responsible for functional eligibility determinations	DHHS staff	DHHS staff	DHHS - SSW in Central Office	DHHS staff	DHHS - SSW in Central Office	
Entity(ies) responsible for case management	No ongoing CM, just annual reassessment	IP SSW's	N/A	No ongoing CM, just annual reassessment	N/A	MHCP statewide social service workers
Ages Served	All ages, but limited for children (cannot replace parental responsibilities)	55 and older	All ages	Blind or disabled 19-59, aged 60 or older	All ages	MHCP - under age 21; DCP - under age 16; GHPP - age 21+
Target Population	ADL or IADL impairment	Individuals located in Omaha	1) Families who provide for a member living with them who has a disability 2) Employed persons earning at least $500 per month, who need employ supports 3) Persons who are disabled and living along or with a non-relative caregiver.	Low-income Persons who are aged, Low income adults with disabilities, services under this program enable persons to be self-sufficient as possible and remain in their own home	Person with special needs who requires respite	Persons needing assistance with specialized health care services/costs (MHCP and GHPP); persons receiving SSI benefits and needing support services (DCP).
Funding Source(s)	Medicaid	Medicaid		Medicaid	NE Tobacco Cash Settlement Funds	MCH Title V Block Grant and State GF
Federal Funding Authority (e.g.., 1915(c), Title III)	State Plan	PACE		State Plan	N/A	MCH Title V Block Grant and State GF
Services Provided	Personal assistance service	Includes all Medicare and Medicaid-covered items and other services. PACE includes primary, acute and long-term care, day therapeutic rec., prescription drugs, home care and transportation	Up to $300/month in funding for services such as home delivered meals, personal care, incontinence supplies, housekeeping, transportation, special equipment, and vehicle or architectural modifications, commercial travel and lodging.	Chore Services, Adult Day Services, Homemaker Services, Home Delivered Meals and Congregate Meals, Transportation, and Adult Family Homes.	Provide up to $125/month per client each month for planned respite. Can bank multiple months for special events. Up to $1,000 crisis respite for those who meet criteria.	MHCP and GHPP: assistance with prior-approved specialized medical care costs, specialty clinic consults, service coordination. DCP: support services may include prior-approved respite funding, medical mileage reimbursement, home/vehicle modifications f
Distribution of funds (e.g., FFS, capitated, grants)	FFS	Capitated		SSBG and State General Funds	Client reimbursement or Provider Payment	
State Contact Person	Debbie Flower	Debbie Flower	Sharon Johnson	Will Varicak	Sharon Johnson	Staci Zuerlein

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Access Process	Personal Assistance Services	PACE	Disabled Persons Family Support	Social Service Block Grant	Lifespan Respite	Medically Handicapped Children's Programs
Outreach	No	Deb Morasco Community Outreach Manager	Outreach	No ongoing CM, just annual reassessment	NE Lifespan Respite Network includes six local Networks, CCFL, UNMC-MMI	Brochures are disseminated upon request.
Centralized number/800 number	Access Nebraska	402-991-8844	1-844-807-1197 or in Lincoln (402) 471-9220	Access Nebraska	1-866-RESPITE (1-866-737-7483)	402-471-7306 (Staci Zuerlein)
Intake tool/protocol	Just an authorization of hours. Person then gets a list of providers, interviews them, and selects. Person also provided assistance getting enrolled.	Intake assessments with IP	Service & Device Application - Self Assessment and Disability Report	Service Needs Assessment	Program Application	Specific MHCP/GH and DCP applications are available.
Screening/Triage/Targeting to determine who will get assessed	No standard protocol	N/A	Eligibility criteria defined by Title 472 NAC	No Standard Protocol	Eligibility criteria defined by Title 464 NAC	N/A
Cap on Enrollment	N/A	N/A	Allocated Funding	N/A	Allocated Funding	N/A
Waiting List (describe)	N/A	NA	N/A	N/A	N/A	N/A
Number on Waiting/Interest List	N/A	N/A	N/A	N/A	N/A	N/A
Prioritization Ranking of Waiting List (yes/no)	N/A	N/A	N/A	N/A	N/A	N/A
Who does eligibility determinations	DHHS	IP and Medicaid	DHHS - SSW in Central Office	DHHS	DHHS - SSW in Central Office	MHCP/GHPP/DCP staff
Eligibility Determination Instrument (s)	Service Needs Assessment	IP Eligibility Assessments and Medicaid Eligibility	Program Application verification, Disability Report, CONNECT System, Time Assessment, N-Focus, DMV	Service Needs Assessment	Program Application verification, CONNECT System, N-Focus, DMV	Applications/service needs assessment
Automation	Goes into NFOCUS, which is being replaced. Calculates hours and eligibility.	CONNECT	Finalizing coordination with CONNECT Receive apps. Via email	NFOCUS and	Finalizing coordination with CONNECT Receive apps. Via email	CONNECT is the data collection center. Eligibility and bill payment are not automated.
Relevant Level(s) of Care		NF LOC	Personal Care Need		Special Need	N/A
Specific functional Eligibility Criteria	Similar services provided under waiver, so can't receive both. Not more than 40 hours per week. Services are less robust than those offered under the waiver.	I. Limitations in three or more Activities of Daily Living (ADL) AND Medical treatment or observation. II. Limitations in three or more ADLs AND one or more Risk factors. III. Limitations in three or more ADLs AND one or more Cognition factors.	Medically determinable, severe, chronic condition which - 1. Is attributable to mental and/or physical impairments; 2. Is likely to continue indefinitely; 3. Demonstrates a need for long-term, individually planned and coordinated care, treatment, vocational rehabilitation, or other services; and 4. Results in substantial functional limitations in two or more major life activities	• Low income aged 60 or older • Low income blind age 19 through 59 • Low income disabled with a physical or mental impairment which prevents you from employment • Physical impairment • Mental impairment	A person of any age with needs resulting from an emotional, behavioral, cognitive, physical, or condition that necessitates receipt of care or supervision in order to meet the person's basic needs or to prevent harm from occurring to him or her.	**MHCP**: Applicant is a Nebraska resident with lawful presence and under age 21 with a specialized medical care diagnosis and treatment plan who has been determined medically and financially eligible. Eligible diagnoses may include, for example, craniofacial
Financial Eligibility Criteria	Regular Medicaid	Medicaid and Medicare	Income Limits for families	1 person $1,123, 2 person 1,260	312% FPL/2016 Income Limits for families AND	MHCP/GHPP - 185%FPL; DCP - current pay SSI status

APPENDIX 1: SUMMARY OF ACCESS PROCESSES FOR LTSS PROGRAMS IN NEBRASKA

Access Process	Personal Assistance Services	PACE	Disabled Persons Family Support	Social Service Block Grant	Lifespan Respite	Medically Handicapped Children's Programs
					Maximum Resource Limits	
Name of Plan	An authorization of hours. Person then gets a list of providers, interviews them, and selects.	Plan of Care (POC)	DPFS Plan		Respite Plan	MHCP/GHPP - service authorizations; DCP - individual service plans
Who leads the development of plans	DHHS staff	IDT team	DHHS - SSW in Central Office		DHHS - SSW in Central Office	MHCP staff with individual/family input
Who is involved	DHSS staff via phone	Dr, Nurse, OT, PT, SSW, nutrition/dietician, other clinicians or care staff, if needed	DHHS - SSW in Central Office		DHHS - SSW in Central Office	MHCP staff, clients/families, medical community
Forms/checklists/automated tools	Service Needs Assessment and N-FOCUS	IP Assessment tools and CONNECT for NF LOC	Service & Device Application - Self Assessment and Disability Report; eligibility automated through CONNECT System		Program Application; eligibility automated through CONNECT System	N/A
Person-centered components	Self-directed in hiring/firing of provider	individuals are involved in the development of their plan of care	Self-Directed program		Self-Directed program	Clients/families are active participants
Status	N/A	Believe they meet the requirements	N/A		N/A	N/A
Description	may need to look at this	satisfaction surveys, individuals are a part of the plan of care development and goal development	N/A		N/A	N/A
Intake and Triage			DPFS and Respite CQI Process to ensure regulation compliance		DPFS and Respite CQI Process to ensure regulation compliance	N/A
Support Planning			Collaborate with authorized community partners		Collaborate with local Respite Coordinators	N/A

Appendix 2: Draft ADRC Tools

Current versions of tools that have been developed for the ADRCs can be found below and include the following:

- I&R Summary Plan
- Individual Action Plan
- Options Counseling Satisfaction Survey
- Intake and Referral Satisfaction Survey
- Draft operations manual
- Draft dashboard manual

Aging & Disability Resource Center (ADRC)
Information & Referral Summary

Name: _____ **Address:**_____

Date: _____ **Consumer ID:**_____

Organization/Contact Information	Additional Information
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	

For questions or more information, contact ADRC Nebraska staff:	
Name:_____	**Phone:**_____
Agency/Address:_____	**E-mail:**_____

Aging & Disability Resource Center (ADRC)
Information & Referral Summary

Additional Referrals

Organization/Contact Information	Additional Information
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	

Aging & Disability Resource Center (ADRC)
Individual Action Plan (IAP)

Consumer Name:_____ **Consumer ID:**_____

Date of Original Plan:_____ **Date Plan was Updated:**_____

Background/Preferences:

Goals	Action Steps	Notes	Potential Funding Source
1. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐ Government funds/program ☐ Private pay ☐ Unpaid supports ☐ Consumer self support ☐ Other:_____
2. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐ Government funds/program ☐ Private pay ☐ Unpaid supports ☐ Consumer self support ☐ Other:_____

Goals	Action Steps	Notes	Potential Funding Source
3. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐ Government funds/program ☐ Private pay ☐ Unpaid supports ☐ Consumer self support ☐ Other:_____
4. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐ Government funds/program ☐ Private pay ☐ Unpaid supports ☐ Consumer self support ☐ Other:_____

These are the steps outlined to assist you in meeting the goals as discussed with ADRC staff.
If you have questions or want to change your plan, contact:

Name:_____ **Agency:**_____

Address:_____ **Phone:**_____

E-mail:_____

Additional Goals

Goals	Action Steps	Potential Funding Source
5.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
6.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
7.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
8.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____

Aging & Disability Resource Center (ADRC) Options Counseling Satisfaction Survey

Hello! You recently contacted the Aging and Disability Resource Center (ADRC) located within (agency name). We are very pleased that you contacted us and hope that we were able to help you.

The ADRC is a pilot project directed by the Nebraska Legislature. The goal is to support Nebraskans who are aging or have disabilities by providing information, assistance, and education on community services and long-term care options. We are dedicated to making this pilot a success so these important services for Nebraskans can continue in the future. Your input is valuable. Please take a few minutes to tell us how we did and return the survey to us in the envelope provided. Thank you!

In regard to my contact with the ADRC, I feel that:	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
1. I am better informed about options for services and supports.					
2. I was given objective, accurate, and complete information.					
3. I was actively involved in developing my Individual Action Plan.					
4. My Individual Action Plan reflects what is important to me.					
5. My Individual Action Plan will help me stay out of a nursing facility or other institution.					

Please share any comments regarding your ADRC experience or suggestions you may have for improving the ADRC.

Identification of Person Completing this Survey

Please check what applies to you:

- ☐ Person for whom the plan was made
- ☐ Legal Representative
- ☐ Family Member
- ☐ Caregiver
- ☐ Agency Representative
- ☐ Other: (note)

Version 1
11.14.16

Aging & Disability Resource Center (ADRC) Information & Referral Satisfaction Survey

Hello! You recently contacted the Aging and Disability Resource Center (ADRC) located within (agency name). We are very pleased that you contacted us and hope that we were able to help you.

The ADRC is a pilot project directed by the Nebraska Legislature. The goal is to support Nebraskans who are aging or have disabilities by providing information, assistance, and education on community services and long-term care options. We are dedicated to making this pilot a success so these important services for Nebraskans can continue in the future. Your input is valuable. Please take a few minutes to tell us how we did and return the survey to us in the envelope provided. Thank you!

In regard to my contact with the ADRC, I feel that:	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
1. I am better informed about options for services and supports.					
2. I was given objective, accurate, and complete information.					
3. The referral(s) were helpful.					
4. I was clear on how to contact the referral(s) and what to ask for.					

Please share any comments regarding your ADRC experience or suggestions you may have for improving the ADRC.

Identification of Person Completing this Survey

Please check what applies to you:

- ☐ Person for whom the plan was made
- ☐ Legal Representative
- ☐ Family Member
- ☐ Caregiver
- ☐ Agency Representative
- ☐ Other: (note)

Aging & Disability Resource Center (ADRC) Nebraska Pilot Operations Manual

Draft 11.17.16

Contents

1 Introduction to ADRC Operations Manual

This manual is a resource for ADRC staff working in the Nebraska ADRC pilot locations. It is intended to be:

- An orientation tool for new ADRC staff;
- An ongoing source of direction for ADRC staff; and
- A means to ensure consistent ADRC services across the ADRC pilot sites.

The manual will be reviewed and updated throughout the life of the pilot (June, 2018) to ensure that it is current, accurate and reflective of the practices of the Nebraska ADRC.

1.1 Contact Information

Questions regarding the ADRC Operations Manual should be directed to Fritz & O'Hare Associates, ADRC Pilot Coordinators:

- Lloya Fritz: lloyafritz@windstream.net
- Mary O'Hare: maryohare7@gmail.com

1.2 Best Practice

Throughout the manual, recommendations for activities that are considered "Best Practices" are described in text boxes.

2 Program Description

The Nebraska ADRC Demonstration Project was established by Nebraska Legislature in 2015 under LB 320. The purpose is to evaluate the feasibility of establishing resource centers statewide to provide information about long term services and supports (LTSS) available in the home and community for older Nebraskans, persons with disabilities, family caregivers, and persons who request information or assistance on behalf of others. The goal is to assist eligible individuals to access the most appropriate public and private resources to meet their LTSS needs.

The ADRC pilot serves as a feasibility study to determine how a program on an expanded scale might work in practice. The outcome of the pilot will provide the Nebraska Legislature information and data to determine the future of further state funding. The pilot operates through June 30, 2018.

Responsibility for the ADRC pilot was assigned to the State Unit on Aging of the Division of Medicaid and Long Term Care within the Nebraska Department of Health and Human Services (DHHS). Three Area Agencies on Aging were selected as lead agencies through a DHHS request for proposal process. In total, seven Area Agencies on Aging serve as ADRC pilot sites. Lead agencies and pilot sites include:

a. Northeast Nebraska Area Agency on Aging, Lead Agency: Norfolk
    - Eastern Nebraska Office on Aging: Omaha
b. South Central Nebraska Area Agency on Aging, Lead Agency: Kearney
    - Aging Office of Western Nebraska: Scottsbluff
c. Aging Partners, Lead Agency: Lincoln
    - Blue Rivers Area Agency on Aging: Beatrice
    - Midland Area Agency on Aging: Hastings

The following disability advocacy and provider organizations, under a signed agreement, provide technical assistance, as requested, in the development, implementation and evaluation of initiatives created to support the ADRC pilot.

- Arc of Nebraska
- Disability Rights Nebraska
- Independence Rising
- League of Human Dignity
- UNMC Munroe-Meyer Institute

2.1 ADRC Mission Statement

The mission of the ADRC is to support seniors, persons with disabilities, their families and caregivers by providing useful information, assistance, and education on community services and LTSS options, while at all times respecting the rights, dignity and preferences of the individual.

2.2 ADRC Target Population

LB 320 defines an eligible individual as 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. More specifically, the target population includes:

- Older adults-defined as 60 and over;
- Persons of any age with disabilities such as physical, developmental, mental health, and substance use disorder; and
- Family members, caregivers, advocates and providers for these groups.

2.3 ADRC Goals

ADRCs are designed to serve as highly visible and trusted places available in communities across the state where people of all ages, incomes, and disabilities can get information and counseling on the full range of LTSS options. The overall goal is to enhance the existing infrastructure at the local level to increase consumer access to information and services for LTSS in a comprehensive, flexible, and cost effective manner.

Project goals include:

1. Reach and serve elderly people and people with disabilities, regardless of their income, health condition and LTSS needs.
2. Provide reliable, objective information about a broad range of community resources of interest to the elderly and people with disabilities.
3. Enable people to make informed, cost-effective decisions about LTSS.
4. Delay or prevent the need for LTSS services and public funding for them.
5. Provide information and assistance to promote health and independence.
6. Identify people at-risk and with needs and connect them to needed services.
7. Help adults access needed services through advocacy and assistance.

2.4 ADRC Services

A major focus of the ADRC pilot is to assure collaboration among the different public and private agencies involved in assisting older adults, individuals with disabilities, and those who support them in obtaining information and access to needed services. The three primary services to be provided, as designated in LB 320, are:

- Information and Referral (I&R);
- Options Counseling; and
- Identification of unmet service needs in communities.

In addition, ADRC staff are available to provide basic information to the public regarding local services and supports for persons who are aging or have a disability.

The ADRC pilot is a long-term systems change initiative aimed at improving and streamlining access to information, assistance and LTSS. ADRC sites are engaged in strategic partnerships at the local level. This includes developing working relationships with local health and human services agencies, service providers and other private partners to facilitate LTSS referrals. These partnerships include a range of agencies and organizations such as:

- State & Local Advocacy Organizations
- LTSS Providers (e.g., behavioral health providers, intellectual/developmental disability providers, centers for independent living, home health agencies, nursing facilities)
- State Agencies including: Department of Health and Human Services, Department of Education, Commission for the Deaf & Hard of Hearing, Commission for the Blind & Visually Impaired
- Housing Authorities
- City/County Social Services
- Critical pathway providers (e.g., hospital discharge planners, physicians, pharmacies)
- Educational programs

2.5 ADRC Evaluation

HCBS Strategies, Inc. serves as the independent evaluator for the ADRC pilot. The State Unit on Aging (SUA) works in partnership with HCBS Strategies, Inc. in the development and completion of the evaluation. Evaluation results will be compiled into reports for the Nebraska Legislature throughout the life of the project. This information, along with other sources of information and feedback, will be utilized by the Legislature as it evaluates the feasibility of establishing statewide ADRCs.

2.6 Methods to Contact the ADRC

ADRC Nebraska pilot sites may be reached by calling the toll-free number: 1-844-843-6364. The caller will be directed to the ADRC in their locale. Interested parties may also call the ADRC directly or visit an ADRC office. ADRC phone numbers and locations are listed on the website for each AAA, as well as on the ADRC website. A list of these numbers, websites and locations is included in Attachment A.

The ADRC Nebraska website is located at: http://adrcnebraska.org. The website provides a guide to Nebraska resources designed to assist individuals in need of LTSS.

3 ADRC Organizational Structure

The ADRC Pilot Project Organizational Chart (Attachment B) displays the interworking of the ADRC pilot project.

3.1 Overview

The SUA contracts with Northeast Nebraska Area Agency on Agencies on Aging, Aging Partners, and South Central Nebraska for development and delivery of ADRC services. Additional ADRC pilot sites include Eastern Nebraska Office on Aging, Aging Office of Western Nebraska, Blue Rivers Area Agency on Aging, and Midland Area Agency on Aging. In total, there are seven pilot sites covering the entire state.

The Nebraska Association of Area Agencies on Aging (NE4A) contracts with Fritz and O'Hare Associates as the Statewide Project Coordinators for the ADRC pilot. The SUA contracts with HCBS Strategies, Inc. for evaluation services.

3.2 ADRC Pilot Statewide Advisory Committee

The ADRC Pilot Statewide Advisory Committee is coordinated by the ADRC Project Coordinators and meets quarterly. Meeting minutes are documented and distributed to all committee members, AAA Directors, ADRC staff, SUA staff, and Project Evaluators within ten days of the meeting.

The purpose of the ADRC Pilot Statewide Advisory Committee is to provide on-going advice and support to the ADRC Pilot Project. The responsibilities of the ADRC Pilot Statewide Advisory Committee are to:

- Provide input and feedback to the ADRC pilot as a whole and the ADRC pilot work teams through discussions at meetings, review of documents, and participation in relevant work teams;
- Assist in promoting the use of ADRC pilot resources and services to constituents and the public;
- Appoint a representative to work with Network of Care Team; and
- Inform respective consumer population of ADRC activities and share consumer input with the ADRC Pilot Statewide Advisory Committee.

3.3 Local Advisory Committees

Local Advisory Committees are established by local ADRC staff. Local ADRC staff are responsible for all meeting logistics, agenda development, and meeting facilitation. Meeting notes are documented and distributed to Local Advisory Committee members, ADRC Project Coordinators, and SUA Representatives within ten days of the meeting.

The purpose of the Local Advisory Committees is to coordinate local efforts in delivery of ADRC services. The responsibilities of the Local Advisory Committees are to:

- Coordinate delivery of local ADRC services with local aging and disability partners;

- Share information regarding the ADRC pilot with local aging and disabilities partners;
- Troubleshoot difficult situations;
- Share local resources; and
- Provide feedback to the ADRC Pilot Statewide Advisory Committee.

Invited members include representatives from the following groups/organizations:

- Local aging and disability partners providing LTSS services, both public and private;
- AAA Representatives;
- ADRC Staff; and
- Consumers.

In some cases, the Local Advisory Committee may be an extension of an already existing aging/disability committee. Meeting schedules will be determined by local teams.

3.4 ADRC Pilot Work Teams

The Project Coordinators organize and lead the ADRC Pilot Work Teams. Meeting notes are documented and distributed to team members. Work products of the ADRC Pilot Work Team are sent to the AAA Directors for review and approval. There shall be, at a minimum, four ADRC Pilot Work Teams:

Training Team

Purpose: Provide recommendations and work on strategies to ensure ADRC staff is adequately trained to perform the duties related to the ADRC Pilot.

Responsibilities:

- Recommend initial and on-going training for ADRC staff;
- Develop a sustainable method to share relevant statewide aging and disability training opportunities; and
- Present training plans to the ADRC Statewide Advisory Committee for input and feedback.

Quality Assurance Team

Purpose: To assist in the development and study of unmet service needs and development of a Quality Assurance (QA) plan.

Responsibilities:

- Develop/implement a process for identifying and examining unmet needs;
- Develop/implement a statewide QA plan and identify strategies for improvement; and
- Present findings to the ADRC Statewide Advisory Committee for feedback and input.

Options Counseling Team

Purpose: To develop, review, and revise protocols/policies as needed to ensure successful delivery of ADRC services.

Responsibilities:

- Develop protocols, policies for the delivery of ADRC services, including workflow, assessments, person-centered plans, follow-up, and documentation;
- Review and revise protocols/policies, as needed;
- Troubleshoot issues with program implementation, as needed;
- Gather feedback on the Dashboard usability and data collected and recommend changes, as needed; and
- Develop standardized reports for use at the state and local level.

Network of Care Team

Purpose: To further develop and maintain information on the Network of Care website; revise and update the Service Directory.

Responsibilities:

- Develop information on statewide and local public and private LTSS resources available on ADRC website;
- Ensure accuracy of resource information posted; and
- Conduct outreach to organizations to post and utilize information on the ADRC website.

3.5 Work Team Subcommittees

The ADRC Pilot Statewide Advisory Committee, ADRC Local Advisory Committees, and ADRC Work Teams may form subcommittees designed to study relevant issues and/or develop draft work products, as needed. Each subcommittee is responsible to report findings to the relevant committee or work team and document meeting notes.

4 ADRC Staff

ADRC staff are employed by their respective ADRC pilot site. Staff positions are funded through state designated funds. ADRC Project Coordinators are under contract with the Nebraska Association of Area Agencies on Aging (NE4A) and paid through state designated funds.

4.1 Staffing Plan

Executive Directors: The ADRC site Executive Directors have lead responsibility for ADRC operations, staff performance, supervision and the quality of ADRC services. The Directors have authority over budget development, policies, and personnel. They report to the State Unit on Aging Administrator and are responsible for keeping their respective governing boards informed and receiving advice and direction on ADRC matters. Directors are instrumental in operationalizing the ADRC's vision with ADRC staff and its governing board.

Duties of the Directors related to the ADRC include:

- Ensuring the ADRC meets its obligations under its contract with the State of Nebraska; and
- Managing ADRC service demand and service availability to meet the needs of older adults and persons with disabilities.

ADRC Project Coordinators: This is a contract position between Fritz & O'Hare Associates and NE4A to develop, coordinate and assist in evaluation of the pilot project. This position is responsible for identifying statewide aging and disability resources and potential partners. The Coordinators are the statewide liaison with aging and disability partners, the State Unit on Aging, and the NE4A. The Coordinators coordinate ADRC staff training and meetings, as well as develop policies, oversee the pilot project work plan, and assist the evaluation team.

Qualifications: Two or more years' experience in disability or aging fields, and/or two or more years' experience in State government in related field, and two or more years working in an ADRC and/or bachelors of social work or related field.

Options Counselor Supervisors: Options Counselor Supervisors provide direct supervision to Options Counselors and report to the AAA Executive Director. Their work includes working cooperatively with the ADRC Project Coordinators in the development of ADRC policies, procedures, reports, etc.

Options Counselor: Options Counselors provide person-centered needs assessments, counseling and referrals, preliminary care planning, and short-term tracking based on consumer needs, preferences and situational context for aging adults and persons with disabilities in need of LTSS.

Options Counselors work with consumers, family members, and others with regard to their needs and preference for LTSS. This includes providing information, referral, and education on accessing LTSS. Options Counselors assess preferences and needs and provide information on options related to a consumer's preferences for long-term needs, including both publicly and privately funded. LTSS preferences and needs may include living at home with services such as habilitation, respite, service coordination, care management, transportation, housekeeping, meal delivery or preparation, medication monitoring, assistive technology, home accessibility, employment supports, etc. Other options may include out of home services. Services may be provided and funded by a variety of sources, including Nebraska's Medicaid Waiver programs, other state/federal programs, private insurance, or private pay.

Additionally, Options Counselors may: assist a consumer in applying for Medicaid; make a referral to Senior Health Insurance Information Program (SHIIP); assist in applying for other state and local benefits; or refer to other disability-related services such as developmental disability services, local advocacy agencies, mental health services, substance use disorder services, assistive technology, or services for persons who are deaf and hard of hearing or have visual impairments.

Qualifications:

- Two to four years of college or equivalent experience
- Three to five years of experience working with seniors and/or people with disabilities

4.2 Staff Coverage

Each ADRC location can be accessed through a single point of entry. ADRC sites have a local phone number as well as a toll-free number. The office hours are from 8:00 a.m. to 4:30 p.m. Monday through Friday. ADRC callers after hours hear a recorded message stating the office is closed, information on ADRC office hours, and steps for leaving a message. ADRC staff respond to initial inquiries and requests for information and assistance within one business day. In the event of an extended absence of an Options Counselor, ADRC sites will arrange for adequate coverage.

4.3 New Employee Orientation

Each staff member assigned to the ADRC will have an orientation to the daily operating policies and procedures within that particular ADRC site, including introduction to co-workers, orientation to the IT systems, daily workflow, as well as orientation to related departments located at the site.

Each staff member will have an orientation to the ADRC to include:

- Review of the ADRC Operations Manual
- Instruction on use of the Dashboard
- Instruction on the use of the Network of Care public website
- Instruction on the use of the phone system

4.4 Training Policy

ADRC staff will have the needed competency to address issues related to aging and disability. ADRC staff must complete trainings as required under the ADRC Pilot. In addition, staff must receive five additional hours of relevant training each year. Formal (conferences) and informal (web-based training and informational meetings) opportunities are acceptable. Additional training may be from sources that provide training in aging or disabilities. Training hours must be approved by the ADRC site supervisor.

ADRC staff must also attend scheduled ADRC meetings. These meetings are vital for staying current with programmatic developments, information technology, program evaluation, compliance with service specifications, and updates regarding ADRC operational expectations.

4.5 Conflict of Interest Policy

ADRC staff shall avoid situations that create a conflict of interest.

- A conflict of interest is present whenever a person or entity involved in a relationship with a consumer has a personal interest in the situation or has the potential to benefit by a particular decision, outcome, or expenditure related to

the relationship. The interest or benefit may be real, perceived, or possible. The benefit may be positive or negative.

- Staff should consult with their supervisor to determine if a conflict of interest exists.
- Whenever competing interests are identified, action must be taken to limit, mitigate, or eliminate the conflict. That action will be developed and implemented dependent upon the specific situation encountered, most usually through the use of an alternate staff person.
- When a conflict of interest is identified, at a minimum, the consumer should be made aware of the potential of a conflict of interest and included in decisions to either minimize or eliminate the potential of a conflict.

The following can help prevent a conflict of interest from taking place:

- No employee will use their position for personal or financial gain of themselves, their family, or another person.
- No employee shall solicit or accept for themselves, their family, or another person any gift, campaign contribution, gratuity, favor, service, promise of future employment, loans, entertainment or other things of monetary value from the person who has or is seeking services through the ADRC.
- ADRC staff should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.
- ADRC staff should not engage in dual or multiple relationships with consumers or former consumers (examples include, but are not limited to, business relationships or transactions, personal relationships, etc.) or in which there is real or potential harm to the consumer.
- When ADRC staff provide services to two or more people who have a relationship with each other, staff must clearly identify who is to be considered the “consumer” and the role and the nature and professional obligation to the various individuals who are receiving services.
- Staff shall inform consumers of all LTSS options within their community. If referred to a service provided by the AAA, the consumer is to be informed that service is a part of the AAA.

4.6 Reporting Requirements

ADRC staff are required to provide documentation regarding a variety of activities including, but not limited to:

- Dashboard Information: Caller Information, Consumer Information, Referrals, Finish Call
- ADRC Information & Referral Summary
- ADRC Individual Action Plan
- Comprehensive Assessment
- ADRC Individual Comprehensive Action Plan (Enhanced Options Counseling)
- Monthly operational reports regarding activities, accomplishments, and concerns

5 Confidentiality

All information disclosed between ADRC staff and the consumer shall remain confidential. ADRC staff will utilize their AAA procedures for obtaining/releasing confidential information. Consumers will not be asked to disclose more personal information than necessary to make a referral, conduct an intake or assist with an application. All information obtained during an interview will be deemed confidential.

5.1 Consumer Rights

Consumers receiving ADRC Information and Referral, Options Counseling, and Enhanced Options Counseling must be informed of the following consumer rights during the initial contact.

1. You have the right to receive services without regard to your race, color, sex, national origin, religion or disability.
2. ADRC services are voluntary. You have the right to accept or reject ADRC services.
3. You have the right to have your preferences respected.
4. You have the right to confidentiality. Your information will be kept confidential at all times and you may have access to your information, if desired.
5. You have the right to expect ADRC staff to respect your personal dignity.
6. You have the right to choose from the services available to you.
7. You have the right to choose who provides your services.
8. You have the right to register a complaint or file a grievance without discrimination or reprisal.

6 Information Technology

All ADRC staff are required to utilize the Dashboard to enter consumer information.

- Each call received by ADRC staff must be logged on the Dashboard as a new call.
- Consumer identifying information (name and AAA) must be entered on the Dashboard by the close of business on the day contact was made.
- All other consumer information must be entered on the Dashboard within two business days following the contact.
- In the absence of ADRC staff, each individual site determines staff coverage procedures.

7 ADRC Services

ADRC services consist of:

- Basic Information
- Information & Referral (I&R)
- Options Counseling
- Enhanced Options Counseling

A work flow chart graphically depicting the delivery of ADRC services is included in Attachment C and is described below. A table with a description of the ADRC services is included in Attachment D.

7.1 Eligible Individual

LB 320 defines an eligible individual for ADRC services as:

> "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."

Eligible individuals are referred to as consumers. ADRC services are conducted with the consumer and/or legal representative and others as invited by the consumer or legal representative.

7.2 Initial Contact

Initial contact may be initiated by a consumer, consumer's caregiver, friend or relative or an agency representative calling on behalf of a consumer. During the initial contact, ADRC staff determines if the consumer in question is potentially in need of LTSS or simply needs basic information regarding community resources. At all times, ADRC staff strives to:

- Ensure the consumer/caller experiences a welcoming atmosphere and is satisfied with the interaction.
- Use telephone or interpersonal skills (professional greeting, warm tone of voice, courteous and appropriate language) and interviewing techniques using active listening skills over the phone or in-person to build rapport, with an unhurried attitude.

7.3 Basic Information

If the consumer requests only community resource or provider basic information such as location, business hours, or phone numbers, ADRC staff provides the information requested. The contact is logged on the Dashboard as 'Basic Information' and ADRC staff's pilot site (AAA) noted. The individual's name may or may not be collected. Basic information requests are typically handled via phone conversation.

7.4 Intake & Triage

During Intake and Triage, ADRC staff determine if the consumer is eligible for the ADRC program. This is accomplished by asking the following questions:

- "Do you or the individual you are calling about have a disability?"
- "What is the nature of the disability?"
- "Do you or the individual you are calling about have difficulties with activities of daily living such as walking, dressing, bathing, hygiene, eating, transferring in and out of a bed or chair, toileting?"

The disability and/or Activity of Daily Living (ADL) status is recorded on the Dashboard in the 'Conditions' field. If the consumer's disability is not listed in the 'Conditions' field, 'Other' is checked. If the individual does not have a disability or difficulty with ADLs, basic information is provided and the contact logged as a 'Basic Information' call.

If the consumer has a disability or difficulty with ADLs, ADRC staff then seek as much information as possible regarding the consumer's concerns, preferences, current

situation, and needs and asks how they can help. At a minimum, ADRC staff determine the following:

- Is the consumer experiencing an immediate crisis or safety issue?
- What is the age of the consumer?
- What is the consumer's basic income and asset status (financial pre-screening)?
- Are service needs currently being met by another agency?
- Is the consumer likely to be Medicaid eligible?
- What amount and type of support seems to be needed?
- What are the consumer's preferences for LTSS?

Consumer information is logged on the Dashboard Caller and Consumer Information screens at this time. From this interview, ADRC staff documents the consumer's preferences, strengths and needs.

ADRC staff determine the consumer's need for either I&R or Options Counseling. ADRC staff may at first believe the consumer needs only I&R, but later recognize that Options Counseling is more appropriate.

Protection and Safety

If there is reason to believe the consumer's immediate safety is threatened, call 911.

If there is reason to believe the consumer has been abused, neglected or exploited:

Call the 24-hour Adult Protective Services (APS) and Child Protective Services (CPS) toll-free hotline at:

1-800-652-1999

OR, call local law enforcement.

7.5 Information & Referral (I&R)

I&R is designed for consumers who desire information about LTSS and need assistance with referrals. They may be potentially eligible for LTSS, may already be receiving Medicaid or services through another LTSS program, or may be receiving no services.

I&R consists of providing information and assistance on a wide range of community resources; informing and educating consumers, families, advocates, and professionals about LTSS options; and assisting in connecting to programs and services, including public and privately funded options. ADRC staff serve as trusted sources of information regarding publicly funded programs and promote the use of home and community-based LTSS based on consumer preference. Consumers receiving I&R are exploring their options and will follow up with suggested LTSS referrals independent of ADRC staff. I&R may be offered in person or via phone conversation.

Essential I&R Service Components

- Information: ADRC staff provide information to a consumer in response to a direct request concerning LTSS. Information provided may range from simply describing a variety of LTSS options to detailed information about eligibility and referral processes.

- Referral: Based on consumer or caller preference, ADRC staff may perform any or all of the following referral activities:
    - Explore consumer needs and preferences
    - Identify potential community-based resources and service systems, utilizing the ADRC Network of Care website and other resources
    - Provide information on how to contact community-based resources and service systems
    - Assist consumers for whom services are unavailable by locating alternative resources
    - Provide a warm transfer to a community-based provider or service system to directly connect the consumer or caller to the provider or system representative
    - Provide referral information regarding privately funded LTSS

- I&R Summary Form: ADRC staff offer to complete an I&R Summary Form that captures information regarding suggested referral sources, along with additional information that may assist the consumer when contacting the organization. If the consumer wishes to receive the I&R Summary Form, it is mailed or emailed to them within three business days of the contact. The I&R Summary Form, along with instructions on completing the form and a sample cover letter, is located in Attachment E.

- Follow Up: ADRC staff offer to call the consumer at an agreed upon time to perform a follow-up inquiry. Consumers are encouraged to contact ADRC staff at any time if they have further questions or concerns. Follow up agreements are documented on the Dashboard.

7.6 Options Counseling

Options Counseling is a natural extension of the I&R process. Options Counseling is a decision-support process whereby consumers are assisted to evaluate and weigh their LTSS options. It is designed for consumers who have little knowledge about their LTSS options and limited capability in pursuing LTSS independently. They most likely have not received LTSS services in the past and find themselves at a loss of where to turn for help. ADRC staff work with them to explore their LTSS options (both publicly and privately funded) and provide hands-on assistance in applying and securing LTSS services. Services are most typically provided in a face-to-face setting, such as an ADRC office or the consumer's home.

To be effective in providing this service, it is important to fully understand each individual's strengths, preferences, and needs. This service is focused on consumer

education and is often provided when an individual is planning for or experiencing a life change. Indicators for the need for Options Counseling may include those who are:

- Seeking information and/or decision support about LTSS options
- Demonstrating a change in ability to meet needs independently at home
- Requesting assistance with planning, whether short or long term
- Requesting someone to "talk to" regarding what a loved one needs/wants
- Not Medicaid eligible and seeking information on long-term options and costs
- Medicaid eligible and requiring additional supports
- Seeking information on how to apply for Medicaid
- Needing considerable time and assistance in sorting out their LTSS options
- Asking more questions with every referral given
- Unsure of their wants and needs

Essential Service Components

- Rights & Disclosures: ADRC staff must:
    - Inform consumers of their rights obtain verbal agreement that they understand their rights. Offer to email or mail them a copy of their rights. (see 5.1) ADRC staff must indicate on the Dashboard that they have informed the consumer of their rights.
    - If confidential information is to be provided to or received from a source outside of the ADRC, follow AAA procedures in procuring a signed disclosure statement.

- Consumer Information Gathering: Based on consumer preference, ADRC staff perform any or all of the following:
    - Collect additional information regarding the consumer's status and preferences; including information from past or current providers, caregivers, relatives, friends, etc.
    - Gather sufficient information from the consumer to accurately identify and clarify the consumer's strengths, needs, and preferences.
    - Explore consumer needs beyond the presenting problem.
    - Check in with the consumer and summarize their request.

- Individual Action Plan (IAP): Based on consumer preference, ADRC staff perform any or all of the following:
    - Utilize system knowledge, assisted by the use of the ADRC Nebraska website and other Nebraska resources, to identify, evaluate, and recommend potential programs and services.
    - Provide LTSS options and help consumer to prioritize options.
    - Provide specifics on eligibility and the process to apply for LTSS public and private services and supports.
    - Develop an effective consumer-driven plan with the consumer, using the Individual Action Plan (IAP) (Attachment F). The IAP is mailed or emailed to the consumer within five business days of the contact.
    - Assist the consumer to carry out their plan.

- Follow-Up: Based on consumer preference, ADRC staff perform any or all of the following:
    - Assist in connecting with a resource if consumer is unable to do so independently or requests assistance.
    - Provide advocacy throughout the process of selecting and applying for services and supports.
    - Review the IAP with the consumer to ensure all goals are met or to revise goals, as needed.
    - Follow-up with consumers at agreed upon dates/times/locations.

7.7 Enhanced Options Counseling Pilot

An Enhanced Options Counseling Pilot will be conducted in two ADRC pilot sites: Aging Partners and South Central Nebraska Area Agency on Aging. The pilot is designed for a sample in each site consisting of:

- Four (4) consumers under 60 with disabilities who are not currently eligible for care/case management from any other LTSS program; and
- Four (4) consumers over sixty referred to an AAA Care Management program.

The pilot is slated to begin on January 1, 2017 and end on June 30, 2018.

Essential Service Components

- Comprehensive Assessment: Care Managers or ADRC staff conduct a comprehensive assessment with the consumer in addition to recording information on the Dashboard. The comprehensive assessment utilized will be an adaptation of the standardized long-term care assessment currently in use by AAA Care Management programs and include, at a minimum, the following assessment sections:
    - Basic Information
    - Support Information
    - Physical Health
    - Cognitive Functioning
    - Mental Health & Legal
    - Nutrition
    - Activities of Daily Living (ADL)
    - Instrumental Activities of Daily Living (IADL)
    - Housing
    - Financial

- Individual Comprehensive Action Plan (ICP): The ICP is based on the person-centered planning philosophy. Person-centered planning is a discovery process used to search out what is truly important to and about a person and what capacities and skills that individual possesses. It is values-based with the knowledge that each and every individual has unique capacities and skills. It focuses on a positive vision for the future of the person based on his or her strengths, personality, preferences, and capacities for acquiring new skills and abilities. It focuses on what a person can do versus what a person cannot do.

The ICP will include the following components, as applicable:

- Name & Contact Information: Participant and ADRC contact information
- Consumer's Desired Changes: Description of how consumer views their life now and how they want it to be in the future
- Consumer Resources: Personal resources available, including unpaid supports
- Goals, Action Steps, and Support Funding
- Supports Available: Support Issues, Unmet Needs, Risks
- Advanced Directives
- Disaster Preparedness Plan
- Plan Monitoring: Identification of who will monitor the plan and contact information

- Care Management: Care management will be provided by either ADRC or AAA Care Management staff. It is delivered on a one-on-one basis most typically in the consumer's home. Care Management activities include:
  - Conducting the comprehensive assessment;
  - Developing the ICP;
  - Assisting with referrals/applications to LTSS programs;
  - Coordinating services among providers; and
  - Providing follow-up and reassessment as needed.

8 Accommodations

ADRC sites are committed to ensuring services and information are made available to all consumers and their representatives. Accommodations may be necessary to fulfill this commitment.

8.1 Language Accommodations

Language accommodations may be necessary for consumers and representatives, including those with limited English proficiency and individuals who may have physical, hearing, speech, visual, or cognitive impairments, which require special accommodations.

- For non-English speaking or limited English speaking consumers, services such as Language Line or interpreters shall be arranged with advanced notice.
- ADRC documents distributed to the public shall be made available in Spanish.
- Sign language interpreters shall be made available with advance notice for all ADRC services.

8.2 Hearing Accommodations

Individuals who are deaf, hard of hearing, or have a speech impairment may utilize a Video Relay Service (VRS) or Teletype (TTY) device to assist in communicating over the phone.

The TTY uses a free relay service, required of each state. The relay service is accessed by dialing 7-1-1. If an ADRC receives a call from a TTY device, the relay service will receive the caller's responses, and speak them to the ADRC staff. In turn, the relay service will relay the ADRC staff's responses to the caller. If an ADRC staff member

needs to call a person who is deaf, hard of hearing, or has a speech impairment and that person has a video TTY device, they may dial 7-1-1 before the phone number they are trying to reach.

The Video Relay Service allows persons who are deaf or hard-of-hearing to communicate through the telephone system with hearing persons. The VRS caller, using a television or a computer with a video camera device and a broadband (high speed) Internet connection, contacts a VRS qualified sign language interpreter. They communicate with each other in sign language through a video link. The interpreter then places a telephone call to the party the user wishes to call. The interpreter relays the conversation back and forth between the parties -- in sign language with the VRS user, and by voice with the called party. No typing or text is involved. A voice telephone user can also initiate a VRS call by calling a VRS center, usually through a toll-free number. For more information or to contact the Nebraska Commission for the Deaf and Hard of Hearing with questions, go to: https://ncdhh.nebraska.gov

9 Outreach & Marketing

ADRC pilot sites are required to develop and implement an ongoing program of marketing, outreach, and public education to make their services known to members of the target populations, including people who are isolated or otherwise hard to reach, and to community agencies and services providers in its service area. It is understood that all ADRC pilot sites will participate in the marketing plan. All publications or resources will use the approved ADRC Nebraska logo. ADRCs should also coordinate with other sites to minimize duplication and be most cost effective. The following are best practice ideas and examples of what to include in such a program.

Outreach & Marketing Best Practice

General Principles

- Have a clear, simple message.
- Be consistent.
- Use a variety of marketing methods.
- Use more than one method at a time.
- Keep it up. Try continuous marketing in several venues.
- Try new things.
- Repeat successful efforts that increase call volume.
- Inquire about reduced rates and matched services.
- Word-of-mouth is very important, and takes time to build.

Marketing to Medical Community

- Visit and introduce yourself and your services to physicians, nurses, emergency room staff, first responders, hospital discharge planners, social workers, home health care agencies, home and community-based service providers, etc.
- Provide information packets to each provider so they know how to reach ADRCs.
- Routinely revisit to restock materials, as well as continue to build relationships.

Internal Marketing

- Educating and involving people who work for and with the ADRC on a regular basis can be one of your most effective and reliable ways to get the word out.
- Make sure people in all departments of your agency know about the ADRC, what it is, and what services are available.
- Provide training to receptionists and all front desk staff so they understand the ADRC, the services provided, and the protocols for accessing ADRC staff.
- Encourage ADRC staff to become actively involved in community organizations.

Presentations to Community Groups

- Presenting to existing groups generally works better than hosting your own presentations. Be available when the groups meet, including breakfast, lunch or evening meetings or events on weekends.
- Ideas on who to present to:
    - Consumer groups
    - Service providers
    - Chamber of Commerce
    - Health and wellness fairs
    - Employee assistance and other employer-sponsored programs
    - Religious organizations
    - High school counselors and special education staff
    - Village councils and other local boards
    - Police departments, fire departments, and EMS
- Train volunteer drivers and other transportation providers about the ADRC.
- Train home-delivered meal providers. Encourage them to provide information about the ADRC to people who are new to their services.

All ADRC staff should remember that they are "selling" the services of the ADRC in their conversations with others, both in the office and in the community. All ADRC staff should have the opportunity at least once annually to represent the ADRC at a presentation, health expo, support group, media interview, or other "marketing" event.

10 Local Partnerships

The ADRC program is a long-term care systems change initiative aimed at improving and streamlining access to information, assistance and LTSS. ADRC sites must form strategic partnerships at the local level. This may include developing working relationships with local health and human service agencies, service providers, and other private partners. These partnerships should include a range of agencies and organizations such as:

- Centers for Independent Living
- Aging and Disability Service Providers
- Employment
- Housing
- Transportation
- County Social Services
- Advocacy Groups
- LTSS Providers (e.g. home health agencies, nursing facilities)
- Critical pathway providers (e.g., hospital discharge planners, physicians, pharmacies)
- Universities where students actively seek opportunities in the community to volunteer and engage in service learning activities.

11 Quality Assurance

ADRC services are designed to impact consumers and their families, as well as communities and systems. Following are principles to guide the ADRC Quality Assurance process:

- Consumers and families served by the ADRC are more satisfied with their lives, able to remain in their homes and communities, become more independent, and have control over their lives.
- Communities benefit from the ADRC through cooperative efforts to build services, provide education, and link people to services.
- Systems partner with the ADRC to achieve the right fit for each consumer based on the consumer's preference.

11.1 Consumer Satisfaction

Consumer satisfaction is paramount to ADRC services. The following areas are what an ADRC strives to perform.

- ADRC services are customized, meaning a consumer's special circumstances are addressed; their opinions are considered before recommending services; they receive help in making decisions; they receive help with paperwork; and the needs of their family are considered.
- ADRC services provide guidance, meaning that each step is explained clearly; the consumer receives help navigating the system; they feel their needs are important and that staff go "above and beyond" to help them.
- ADRC services are accessible, referring to: hours of operation; parking; a welcoming environment; privacy when talking with ADRC staff; limited waiting time; convenient locations; accessibility to services; responsiveness of staff; and ease in finding the contact information.

- ADRC services support decision making, meaning that consumers are connected with the services they need; they receive help exploring the choices available; they receive help weighing the pros and cons of each choice; and they feel their personal circumstances are taken into account.

11.2 Quality Assurance Plan

To be developed at a later date.

11.3 Complaint & Grievance Policies

The ADRC is committed to the provision of high quality services delivered in a manner that insures that the rights of consumers are protected. Consumers of the ADRC have the right to file a complaint/grievance if they are not satisfied with the service they receive. Each ADRC site has internal processes for a grievance procedure. The following is a guideline for ADRC staff to follow in the event of consumer concern or complaint.

Informal Process: Consumers should be encouraged to discuss concerns regarding ADRC services informally with the staff person involved and their supervisor. They may include a personal advocate if they wish. A “concern” means a complaint, disagreement or dispute which a consumer or a person on behalf of a consumer may have with ADRC services or staff that the consumer chooses to resolve through the informal resolution process.

Formal Process: Formal complaints or grievances must be in writing. The complaint or grievance must clearly describe the concern, the time and place of the incident, those involved, names of witnesses (if any), and the relief the consumer is seeking. The complaint must be signed and dated by the consumer. The consumer may have a personal advocate or staff person assist them in completing the formal complaint report. Consumers will be provided the appropriate grievance/compliant form from their respective ADRC site.

12 Definitions

Individual Action Plan (IAP): A written, time limited plan developed by the consumer and the ADRC staff outlining future work and/or the steps necessary to achieve goals or obtain long term services and supports that have been identified during the process.

Aging and Disability Resource Center (ADRC): ADRCs are designed to serve as highly visible and trusted places available in communities across the state where people of all ages, incomes, and disabilities can get information and counseling on the full range of Long Term Service and Support (LTSS) options. The overall goal is to enhance the existing infrastructure at the local level to increase consumer access to information and services for LTSS and supports in a comprehensive, flexible, and cost effective manner.

Activities of Daily Living (ADL): Activities that are regularly necessary for personal care. These activities include: transfers in and out of a bed or chair, toileting, walking, dressing, bathing, hygiene, and eating.

Advocacy: Advocating or representing the upholding of rights for individuals or specific groups of individuals.

Assessment: To evaluate the consumers' needs, beginning with the initial communication (e.g., telephone call, e-mail, or walk-in).

Basic Information: Service where the consumer, representative, or agency professional requests only community resource or provider basic information such as location, business hours, or phone numbers. Typically, this is provided via phone.

Business Days: Monday through Friday, not including weekends or holidays.

Caregiver: An individual, such as a spouse, partner, family member, or friend who attends to the needs of another individual. Activities can be relatively undemanding, such as driving the individual to an appointment or the activities can be highly demanding, such as bathing, dressing, and feeding the individual.

Comprehensive Assessment: A more in-depth assessment provided for consumers receiving Enhanced Options Counseling or Care Management under the Enhanced Options Counseling Pilot.

Consumer: Any individual 60 years of age or older or an individual with a disability of any age who has lost, never acquired, or has one or more conditions that affect his or her ability to perform basic activities of daily living necessary to live independently.

Crisis Intervention: Provision of assistance for individuals in crisis with assessment, identification of resources, service acquisition, and follow-up. Crisis intervention is a response to a situation where short-term assistance is needed to support an individual until a plan for LTSS can be put in place.

Eligibility Determination: The process of evaluating the financial or programmatic parameters an individual must meet in order to receive services.

Dashboard: The mandated electronic system in which ADRC sites are required to enter consumer data utilized for local and state-level reports and management information.

Enhanced Options Counseling: A service provided under a limited pilot area (Aging Partners and South Central AAA) for consumers under 60 with disabilities not currently eligible for care/case management under any other LTSS program and consumers over 60 referred to a AAA Care Management program. This service offers more extensive services and supports than the Options Counseling service.

Follow Up: A contact with the consumer or designated representative to evaluate the usefulness of services and any barriers to achieving his or her goal, to determine if the identified goals were met, or to determine next steps.

Grievance: A complaint or formal objection about the way services are provided.

Information & Assistance (I&R): Information provided to individuals who have contacted the ADRC site with a specific question or need regarding available services and/or referral to other agencies.

Informed Choice: The process of choosing from options based on accurate information and knowledge.

Instrumental Activities of Daily Living Skills (IADLS): Activities necessary for independent living including: meal preparation, shopping, medication management, housework, laundry, appointment management, money management, access resources, transportation and telephone.

Intake: The process of collecting and documenting basic demographic data and initial eligibility screening for services.

Legal Representative: A person who oversees the legal affairs of another. This includes a court appointed guardian of a minor or a person determined incompetent.

Long Term Services & Supports (LTSS): As defined by the Centers for Medicare and Medicaid (CMS), LTSS refers to services and supports provided to beneficiaries of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice. This may include the individual's home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting.

Low-Income: Income at or below the Federal Poverty Level (FPL).

Marketing/Outreach: Activities related to ensuring that all potential users of LTSS and their families are aware of public and private long-term support options, as well as promote awareness of the ADRC, especially among underserved and hard-to-serve population.

Medicare: A federal program that pays for certain health care expenses for people aged 65 or older, persons with end stage renal disease and some younger persons with disabilities. Enrolled individuals must pay deductibles and co-payments, but much of their medical costs are covered by the program. Medicare is less comprehensive than some other health care programs, but it is one source of post-retirement health care.

Medicaid: The State and Federal Government program that pays for certain health services and nursing home care for older people with low incomes and limited assets. In

most states, Medicaid also pays for some long-term care services at home and in the community. Who is eligible and what services are covered vary from state to state. Most often, eligibility is based on income and personal resources.

Network of Care: The online system for the ADRC, including the Dashboard for recording and tracking consumer information and a Service Directory that provides a comprehensive database of state and local programs and services.

Options Counseling: Person-centered approach to helping individuals gain an understanding of the benefits and limitations of LTSS options, and the knowledge to access these resources in order to empower them to make choices that reflect their unique needs, values, and circumstances.

Person-Centered Planning (PCP): The process to develop an individualized support plan driven by an individual's own preferences, strengths and personal goals, as well as directed by the consumer and/or their representative.

Private Pay Consumers: Includes consumers who are able to pay for some services and/or are ineligible for public programs. Consumers with a range of incomes fall under this definition, including the following: eligible for public programs but able to pay for some services on a sliding scale or reduced fee basis; not eligible for public programs and unable to purchase services; not eligible for public programs but able to pay for some services on a sliding scale or reduced fee basis; and not eligible for public programs and able to purchase services at market value.

Quality Assurance: System for evaluating the delivery of services to consumers.

Representative: An individual who is chosen to assist or to act on behalf of an individual seeking ADRC services in making decisions regarding LTSS. This may be an informal designation, as opposed to a court-appointed legal representative.

Respite Care: Refers to short term, temporary care provided to people with disabilities and the elderly in order that their families can take a break from the daily routine of care giving. Unlike childcare, respite services may sometimes involve overnight care for extended periods of time. Respite care enables families to take vacations, or have just a few hours of time off.

State Unit on Aging (SUA): State unit designated to administer the ADRC Pilot Project. This agency is housed within the Nebraska Health and Human Services Medicaid and Long Term Care Division.

Unmet Need: Lack of access to adequate, available, or competent services and supports.

Urgent Needs: Needs where a lack of response within forty-eight hours would cause significant pain, place the person at serious risk of harm, or create or significantly increase a person's risk of unnecessary hospitalization or institutionalization.

Attachment A. ADRC Contact Information

✓ **ADRC TOLL-FREE**: 1-844-843-636

✓ **BEATRICE:**

Blue Rivers Area Agency on Aging
1901 Court Street
Beatrice NE 68310
402-223-1376 888-317-9417 (toll free)
http://www.braaa.org

✓ **HASTINGS**:

Midland Area Agency on Aging
2727 West 2nd Street, Suite 440
Hastings NE 68901
402-463-4565 800-955-9714 (toll free)
http://www.midlandareaagencyonaging.org

✓ **KEARNEY:**

South Central Nebraska Area Agency on Aging
620 East 25th Street, Suite 12
Kearney NE 68847
308-234-1851 800-658-4320 (toll free)
http://www.agingkearney.org

✓ **LINCOLN:**

Aging Partners
1005 O Street
Lincoln NE 68508
402-441-7070 800-247-0938 (toll free)
https://lincoln.ne.gov/city/mayor/aging

✓ **NORFOLK:**

Northeast Nebraska Area Agency on Aging
119 West Norfolk Avenue
Norfolk NE 68701
402-370-3454 800-672-8368 (toll free)
http://www.nenaaa.com

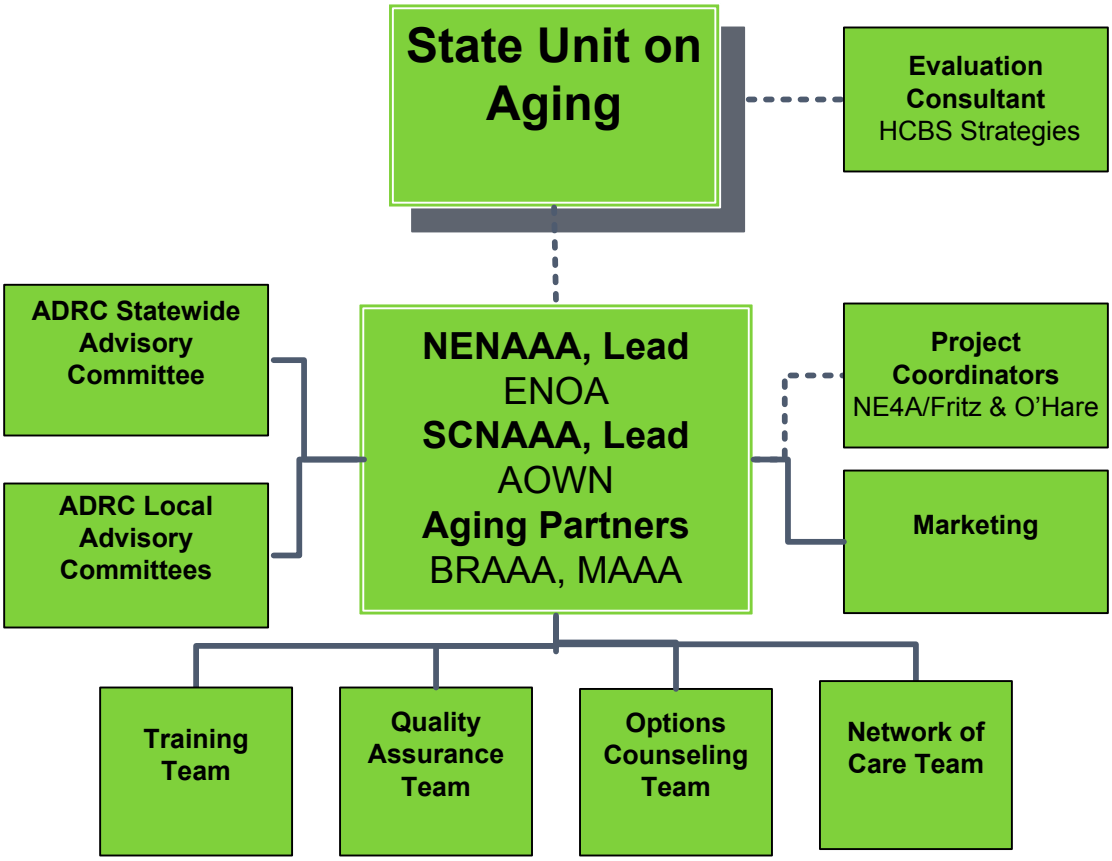
✓ **OMAHA:**

Eastern Nebraska Office on Aging
4322 Center Street
Omaha NE 68105
402-444-6536 888-554-2711 (toll free)
http://enoa.org

✓ **SCOTTSBLUFF:**

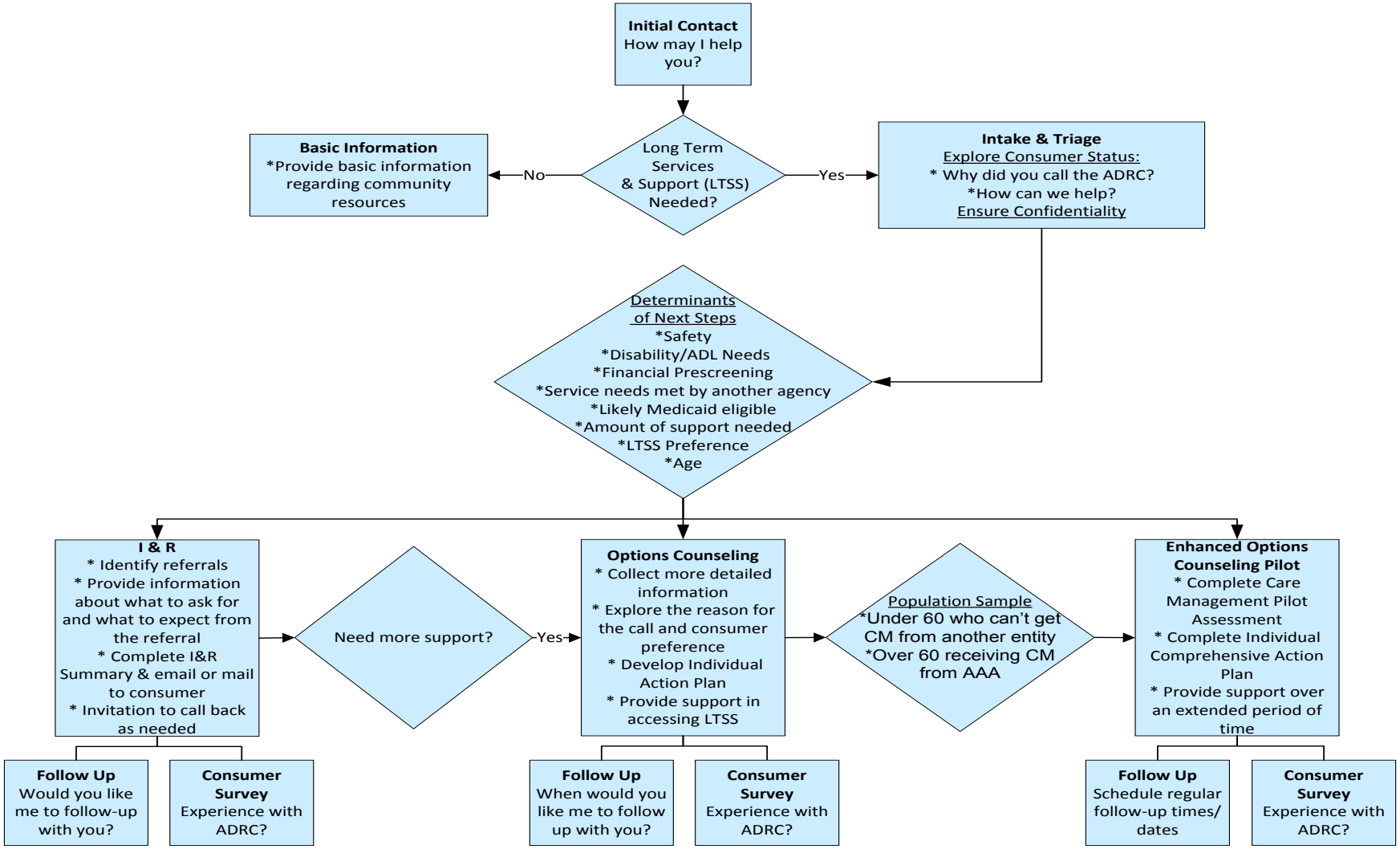
Aging Office of Western Nebraska
1517 Broadway, Suite 122
Scottsbluff NE 69361
308-635-0851 800-682-5140 (toll free)
http://www.aown.org

Attachment B. ADRC Pilot Organizational Chart



Abbreviations
NENAAA: Northeast Nebraska Area Agency on Aging
ENOA: Eastern Nebraska Office on Aging
SCAAA: South Central Nebraska Area Agency on Aging
AOWN: Aging Office of Western Nebraska
BRAAA: Blue Rivers Area Agency on Aging
MAAA: Midland Area Agency on Aging
NE4A: Nebraska Association of Area Agencies on Aging

Attachment C. ADRC Work Flow Chart



Attachment D. ADRC Services

Work Domains	Basic Information	Information & Referral (I&R)	Options Counseling	Enhanced Options Counseling
Consumer Status	Consumer does not present as wanting anything more than specific information.	Consumer may be potentially eligible for LTSS; already be receiving Medicaid or services through another LTSS program; or receiving no services.	Consumer has little knowledge about their LTSS options and limited capability or interest in pursuing LTSS independently. They most likely have not received LTSS services in the past and find themselves at a loss of where to turn for help.	Consumers under 60 with disabilities who are not currently eligible for care/case management from any other LTSS program. Consumers over 60 referred to an AAA Care Management program.
Information Requests	Consumer requests only community resource or provider basic information such as location, business hours, or phone numbers.	Consumer seeks information about LTSS. Information provided may range from simply describing a variety of LTSS options to detailed information about eligibility and referral processes.	Consumers seek extensive information and/or decision-support about LTSS options including: how to plan for the future; information about Medicaid and other LTSS eligibility, application, options, and costs; and assistance determining their wants and needs.	Consumers seek extensive information and/or decision-support about LTSS options including: how to plan for the future; information about Medicaid and other LTSS eligibility, application, options, and costs; and assistance determining their wants and needs.
Consumer Assistance	Information is most commonly provided over the telephone.	Consumer indicates preference for no or minimal assistance with contacting community resources and/or pursuing potential benefits.	Consumer indicates preference or demonstrates the need for hands-on assistance with contacting community resources and/or pursing potential benefits. ADRC services are provided	Consumer demonstrates the need for assistance to further explore preferences and LTSS needs. Consumer is in need of hands-on assistance in following through with referrals to LTSS

Work Domains	Basic Information	Information & Referral (I&R)	Options Counseling	Enhanced Options Counseling
			on a face-to-face basis and home visits are common.	and following up with selection of LTSS providers. ADRC services are provided on a face-to-face basis and home visits may be required to monitor service provision.
Number of Contacts	Most typically only one	Contact is typically only one or two contacts over a limited length of time.	Contacts are multiple over a longer period of time (typically no more than 90 days).	Contacts are multiple over a longer period of time (typically more than 90 days).
Nature of Contacts	Telephone	Telephone, email or face-to-face in the ADRC office	Telephone, email, face-to-face in ADRC office or in consumer's home	Telephone, email, face-to-face in ADRC office and in consumer's home
Assessment	None	Information on Dashboard	Information on Dashboard	Information on Dashboard Comprehensive Assessment
Action Planning	None	The 'Information & Referral Summary' is completed and mailed or emailed to the consumer.	The 'Individual Action Plan' is completed with the consumer face-to-face.	The Individual Comprehensive Action Plan is based on the person-centered planning philosophy and done in conjunction with the consumer.
Follow Up		Follow-up is not needed or minimal based on consumer preference.	Follow-up is ongoing until services and supports are secured by the consumer.	Follow-up and monitoring is on-going until consumer reaches stabilization with LTSS provided.
Documenta-tion	Dashboard Information: Record AAA and designate as a Basic Information Call	Dashboard Information I&R Summary	Dashboard Information Consent Forms	Dashboard Information Consent Forms

Work Domains	Basic Information	Information & Referral (I&R)	Options Counseling	Enhanced Options Counseling
		Referrals Follow Up Notes	Individual Action Plan Referrals Follow Up Notes	Comprehensive Assessment Individual Comprehensive Action Plan Referrals Follow Up Notes

Attachment E. Information & Referral Summary Documents

Attachment F. Individual Action Plan Documents

Attachment E. Aging & Disability Resource Center (ADRC) Information & Referral Summary Instructions for Form Completion

Purpose: The purpose of the Information and Referral (I&R) Summary Form is to capture information regarding referrals made for persons receiving Information and Referral services. The Options Counselor (OC) completes the form following discussion with the consumer and/or representative. The form provides information for the consumer/representative as they consider their next steps.

Distribution: Discuss with the consumer and/or representative their preference for receiving a copy of the form. The completed I&R Summary should be provided to the consumer within 3 business days of the call or meeting. Options include providing a printed hard copy if conducting an in-person meeting or sending via e-mail or U.S. mail. Additionally, provide the "I&R Summary" cover letter. An electronic and paper copy will be kept for the OC files. *See below for instructions on saving the completed form.

Instructions for Completion

Name: Consumer name
Address: Consumer address
Date: Date form is completed
Consumer ID: Identification number as indicated on the Dashboard

Organization/Contact Information: Enter information about each organization for which a referral is made. Information to include:

- Name of organization
- Address
- Phone
- E-mail
- Website

Additional Information: Enter additional information that may assist when contacting the organization. This may include suggestions for what to ask or when to follow up, such as:

- "Inquire about program xyz."
- "Inform them of your need for xyz services."
- **"**Ask to talk with xyz in xyz department."
- "Contact this agency before contacting agency xyz."

For questions or more information, contact ADRC Nebraska staff: Enter OC's information.

Saving the form upon completion:

1. Click File/Save As to save the form, clearly named, such as "J. Smith 9.14.16."
2. Print the document and save a hard copy for the OC file.

Aging & Disability Resource Center (ADRC)
Information & Referral Summary

Name: _____ **Address:**_____

Date: _____ **Consumer ID:**_____

Organization/Contact Information	Additional Information
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	

For questions or more information, contact ADRC Nebraska staff:	
Name:_____	**Phone:**_____
Agency/Address:_____	**E-mail:**_____

Aging & Disability Resource Center (ADRC)
Information & Referral Summary

Additional Referrals

Organization/Contact Information	Additional Information
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	
Organization:_____ Address:_____ City:_____ Phone:_____ E-mail:_____ Website:_____	

Date

Dear

It was a pleasure meeting with/talking with you and list others on date at location. The purpose of the Aging and Disability Resource Center (ADRC) is to provide information about services and support available in Nebraska communities for older Nebraskans, people with disabilities, and those who support them. I hope our discussion provided you with the information you needed.

As a result of our discussion, I have put together the attached 'Information and Referral Summary' document. As you'll see, this summary provides contact information for organizations that may be able to assist you. I've also included additional information that may be useful when you contact them.

Please feel free to contact me if you have questions about any of this information or wish to meet again. If you would like me to assist in contacting the listed organizations or in gathering more information, please let me know!

Closing,
Signature block

ADRC Locations

Norfolk
Northeast Nebraska Area Agency on Aging
402-370-3454

Omaha
Eastern Nebraska Office on Aging
402-444-6536

Kearney
South Central Nebraska Area Agency on Aging
308-234-1851

Scottsbluff
Aging Office of Western Nebraska
308-635-0851

Lincoln
Aging Partners
402-441-7070

Beatrice
Blue Rivers Area Agency on Aging
402-223-1376

Hastings
Midland Area Agency on Aging
402-463-4565

Attachment F. Aging & Disability Resource Center (ADRC) Individual Action Plan (IAP) Instructions for Form Completion

Purpose: The purpose of the ADRC Individual Action Plan (IAP) is to capture information regarding the goals and preferences of the consumer and/or their representative. Action steps are to be defined to accomplish the goals, along with identifying who will complete the steps, a timeline, and potential funding sources. The Options Counselor (OC) completes the form in collaboration with the consumer and/or representative.

Distribution: The OC will discuss with the consumer and/or representative their preferences for receiving the form. The completed Individual Action Plan should be provided to the consumer within 5 business days of the call or meeting. Options include providing a printed copy if conducting an in-person meeting or sending via e-mail or U.S. mail. Additionally, the OC will provide the "Individual Action Plan" cover letter. An electronic and paper copy will be kept for the OC files.

Instructions for Completion

Name:	Consumer name
Consumer ID:	Identification number as indicated on the dashboard
Date of Original Plan:	Date original IAP is completed
Plan Updated:	Date(s) of update made to the IAP
Background:	Provide a brief narrative that describes the consumer's situation and preferences. Document the consumer's answers to the questions: ▪ **"**What brings me to the ADRC?" ▪ "What are my preferences?"
Goals:	List identified goals for the consumer. Once achieved, mark "Goal Met".
Action Steps:	List the agreed-upon action steps to include: **What:** Specific action to be performed. **Who:** Name/relationship of person responsible for the action(s). **How much:** Frequency or level of service. **When:** Agreed-upon timeline for completion of the action(s)
Notes:	List any notes regarding progress or barriers toward meeting the goal.
Potential Funding:	Check the potential source(s) of funding for meeting the goal. If "Other", indicate other potential source.
Contact Information:	Enter the Options Counselor's contact information.

Saving the form upon completion:

1. Click "File/Save As" to save the form, clearly named, such as "J. Smith 9.14.16."
2. Print the document and save a hard copy for the OC file.

Aging & Disability Resource Center (ADRC)
Individual Action Plan (IAP)

Consumer Name:_____ **Consumer ID:**_____

Date of Original Plan:_____ **Date Plan was Updated:**_____

Background/Preferences:

Goals	Action Steps	Notes	Potential Funding Source
1. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
2. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____

Goals	Action Steps	Notes	Potential Funding Source
3. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐ Government funds/program ☐ Private pay ☐ Unpaid supports ☐ Consumer self support ☐ Other:_____
4. Goal Met: ☐	What, who, how much, and when:		Select all that apply to this goal: ☐ Government funds/program ☐ Private pay ☐ Unpaid supports ☐ Consumer self support ☐ Other:_____

These are the steps outlined to assist you in meeting the goals as discussed with ADRC staff. If you have questions or want to change your plan, contact:	
Name:_____	**Agency:**_____
Address:_____	**Phone:**_____
	E-mail:_____

Additional Goals

Goals	Action Steps	Potential Funding Source
5.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
6.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
7.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____
8.	What, who, how much, and when:	Select all that apply to this goal: ☐Government funds/program ☐Private pay ☐Unpaid supports ☐Consumer self support ☐Other:_____

Date

Dear

It was a pleasure meeting with/talking with you and list others on date at location. The purpose of the Aging and Disability Resource Center (ADRC) is to provide information about services and support available in Nebraska communities for older Nebraskans, people with disabilities, and those who support them. I hope our discussion provided you with the information you needed.

As a result of our discussion, I have put together the attached 'Individual Action Plan' document. As you'll see, this summarizes what we discussed as goals for you, action steps to meet those goals, and potential funding sources for services.

Please review this document and let me know if you have questions or if we need to make changes. I look forward to working with you on your plan. As we discussed, I'll be in touch on date to talk about our progress. If you would like me to assist further, please let me know.

Closing,
Signature block

ADRC Locations

Norfolk
Northeast Nebraska Area Agency on Aging
402-370-3454

Omaha
Eastern Nebraska Office on Aging
402-444-6536

Kearney
South Central Nebraska Area Agency on Aging
308-234-1851

Scottsbluff
Aging Office of Western Nebraska
308-635-0851

Lincoln
Aging Partners
402-441-7070

Beatrice
Blue Rivers Area Agency on Aging
402-223-1376

Hastings
Midland Area Agency on Aging
402-463-4565

DRAFT 11.17.16

Table of Contents

Introduction

The Network of Care Referral Dashboard (Dashboard) serves as a documentation and data collection tool for seven Nebraska Aging & Disability Resource Centers (ADRC) pilot sites. The Dashboard is maintained by the Nebraska Health and Human Services State Unit on Aging.

All ADRCs are required to use the Dashboard in their daily operations. Consumer information and follow-up activities related to ADRC services-Basic Information, Information and Referral (I&R), Options Counseling, and Enhanced Options Counseling- must be entered on the Dashboard.

This manual is designed to assist ADRC staff in the use of the Dashboard. The manual includes categorization of the various functions with step-by-step instructions and definitions. Screen shots of the Dashboard are provided to aid learning. In addition, text boxes include additional information related to the category.

If you have any questions regarding this manual or how to complete the fields please contact:

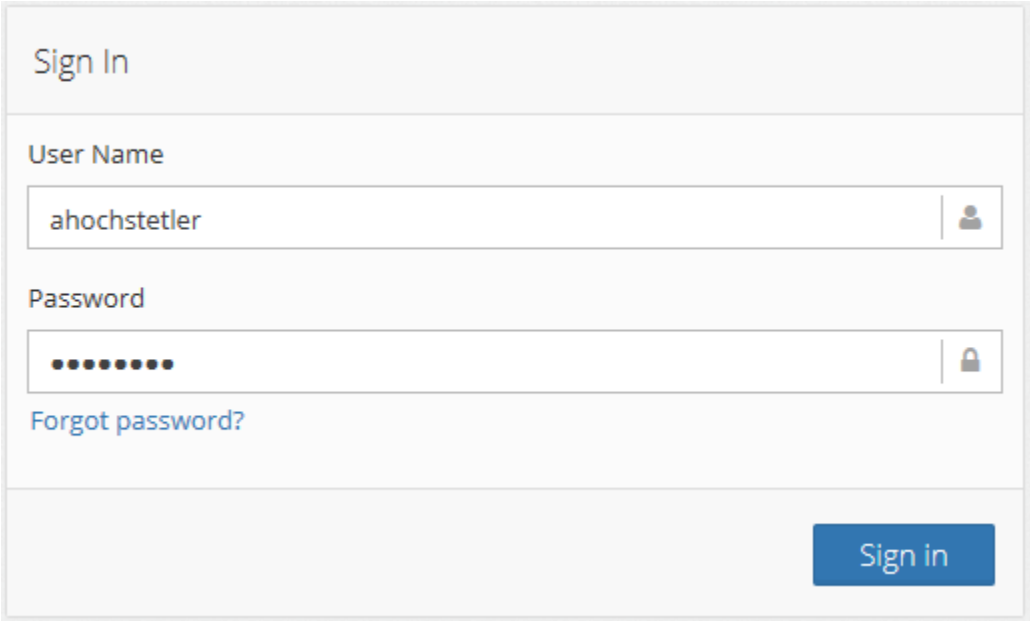
Amy Hochstetler
Email: DHHS.Aging@nebraska.gov
Phone: (402) 471-4781

A. Signing In

A.1. URL Address: https://referral.networkofcare.org/index.aspx

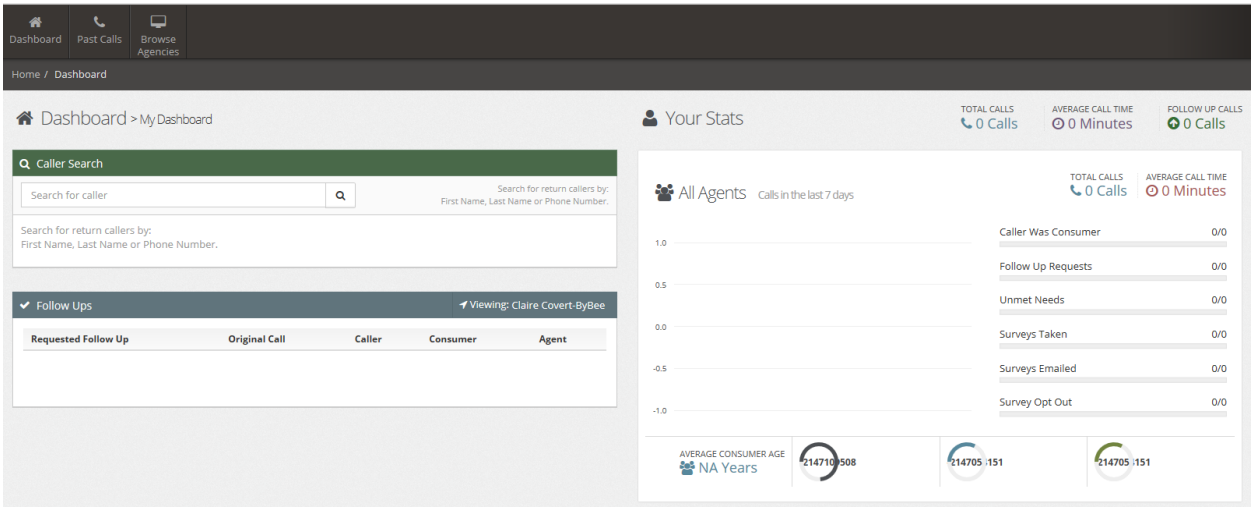
A.2. Access to Site: The State Unit on Aging manages permissions to the site. If you would like access to this site, please email DHHS.Aging@Nebraska.gov.

A.3. User Name & Password: A prompt for a user name and password is on the login screen. If you forget your password, you can click on the Forgot password? option or you can contact DHHS.Aging@Nebraska.gov for a password update.



B. Accessing the Dashboard Home Screen

B.1. Dashboard Home Screen: Once you have logged in, you will be taken to the Dashboard (or Home) screen.

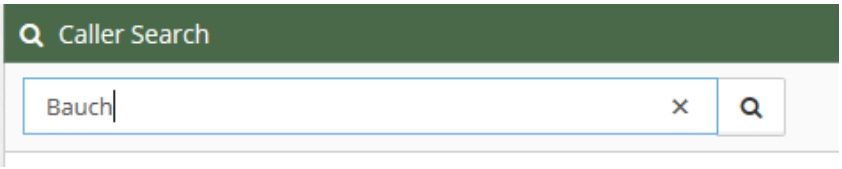


ADRC Timeline For Recording

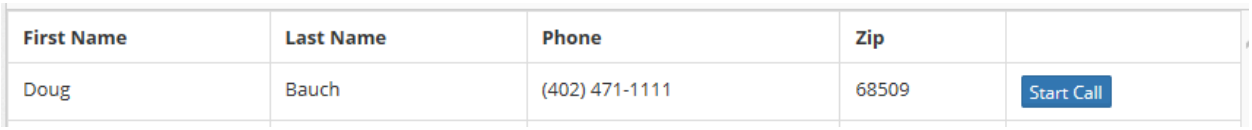
- Consumer identifying information (name and AAA) must be entered on the Dashboard by the close of business on the day contact was made.
- All other consumer information must be entered on the Dashboard within two business days following the contact.

C. Searching for the Person in the Caller Search Field

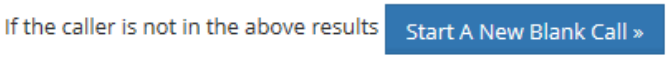
C.1. Searching the Dashboard: Whether you receive a call or an in-person visit, start by searching for the person in the Caller Search field. You may search by First Name, Last Name, or Phone Number (must include area code).



C.2. Selecting an Already Existing Consumer/Caller: You have the option to select the consumer/caller if they are already in the system or create a new caller profile. Select from a list and click on Start Call:

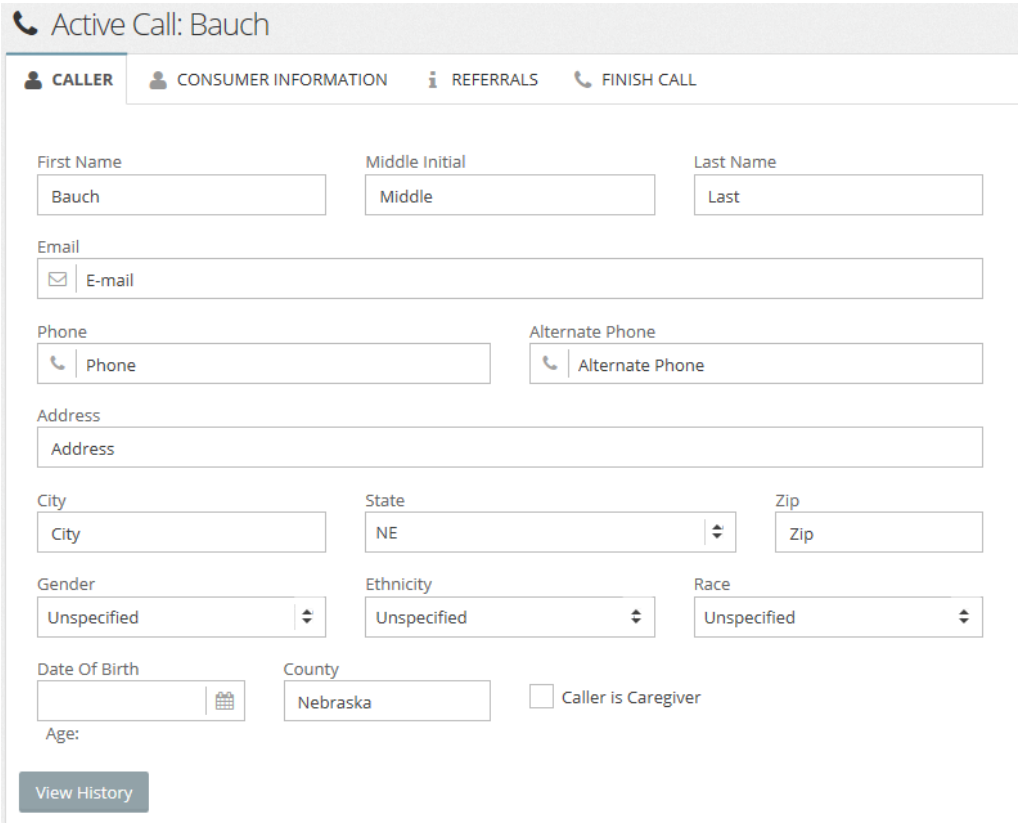


C.3. Logging in a New Consumer: Or start a new blank call:



D. Completing the New Blank Call Screen

D.1. Active Call Screen: Fill in the demographic information on the consumer/caller on the Active Call Screen. Make sure to identify if the caller is a caregiver in the 'Caller is Caregiver' check box.



D.2. Caller is:

Potential Responses:

- Agency Representative
- Other: If other, please document who.

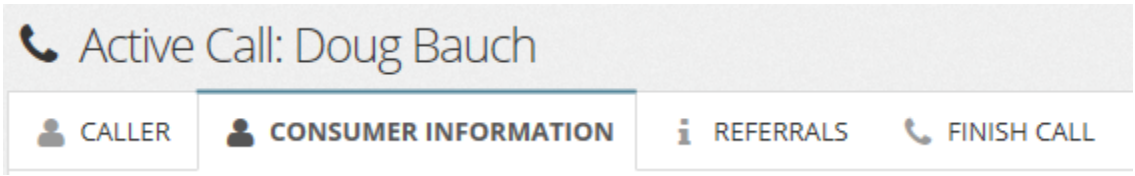
D.3. Is there a concern about safety? If yes, explain: It is important to distinguish at this time if there is a concern for the consumer's safety. If yes, provide an explanation and take the necessary steps to address the situation.

Recording Basic Information Calls

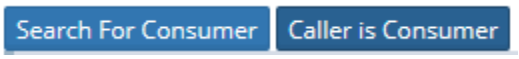
For Basic Information (callers requesting location, business hours, phone numbers, etc.), call is logged as a Basic Information Call and the ADRC pilot site (AAA) noted. The individual's name may or may not be collected. If you don't know the person's age, mark the "No Response" option under "60 or older?"

E. Completing the Consumer Information Screen

E.1. Consumer Information Tab: Once you have the contact information for the caller/visitor, collect information on the consumer they are assisting. Click on the **Consumer Information** tab.



E.2. Search for Consumer Record: If the person is calling for him/herself (as the consumer), select the Caller is Consumer button.



E.3. Change Your Choice: If you need to change this, you have the option to blank out the Consumer screen by clicking on Revert to blank form. Then go back to the Caller Tab, and deselect the Caller is Caregiver checkbox.

Left Side of Consumer Information Screen

E.4. Demographic Information: The consumer's demographic information is collected on the left hand side of the screen.

Right Side of Consumer Information Screen

E.5. Consumer's AAA: Choose the appropriate ADRC site.

E.6. Is Consumer at Poverty Level: Determine poverty level by the person's monthly income (next field). Check the current poverty level scale.

Potential Responses

- No: Consumer is above Poverty Level
- No Response: Consumer did not supply income information
- Yes: Consumer is at or below Poverty Level

E.7. Monthly Income: Ask consumer to disclose their monthly income, explaining that information is needed to determine eligibility for potential services and supports. Include all income sources.

E.8. Veteran Status:

Potential Responses

- Not a Veteran
- Spouse of Veteran
- Veteran

E.9. Contact Consumer Via: Ask the consumer/caller how he/she prefers to be contacted-phone or email. Check the appropriate box.

E.10. Emergency Contact Information: Ask the consumer/caller for the name of an emergency contact and record.

E.11. Emergency Phone: Record an emergency contact phone number for the consumer.

E.12. Current Services & Supports: List all services and supports (paid and unpaid) the consumer/caller reports.

E.13. Health Insurance:

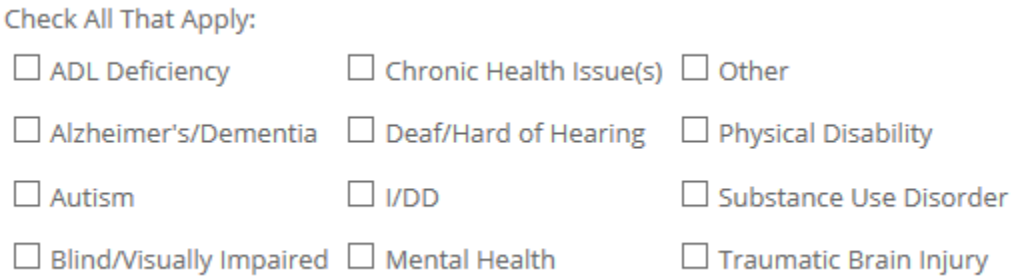
Potential Responses

- Medicaid
- Medicare
- VA
- Private
- None

E.14. Check All that Apply: The consumer's condition must be reported to verify eligibility for the ADRC program. It is mandatory that something be checked in this field. If you check "Other", please describe in the Notes section. Record the condition self-disclosed by the consumer/caller. Some consumers will have more than one disability. Please check all conditions that apply.

Potential Responses

- ADL Deficiency: Activities of Daily Living Deficiency
- Alzheimer's/Dementia
- Autism
- Blind/Visually Impaired
- Chronic Health Issue(s): Arthritis, Stroke, Cardiovascular Disease, Cancer, Diabetes, Epilepsy/Seizures
- Deaf/Hard of Hearing
- I/DD: Intellectual and/or Developmental Disability
- Mental Health
- Other
- Physical Disability
- Substance Use Disorder
- Traumatic Brain Injury



ADRC Service Eligibility

LB 320 defines an eligible individual for ADRC services as: “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.”

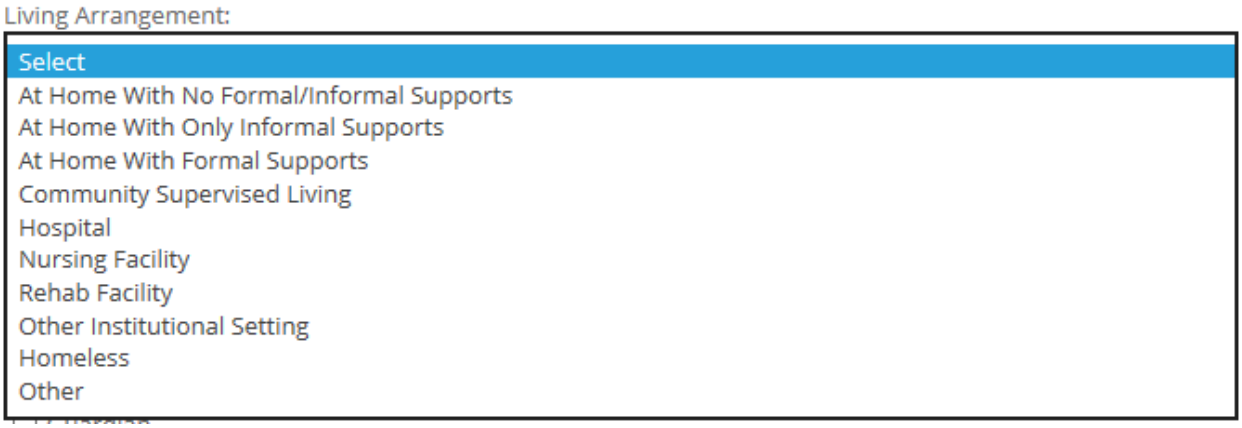
Determine the Consumer’s Need for LTSS

1. Do you or the individual you are calling about have a disability?
2. What is the nature of the disability?
3. Do you or the individual you are calling about have difficulties with activities of daily living such as walking, dressing, bathing, hygiene, eating, transferring in and out of a bed or chair, or toileting?

E.15. Living Arrangement:

Potential Responses

- At Home with No Formal/Informal Supports: (Formal Supports refers to Paid Supports; Informal Supports refers to Unpaid Supports)
- At Home with Only Informal Supports: Unpaid Supports
- At Home with Formal Supports: Paid Supports
- Community Supervised Living: Group Home, Assisted Living
- Hospital: Medical or Psychiatric
- Nursing Facility
- Rehab Facility: Inpatient setting providing skilled nursing or intensive rehabilitation services
- Other Institutional Setting: Settings such as the Beatrice State Developmental Center, Lincoln Regional Center, Jail, Prison
- Homeless: No Residence-Living at a Shelter or Temporarily with Others
- Other



E.16. Preferred Language:

Potential Responses

- English
- Other-If other is selected, please enter the consumer's preferred language

E.17. Legal Representative:

Potential Responses

- Self
- Guardian
- Conservator
- Representative Payee
- DPOA: Durable Power of Attorney
- Financial POA: Financial Power of Attorney
- Health Care POA: Health Care Power of Attorney

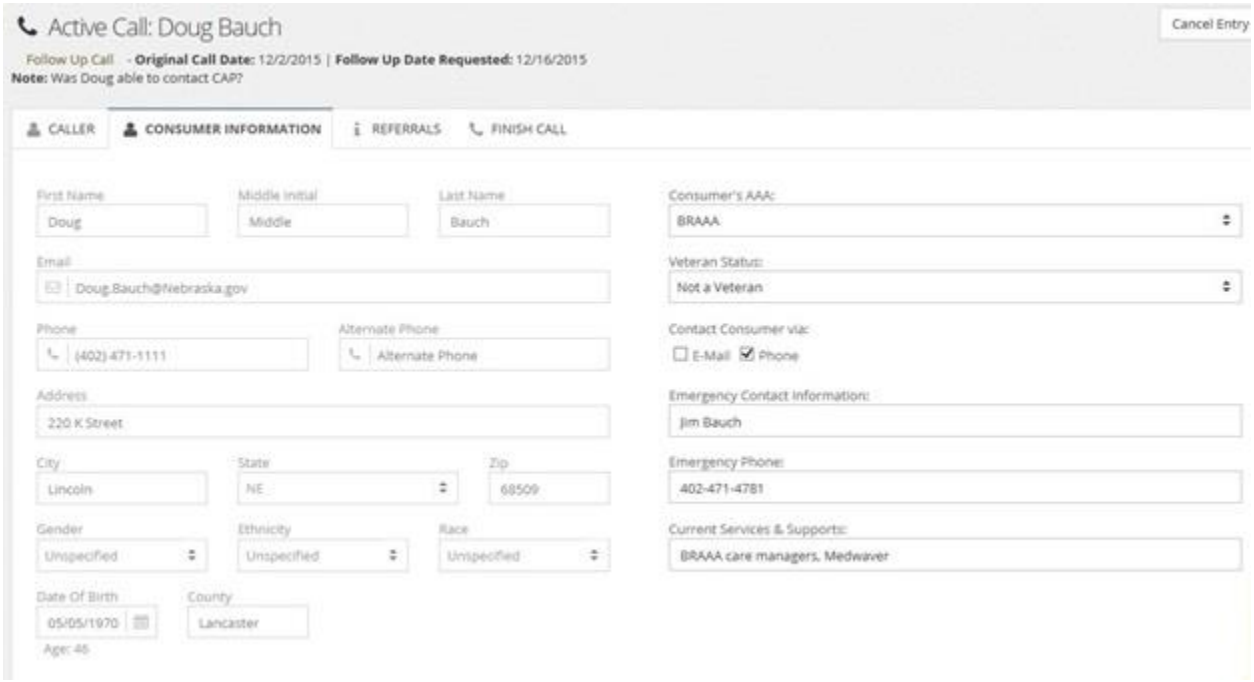
E.18. Legal Representative & Contact Information: List the name of the legal representative and their contact information

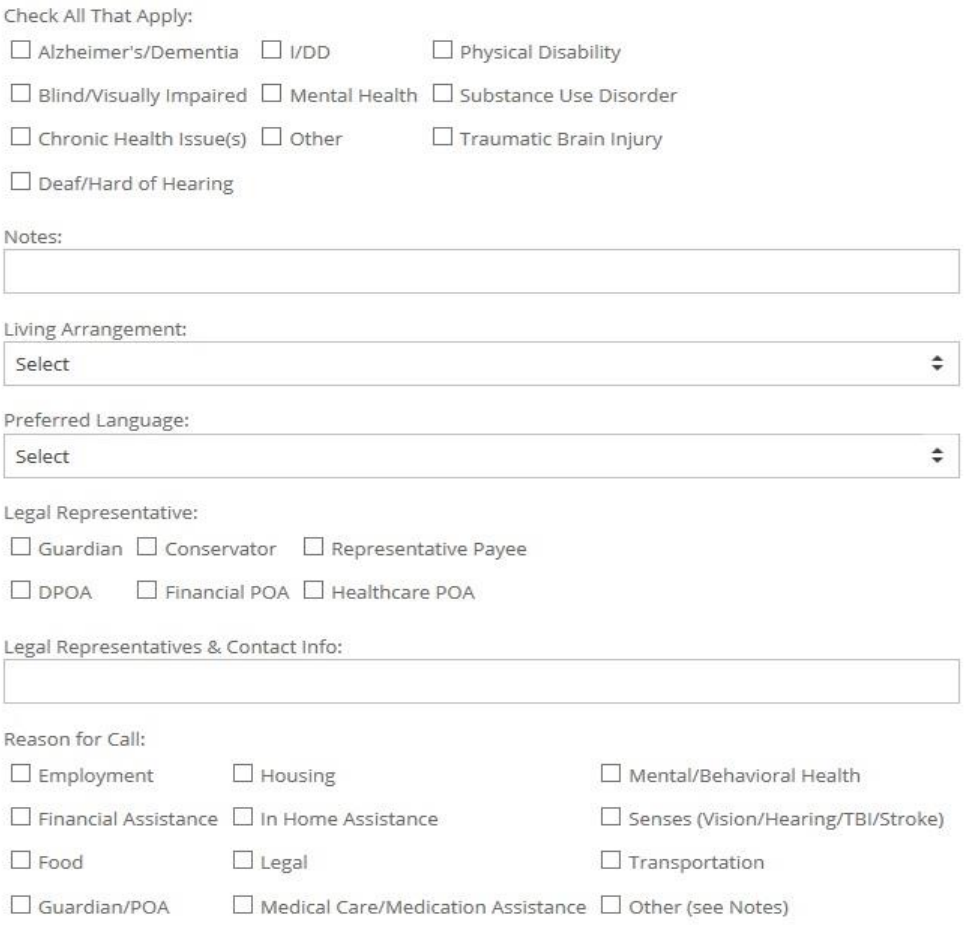
E.19. Reason for Call: Record the reason the consumer is calling. You may check more than one box. If the reason is not listed, check other and record the reason for the call in the Notes section.

Potential Responses

- Senses (Vision, Hearing, TBI/Stroke)
- Employment
- Financial Assistance
- Food
- Guardian/POA
- Housing
- In Home Assistance
- Legal
- Medical Care/Medication Assistance

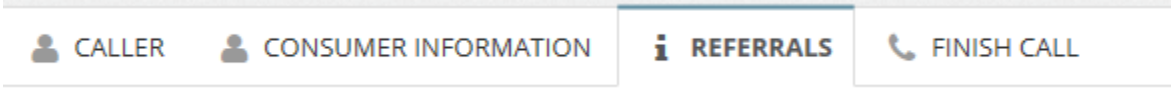
- Mental/Behavioral Health
- Transportation
- Other (see Notes)



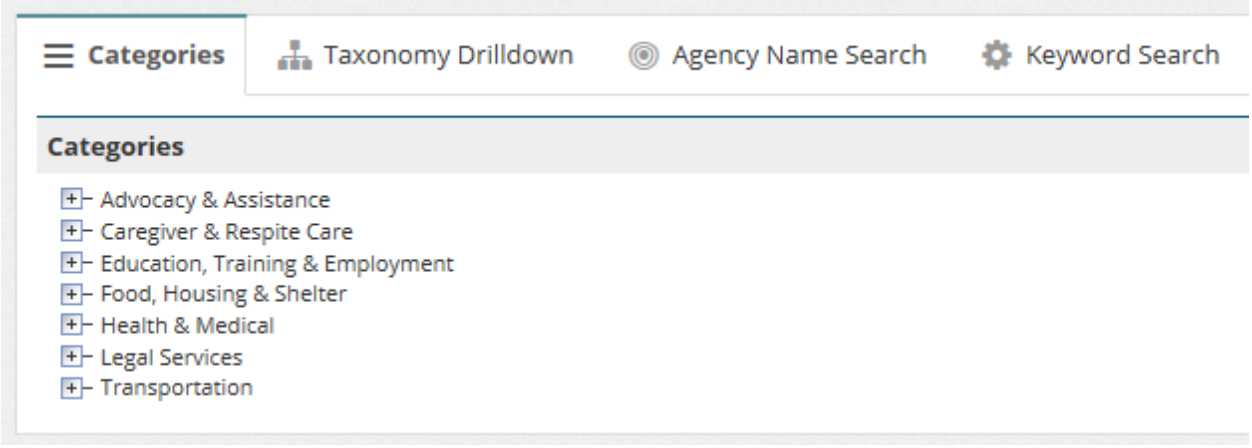


F. Recording Referrals

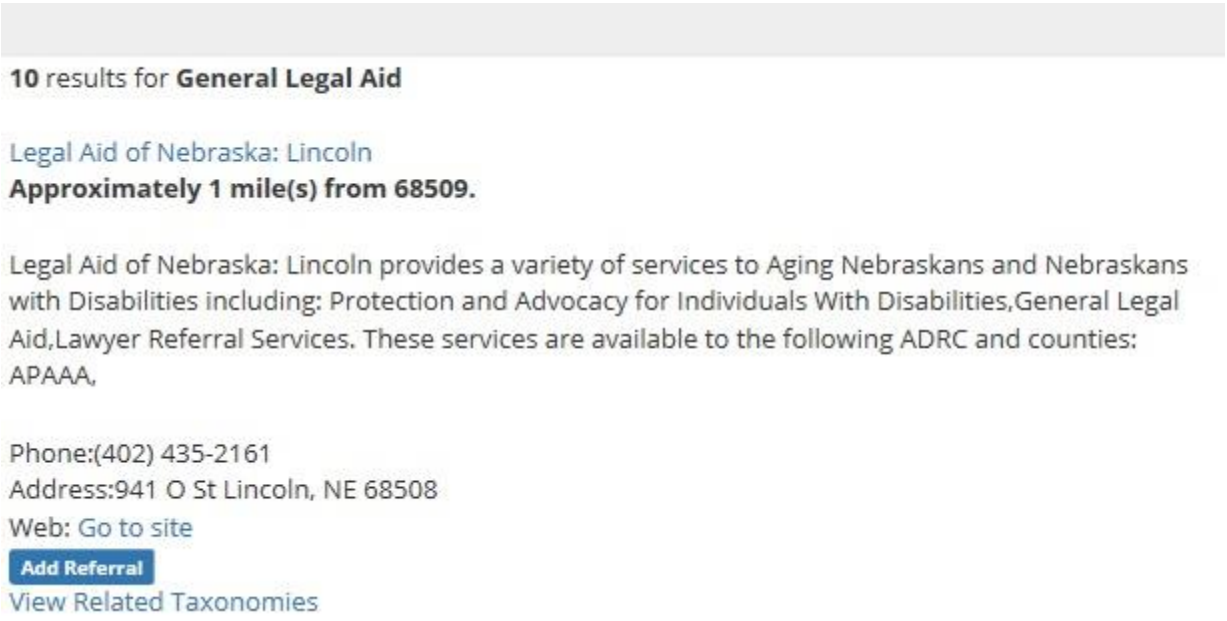
F.1. Click on the **Referrals** tab.

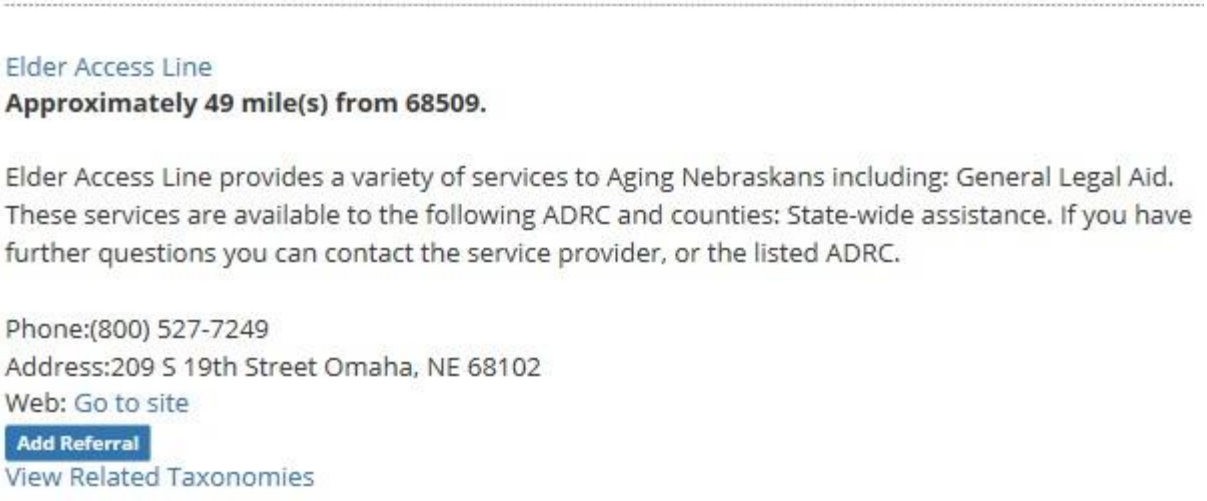


F.2. Finding the Referral: Under Referrals, search the ADRC's Service Directory for ways to assist the person. Do this by sorting through the Categories, going through the Taxonomy Drilldown, an Agency Search, or Keyword Search. **Note: only items in the ADRC's Service Directory are listed. NOC is working on private options for referral dashboard only.**



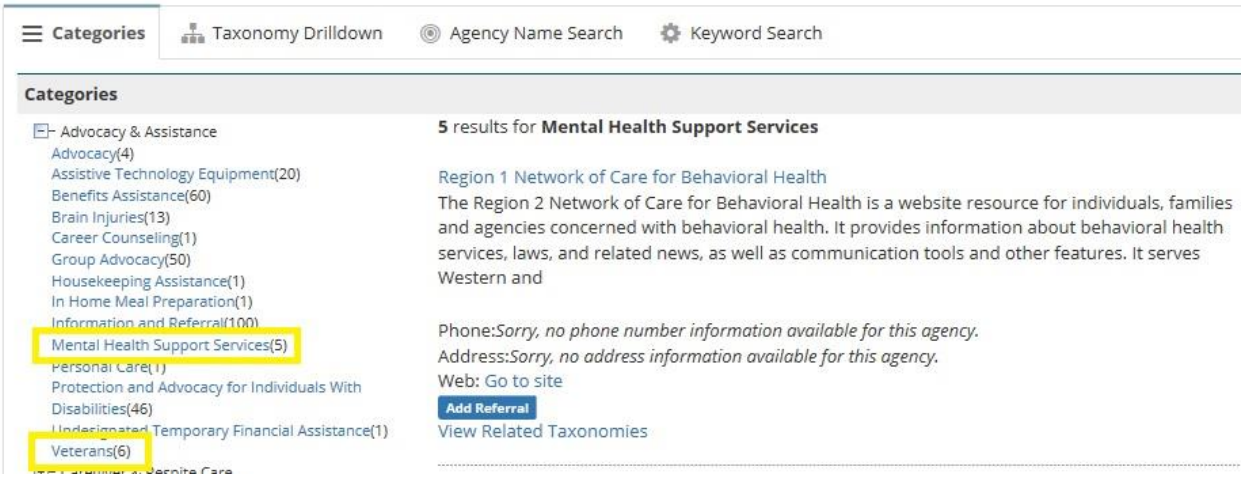
F.3. Zip Code Locating: No matter how you search, the consumer's zip code is going to come into play. For example, if you're searching for General Legal Aid, the search results will show you the closest options to that zip code.

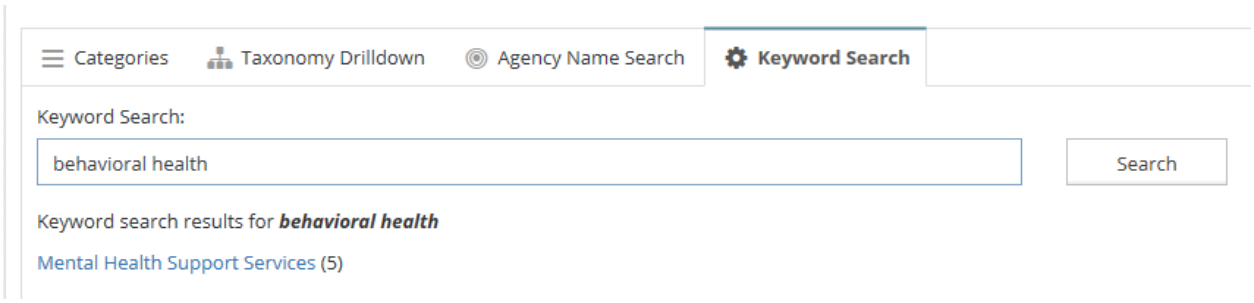




F.4. Add a Referral: Click on the Add Referral button to make this recommendation. If you would like to see what other services the agency provides, click on **View Related Taxonomies**.

F.5. Veterans & Behavioral Health Service Providers: Even though veterans and behavioral health agencies aren't listed in the ADRC's Service Directory, you can still make general referrals to them. Leave notes on the local provider in the Notes section at the end of the call. Click on **Categories -> Advocacy & Assistance** and then **Mental Health Support Services** for behavioral health or **Veterans** for veteran's assistance, and then choose the region in which the consumer will receive services. You can also search by Keyword on Behavioral Health or Veterans to get to the same regional listings.





Behavioral Health Regions
Behavioral Health regions are not the same as the ADRC's regions.
Website:
http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx

G. Finishing the Call

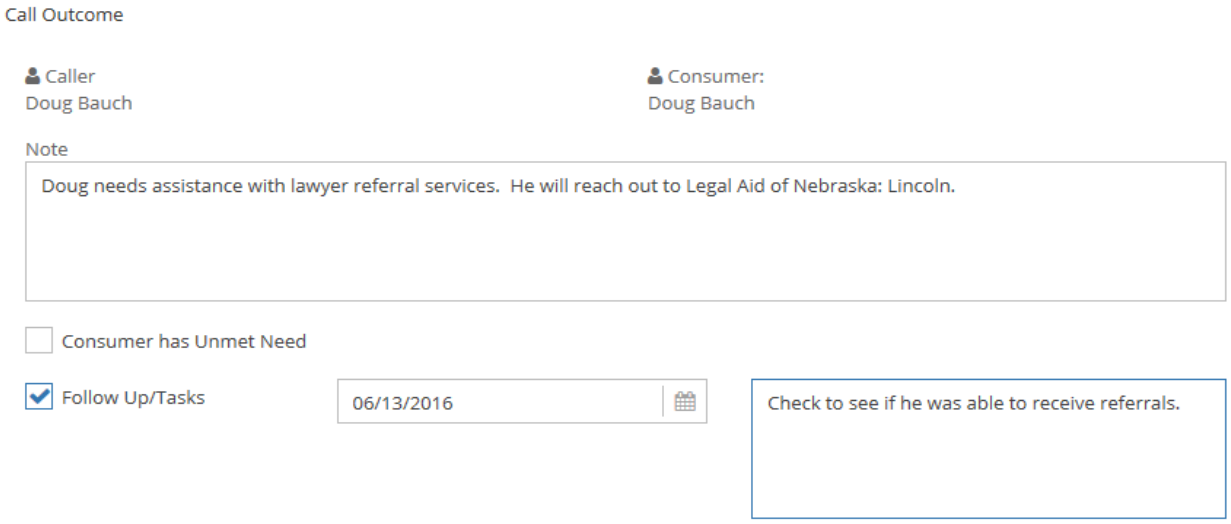
G.1. Note: Enter any notes of relevance in this box.

G.2. Consumer has Unmet Need: Check this box if the consumer has an identified unmet need. If it is checked, a text box with "Unmet Need Note" will appear. Enter any notes of relevance.

G.3. Follow-Up: Declined Follow-Up: Always volunteer to follow-up with the consumer/caller. If the consumer declines follow-up, check the "Declined Follow Up" box.

G.4. Follow-Up Date: If the consumer/caller agrees to a follow-up call or appointment, enter the date here.

G.5. Follow-Up Note: Enter a note regarding the purpose of the follow-up. Below is an example of a completed follow-up field.



G.6. Unmet Needs: If an unmet need(s) is identified, please check all that apply.

Potential Responses

- Transportation
- Dental
- Financial Assistance
- Housing Assistance
- Home Modification
- Utility Assistance
- Mental Health Services
- Homemaker Services
- LTC/LTSS Funding
- Respite Care
- Employment
- Adult Day Services
- Prescription Drug Assistance
- Personal Care
- Care Management
- Other: Document in 'Unmet Need Note'

Unmet Need Definition

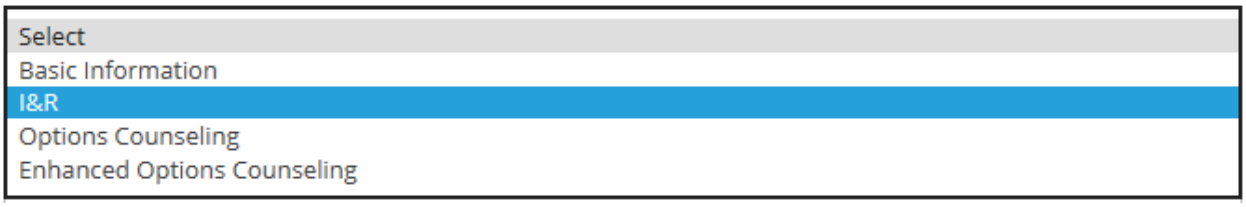
An unmet need is any type of public or private service, which aids the consumer to remain in the community of their choice and is not available to them. Consumers may have one or more unmet need. Unmet needs may be due a multitude of issues including: financial ineligibility, lack of personal funds, no service within the community in which the consumer lives, service doesn't exist, waiting lists for services, etc. The collection of unmet needs will assist service systems to potentially address them in the future. The collection and evaluation of unmet needs is an ADRC pilot service which must be

met. Please carefully consider what, if any, are the consumer's unmet needs and record.

G.7. ADRC Service Provided: This field was previously 'I&A or Options Counseling?'. In order to do accurate end of month NAMIS reporting, this field must have an answer.

Potential Responses

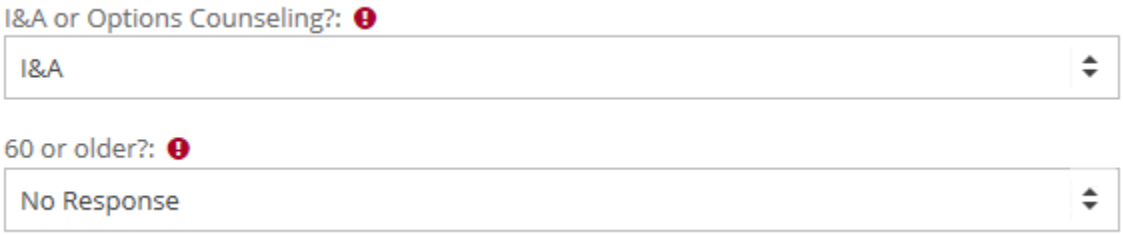
- Basic Information
- I&R
- Options Counseling
- Enhanced Options Counseling



G.8. 60 or Older? In order to do accurate end of month NAMIS reporting, this field must have an answer.

Potential Responses

- 60 or Older
- Not over 60
- No Response-Consumer did not provide his/her date of birth



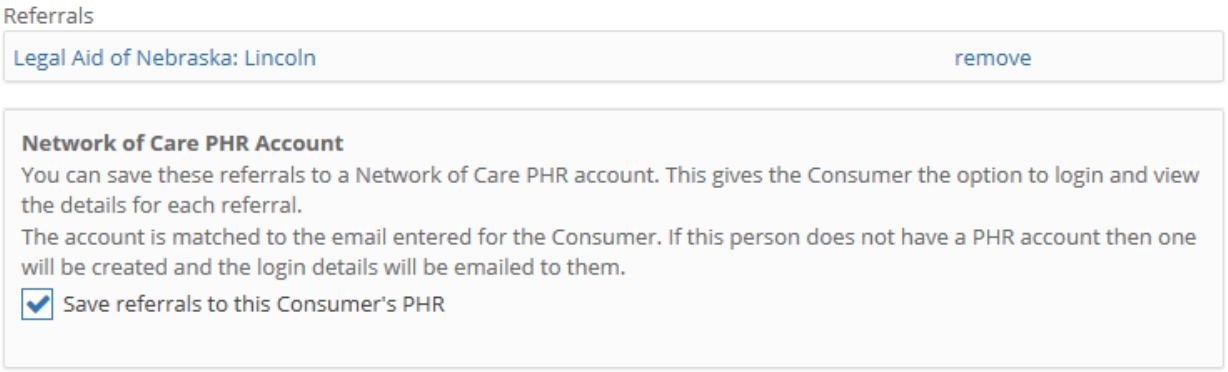
G.9. Medicaid Referral Status

Potential Responses

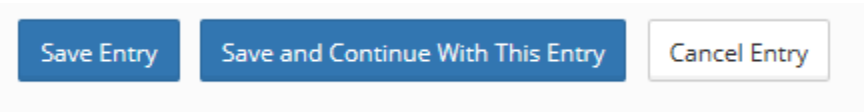
- Enrolled in Medicaid-Referred Medicaid Services: Consumer is already enrolled in Medicaid and you recommend referral to additional Medicaid Services.
- Medicaid Referral Not Appropriate: Consumer does not appear to meet Medicaid eligibility.
- Referred for Medicaid Eligibility: Consumer appears to meet Medicaid eligibility and can benefit from Medicaid services.
- Insufficient Information: You do not receive enough information to determine if the consumer is potentially Medicaid eligible.

G.10. Referrals: These will automatically be saved from your previous entry on the Referral screen.

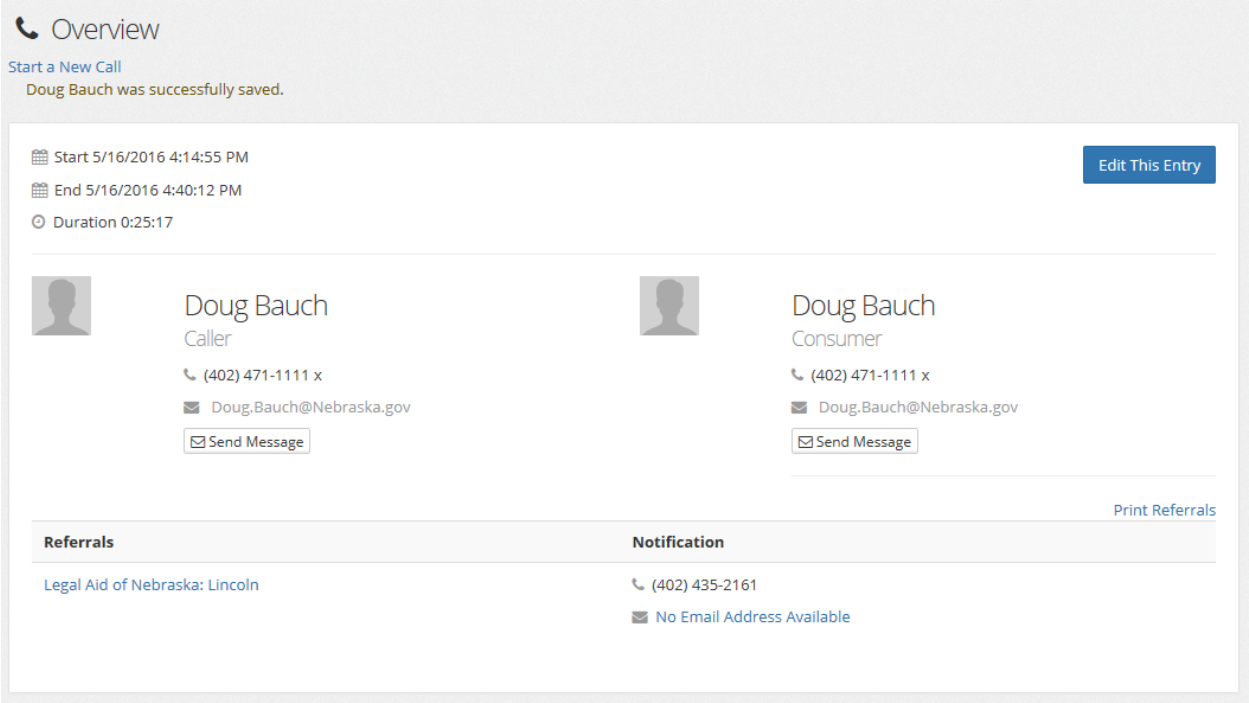
G.11. Personal Health Record: On the right side, you can double check your referrals, and you can save it to the consumer's NOC PHR (Personal Health Record) Account.



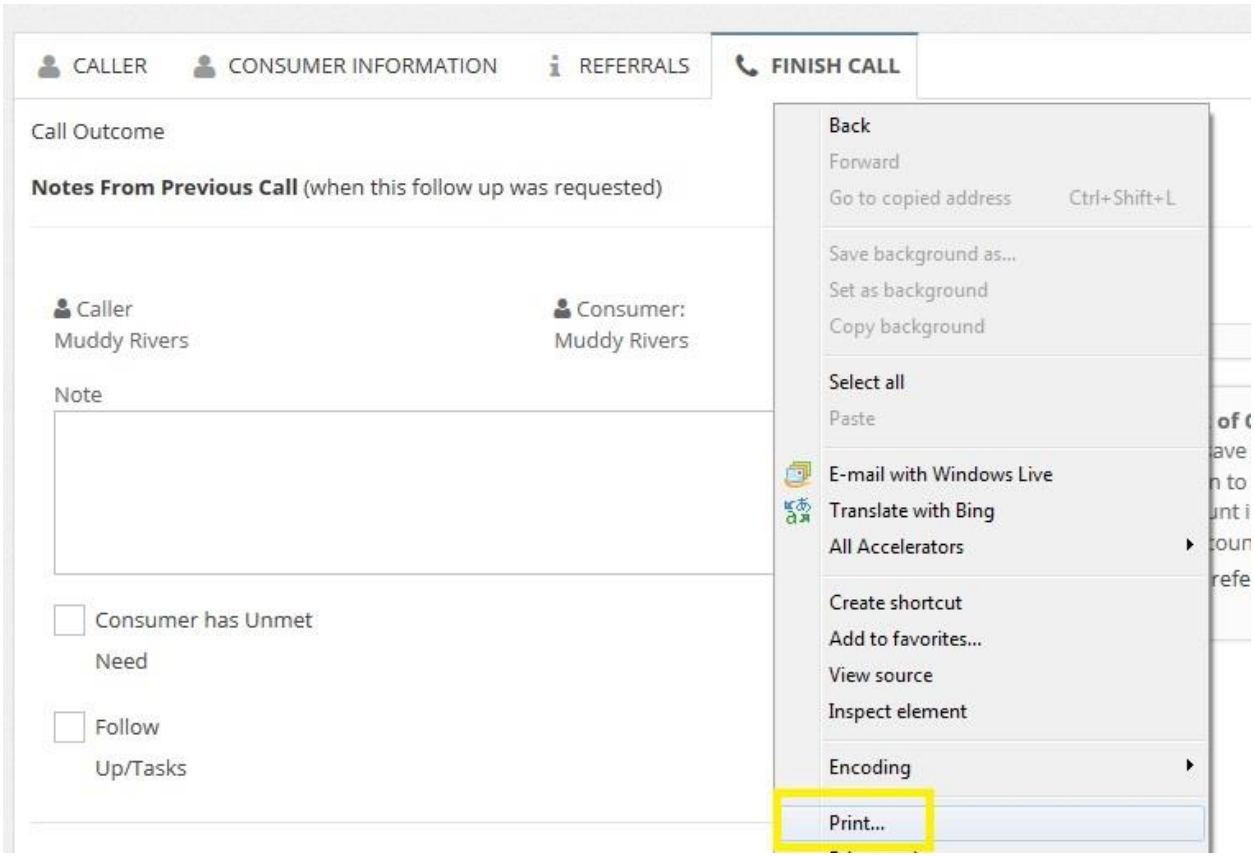
G.12. Save Entry: When satisfied with documentation, click on **Save Entry**. If you want to save while you work (always a good idea), you can click on **Save and Continue With This Entry**.



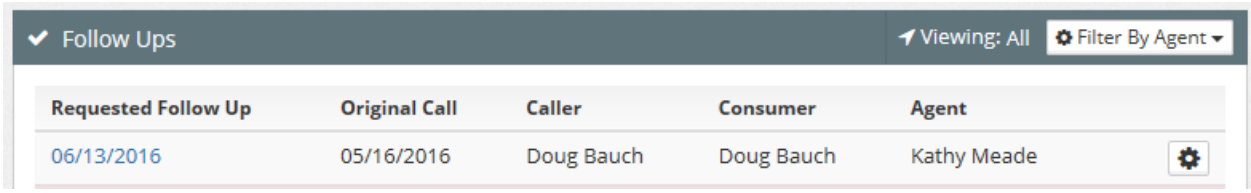
G.13. Review Work: A recap pops up on the screen. We have the option to Start a New Call, Edit This Entry, Email the caller/consumer, Print Referrals, or go back to the Dashboard.



G.14. Print the Entry: To print screens that don't have a Print button, such as the **Finish Call** screen, right click on the screen. This will bring up a menu that includes **Print…**. Click it to print as usual.

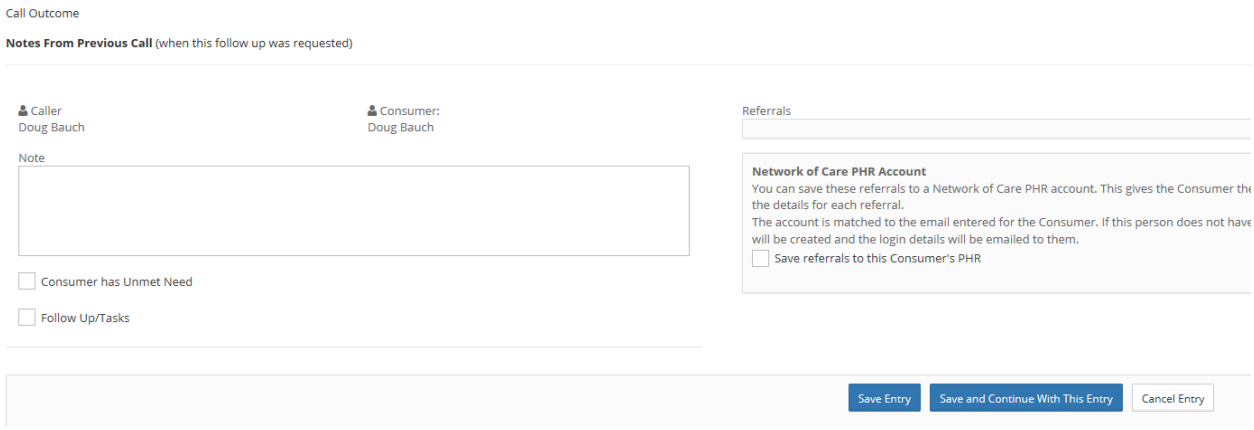


G.15. Reminders: If you go to the Dashboard (Home button), you will now see something new! The Follow Up column has the consumer/caller information to indicate a requested follow up.

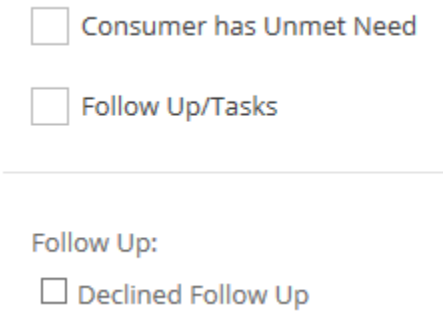


G.16. Follow Up Calls: Click on the date to bring up the pertinent information. You will be brought to the Active Call screen. You can tell this is a Follow Up Call instead of a new call, because it gives the Follow Up Call in yellow, with the Original and Follow Up Dates.

G.17. Finish Call: Add any new referrals and notes as necessary. If you need to follow up with the caller/consumer make sure to check the Follow Up/Tasks. If the consumer has unmet needs, make sure to check the Consumer has Unmet Needs. If you do not check the Follow Up/Tasks, nothing will show up on your dashboard for follow up. Click on **Save Entry**. The follow up call will be noted.



G.18. Follow Up: Always offer follow up. If the consumer declines follow-up, check 'Declined Follow-Up'. This provides evidence that you offered follow-up.



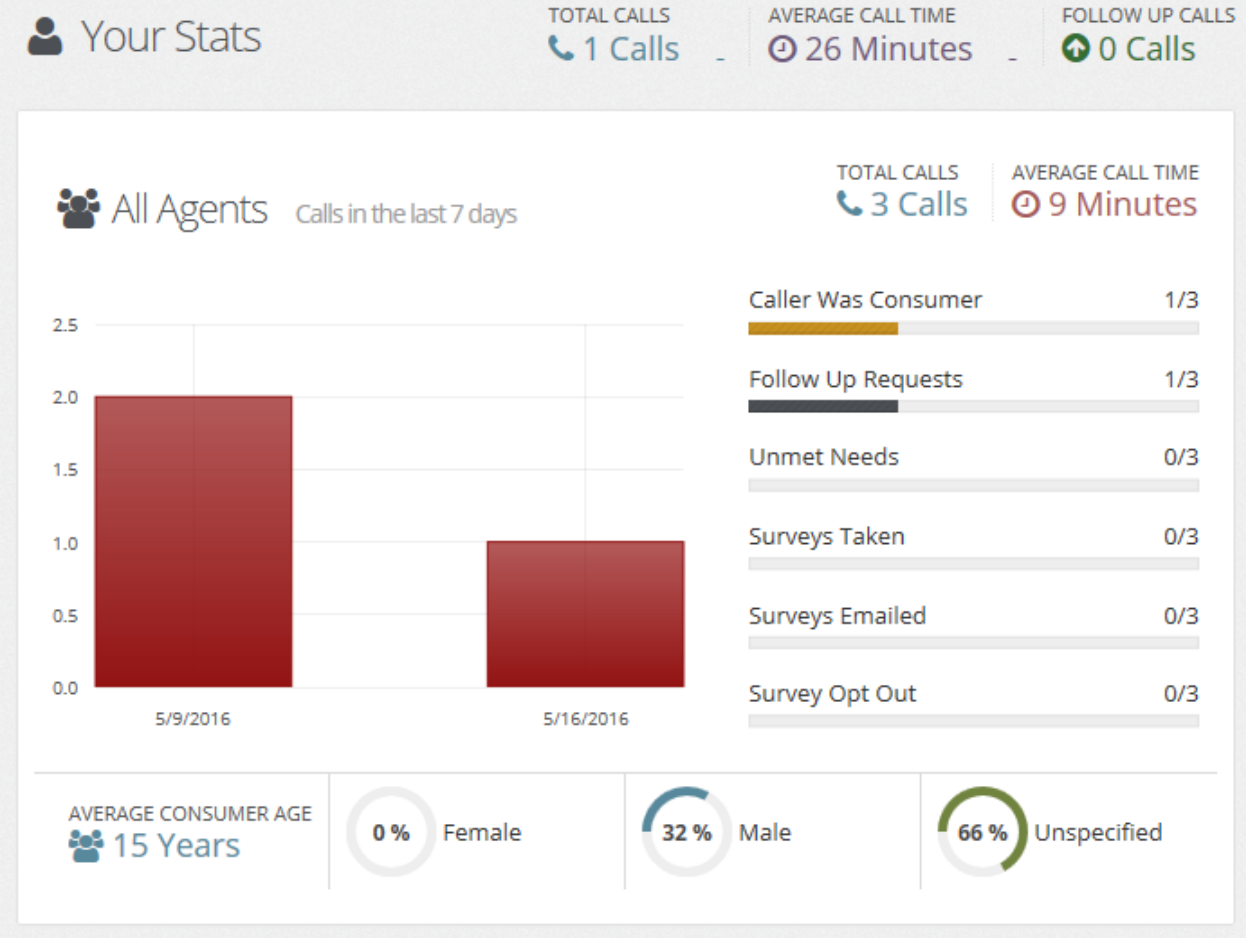
Follow-Up Contacts

- All attempts to follow-up with consumers must be documented, whether successful or not. Document why the contact was unsuccessful such as consumer unavailable, wrong phone number, consumer requested a call back later. If after three unsuccessful contact attempts, the consumer is discontinued from the ADRC program. Document in follow-up notes.

- All Follow-Up Contacts with consumers, their representatives, or potential service providers must be documented as new calls so that call volume is accurately reflected.

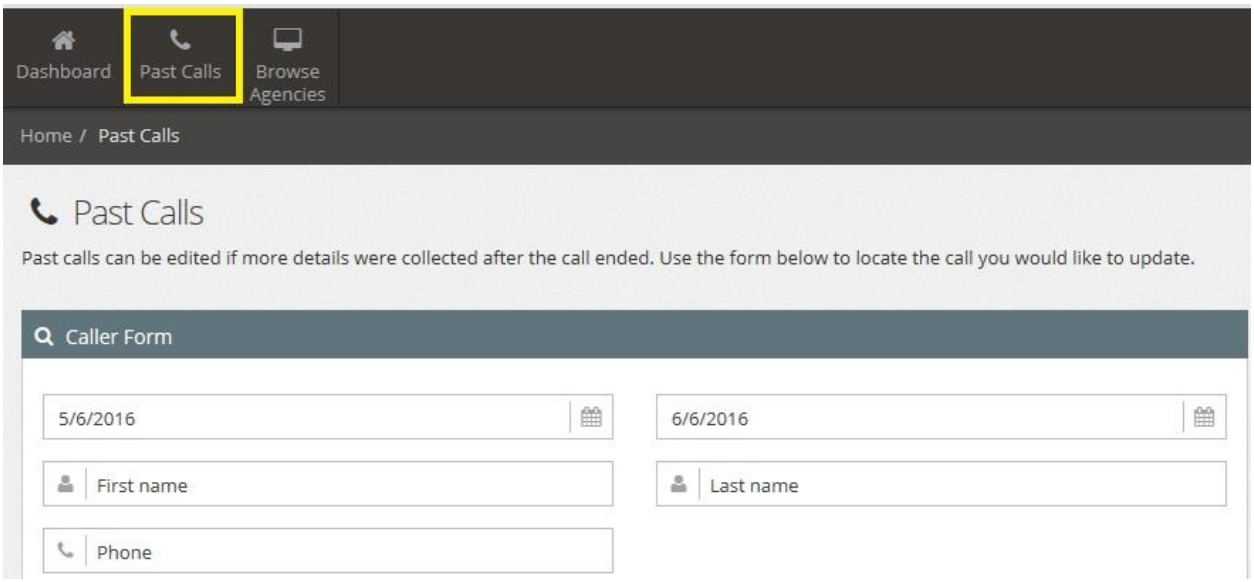
H. Reviewing Statistics

On the right side of the dashboard, you can find your statistics and all agents' statistics, which is Nebraska wide.

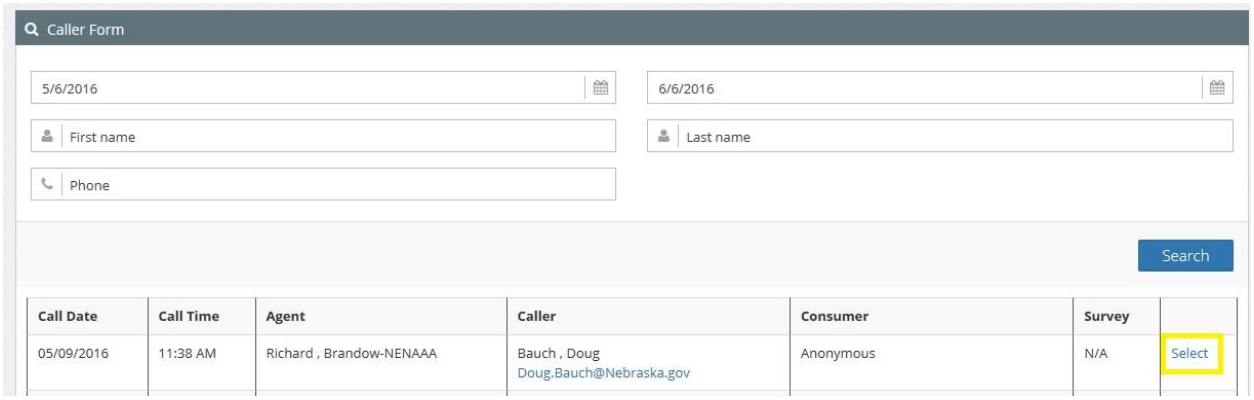


I. Reviewing Call History

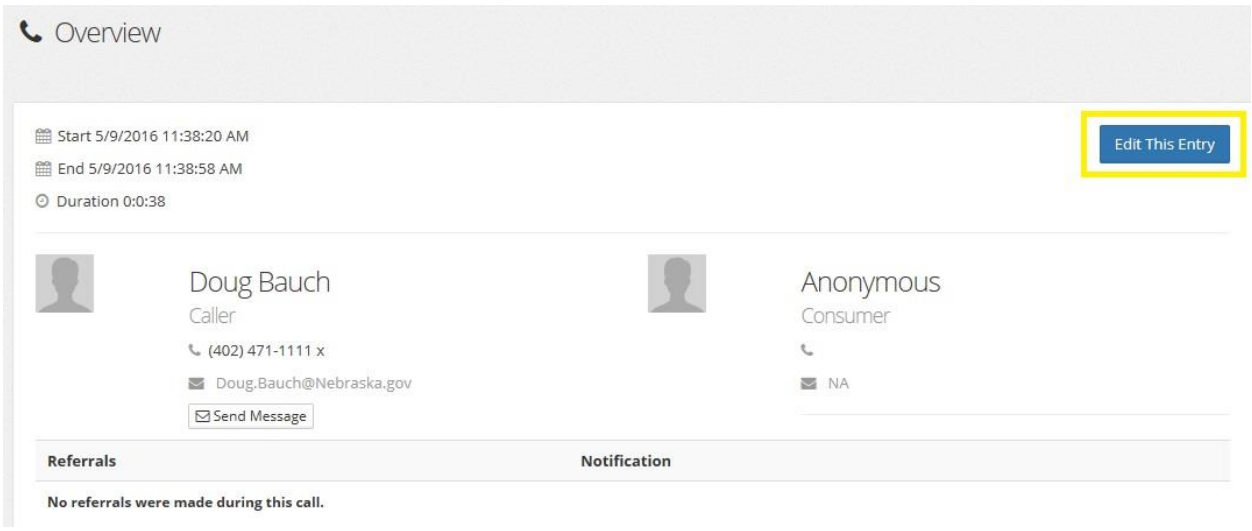
I.1. Past Calls Function: Click on ‘Past Calls’ in the top of the navigation bar to review your call history, not just what has been marked for follow up.



I.2. Caller Form: Search any of the fields listed in the Caller Form. You can also edit previous calls after performing a search. After performing a search, click Select on the right side of the call.



I.3. Overview Screen: An overview screen will open. You can click on 'Edit This Entry' to go in and make any needed changes to the call.


Overview
Start 5/9/2016 11:38:20 AM
End 5/9/2016 11:38:58 AM
Duration 0:0:38
Edit This Entry
Doug Bauch
Caller
(402) 471-1111 x
Doug.Bauch@Nebraska.gov
Send Message
Anonymous
Consumer
NA
Referrals
Notification
No referrals were made during this call.

APPENDIX 3: ADRC ADVISORY COMMITTEE STRUCTURE AND MEMBERSHIP

Appendix 3: ADRC Advisory Committee Structure and Membership

Nebraska ADRC Statewide and Local Advisory Committees

Statewide Committee
AARP
Arc of Nebraska
Brain Injury Association
Disability Rights Nebraska
Independence Rising
League of Human Dignity
Munroe-Meyer Institute
Nebraska Association of Behavioral Health Organizations
Nebraska Association of Service Providers
Nebraska Commission for the Deaf and Hard of Hearing
Nebraska Department of Health and Human Services: ▪ Developmental Disabilities Division ▪ Division of Behavioral Health ▪ Medicaid ▪ Lifespan Respite/Disabled Persons and Family Support ▪ Developmental Disabilities Planning Council ▪ Early Development Network
Nebraska VR
Statewide Independent Living Council

Additional agencies contacted for representation:

- Nebraska Commission for the Blind and Visually Impaired
- Nebraska Department of Education Special Education
- Nebraska Association of Behavioral Health Organizations
- People First of Nebraska
- PTI Nebraska

Nebraska ADRC Statewide and Local Advisory Committees

Local Advisory Committees*   *Membership varies by ADRC site
AARP
Assisted Living Provider
Behavioral Health Providers
Court Appointed Special Advocates (CASA)
DD Providers
DHHS: ▪ Developmental Disabilities Division   ▪ Adult Protective Services
Home Care Provider
Housing Authority
Individuals with Disabilities
League of Human Dignity
Legal Aid of Nebraska
Lifespan Respite Network
Local Arcs
Local Coalitions
Munroe-Meyer Institute
Nebraska Commission for the Blind and Visually Impaired
Nebraska Commission for the Deaf and Hard of Hearing
Nebraska VR
PTI Nebraska
Regional Behavioral Health Agencies
Senior Centers