

**NEBRASKA**

Good Life. Great Mission.

---

**DEPT. OF HEALTH AND HUMAN SERVICES**

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

Aging & Disability Resource Center Report

December 1, 2022

Nebraska Revised Statutes 68-1118

---

## Contents

Introduction .....	3
Contact the ADRC .....	4
ADRC Website <a href="http://adrcnebraska.org/">http://adrcnebraska.org/</a> .....	4
ADRC Services & Costs .....	4
Total Population & ADRC Contacts .....	7
Local ADRC Expenditures.....	8
Medicaid Administrative Claiming .....	8
Informational Contacts .....	11
Options Counseling .....	12
Benefits Assistance .....	13
Total Contacts .....	14
ADRC Callers & Clients.....	15
Unique Clients Served .....	15
Client Age Range.....	16
Reported Client Health Conditions.....	17
Reported Client Residence Setting.....	18
Contacts by Target Population .....	19
Census Data .....	20
Estimated Target Populations.....	20
Changes.....	21
Referrals.....	21
Appendix.....	22
Acronyms and Definitions .....	22
Background.....	24
National ADRC/NWD Efforts .....	24
Nebraska ADRC/NWD Efforts.....	25
Nebraska Olmstead Plan .....	25
Appendix.....	30
Exhibit A: ADRC FY23 Plan for Services (Sample) .....	30
Exhibit B - ADRC Action Plan for Fiscal Year 2022/2023 .....	34
Exhibit C-1: AOWN.....	37
Exhibit C-2: Aging Partners.....	38
Exhibit C-3: BRAAA .....	39

Exhibit C-4: ENOA .....	40
Exhibit C-5:MAAA .....	41
Exhibit C-6: NENAAA.....	42
Exhibit C-7: SCNAAA .....	43
Exhibit C-9: BIANE.....	44
Exhibit C-10: LHD .....	45
Exhibit C-11: MMI.....	46
Exhibit C-12: Easterseals – no submission.....	47

Figures are presented from data collected through the PeerPlace software used by the State Unit on Aging and ADRC participating organizations. Population data presented in figures are from the Census.

Exhibits are presented as submissions from outside organizations.

The map presented was prepared by the Division of Public Health.

## Introduction

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

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

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

Seven of the eight (8) Area Agencies on Aging (AAA) participated in the pilot and continue as ADRCs with permanent funding. Participating AAAs include:

Aging Office of Western Nebraska (AOWN)	Midland Area Agency on Aging (MAAA)
Aging Partners (AP)	Northeast Nebraska Area Agency on Aging (NENAAA)
Blue Rivers Area Agency on Aging (BRAAA)	South Central Nebraska Area Agency on Aging (SCNAAA)
Eastern Nebraska Office on Aging (ENOA)	

A map of the service areas each AAA covers is included in this report.

The pilot project annual evaluation reports for 2016, 2017, and 2018 are posted on the Legislative and DHHS websites. They are located on <http://dhhs.ne.gov/Pages/Aging-Program-Documents.aspx>, in the reports section. The pilot was evaluated by HCBS Strategies of Baltimore, MD. This consulting firm was selected through a competitive bid process and works with several states on ADRC and other home and community-based services projects.

The ADRCs became permanent through the passage of LB793 in April of 2018. Funding was designated for ADRCs from the Health Care Cash Fund for FY19 and FY20, with general funds appropriated in FY21 forward.

Funding until April 2022 was required to go through AAAs exclusively, with partnerships between AAAs and partner organizations providing disability services. Beginning in FY20, participating disability partners contracted with two Area Agencies on Aging to provide services through referrals. South Central Nebraska AAA contracted with the Munroe Meyer Institute (MMI), and Easterseals Nebraska (ESN). Midland AAA contracted with Brain Injury Alliance of Nebraska (BIANE), and the League of Human

Dignity (LHD). In April of FY22, LB856 passed, allowing for funding of participating disability partners through the State Unit on Aging which began in FY23.

## Contact the ADRC

Call Toll-Free (844) 843-6364

The toll-free phone number routes based on the caller's area code and prefix code (known as geo-routing) to the regional Area Agency on Aging. Out-of-state callers and unknown phone numbers are routed to Blue Rivers. In FY22, the toll-free number received 314 calls, which was an increase over FY21. The majority of calls were from Nebraskans – with 183 in-state calls. Only 15 calls had an unknown incoming phone number. The remaining calls originated from 24 other states. Florida phone numbers reached the toll-free phone number 41 times, followed by Iowa & Georgia (11 each), Texas & Kansas (6 each), Colorado & Wisconsin (5 each), South Dakota & California (4 each).

The toll-free line will change in FY23, as geo-routing is being eliminated as a service. Additionally, the partner organizations will be funded through the SUA, and a phone routing change will be needed to equalize the contact route for all incoming calls.

## ADRC Website

The ADRC Website ([adrcnebraska.org](http://adrcnebraska.org)) now redirects to Nebraska's 2-1-1 website <https://ne211.org/nebraska-aging-disability-resource-center/>. The vendor changed in FY22 to a permanent platform with United Way of the Midlands and 2-1-1. This change has streamlined the process of identifying and assessing older individuals and persons with disabilities needs by providing a single point of contact. If people call 2-1-1, it is a warm line answered by a call center in Omaha 24/7/365, which will refer them to the appropriate agency for services.

## ADRC Services & Costs

### Services

Four ADRC Partner Organizations (APOs) expanded their participation and began offering ADRC services in FY21. The APOs are Brain Injury Alliance of Nebraska, League of Human Dignity, the Munroe Meyer Institute, and Easterseals. All services listed in LB793 were available in FY21, and FY22. In FY23, funding to all ADRC participating organizations will be through the State Unit on Aging.

Map 1: ADRC Service Map

Services are available in all 93 counties through 11 ADRCs. Seven Area Agencies on Aging and four partner organizations.

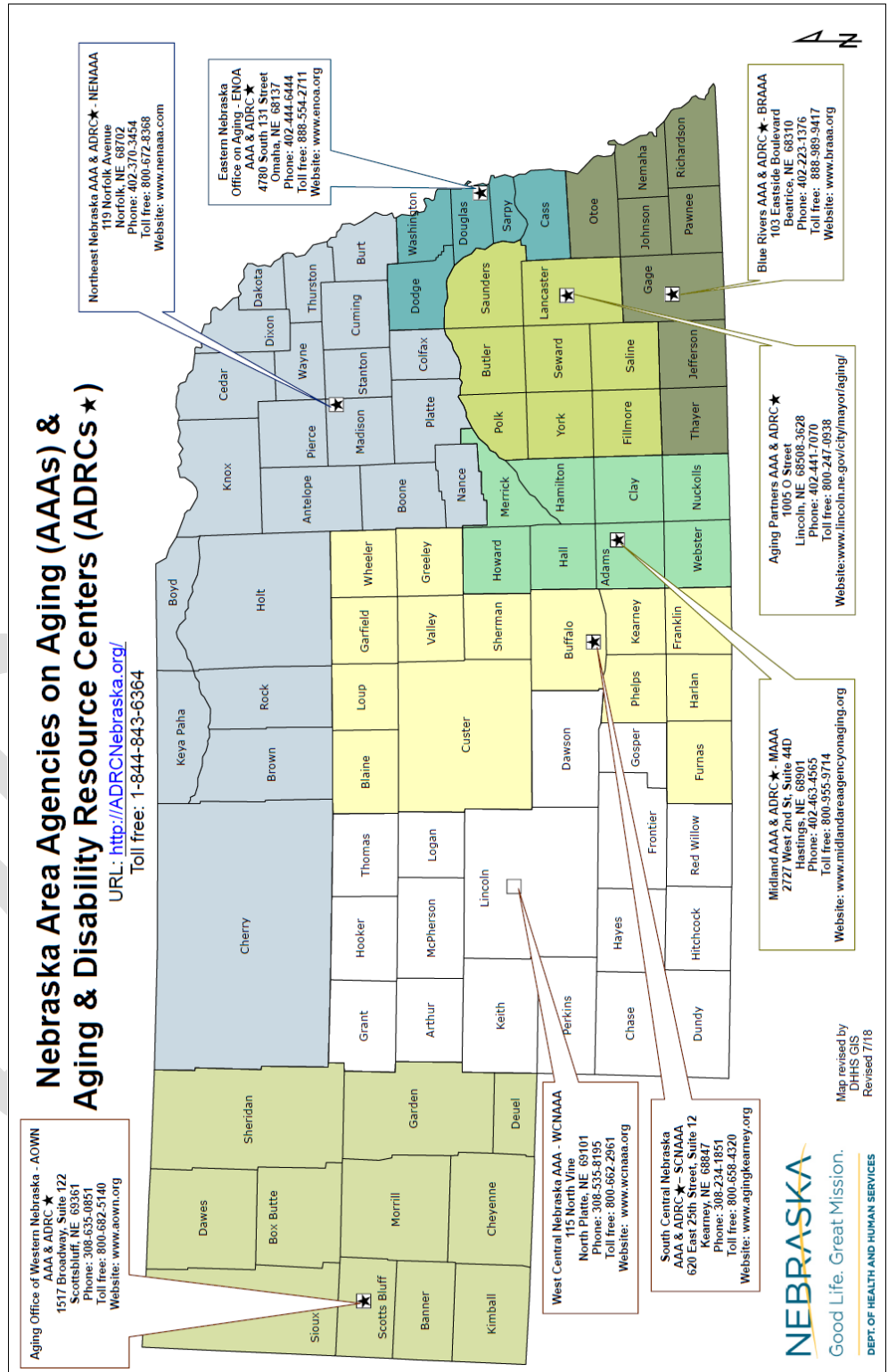
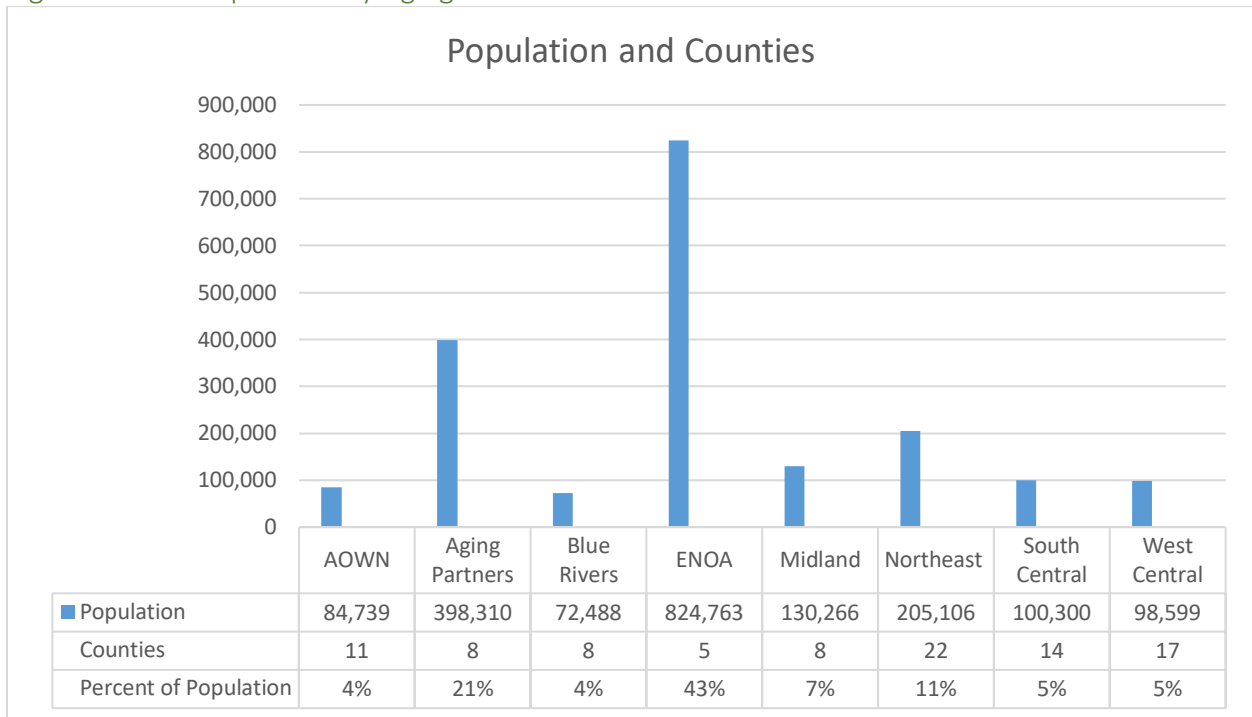


Figure 1: Total Population by Aging Service Area



Margin of Error is not included.

Source: American Community Survey, 2016-2020

Total population N=1,914,571

DRAFT

Figure 2. ADRC Services by AAA and APO FY22

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

Statute permits an ADRC to offer one or more of the services listed.

### Total Population & ADRC Contacts

Figure 3. General Population and ADRC Contacts by AAA and APO. The population reflects all Nebraska citizens.

Region	AAA Region Population	Informational Contacts	Options Counseling Contacts	Transitional Options Counseling Contacts	Benefits Assistance Contacts	Total ADRC Contacts
AOWN	84,739	842	51	0	0	893
Aging Partners	398,310	972	12	0	40	1024
Blue Rivers	72,488	670	4	0	0	674
ENOA	824,763	3824	51	0	0	3,875
Midland	130,266	18	979	0	859	1856
Northeast	205,106	1583	527	0	0	2,110
South Central	100,300	506	78	0	1,383	1967
West Central	98,599	0	0	0	0	0
BIANE	Statewide	7	44	2	0	53
LHD	Statewide	11	0	0	0	11
MMI	Statewide	24	0	0	0	24
Easterseals NE	Statewide	9	0	0	149	158
<b>Total Population</b>	<b>1,914,571</b>	<b>8,466</b>	<b>1,746</b>	<b>2</b>	<b>2,431</b>	<b>12,645</b>

Margin of Error is not included. (American Community Survey, 2016-2020 S0101: Age and Sex)



## Local ADRC Expenditures

Figure 4. 2022 ADRC Investment by ADRC

	Expenditures by Subawarded ADRC						
	AOWN	Aging Partners	Blue Rivers	ENOA	Midland	Northeast	South Central
CASA <sup>1</sup>							\$109,973.00
AAA Local Funds	\$79.64			\$5,775.10			
Medicaid Administrative Claiming	\$6,428.27						
ADRC	\$71,541.00	\$75,540.00	\$68,763.79	\$74,261.98	\$74,054.67	\$71,000.00	\$42,575.40
MMI							\$18,900.53
Easterseals							\$29,246.09
BIANE					\$8,554.98		
LHD					\$29,246.09		
AAA + Investment	\$78,048.91	\$75,540.00	\$68,763.79	\$80,037.08	\$74,054.67	\$71,000.00	\$152,548.40
APOs					\$37,801.07		\$48,146.62

ADRCs may supplement the program with local and other funds. This table indicates the state award totals in line ADRC for the AAAs. Additionally, the four partner organizations receive state funds indicated in the agency row, under the contracted AAA column.

### Medicaid Administrative Claiming

Neb. Rev. Stat. §68-1118 requires the Division of Medicaid and Long-Term Care to pursue federal matching funds, Medicaid Administrative Claiming (MAC) to financially supplement ADRC and local services. The Division published an RFP in 2019 to support administrative claiming activities and a contractor began work in March 2020. Two staff positions were created to support this effort.

The contractor, HCBS Strategies, is experienced in establishing administrative claiming through the Centers for Medicare and Medicaid (CMS), state cost allocation plans, random moment time studies, and training staff.

<sup>1</sup> CASA – Community Aging Services Act, the funding appropriated to Aging services and administered by the State Unit on Aging. These funds provide match to federal grants, and support aging services statewide. An intrastate funding formula is used.

### Figure 5 Medicaid Administrative Claims

Currently, agencies are permitted to reinvest these dollars into local programs where they are most needed. This option may change in the future. Agencies provided summary reports of reinvestments made with MAC funds (See Attachment A: ADRC Reports). The quarterly claims ranged from \$321,898 in Q4 2020 to \$587,985 in Q2 2022. This is a substantial influx of funding for the aging and disability network.

In FY 2022, ADRC's invested \$122,256.01 of other funds beyond those awarded through the ADRC legislation to expand services. This included \$6,428.27 from Medicaid Administrative Claiming. Other funding sources include agency local funds and Community Aging Services Act funds.

Region	Sep-Nov 2020	Dec 20 - Feb 21	Mar-May 2021	Jun-Aug 2021
<b>Total</b>	<b>\$ 321,898</b>	<b>\$ 405,194</b>	<b>\$ 436,044</b>	<b>\$ 502,536</b>

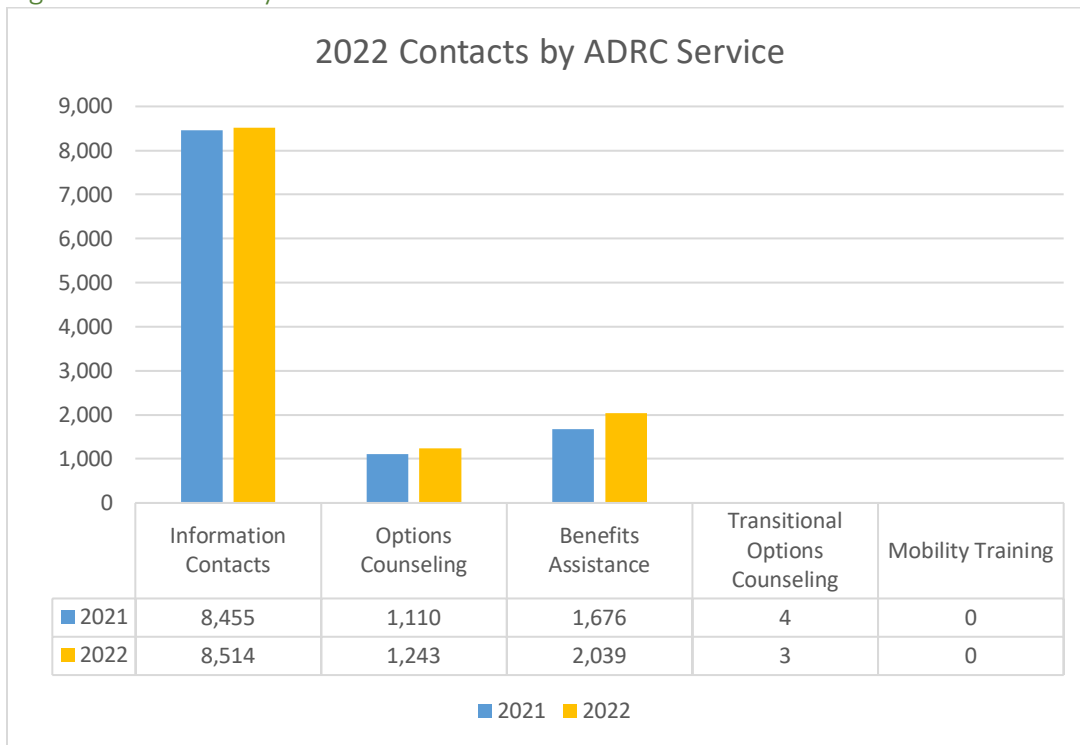
Region	Sep-Nov 2021	Dec 21 -Feb 2022	Mar-May 2022	Grand Total
<b>Total</b>	<b>\$ 514,576</b>	<b>\$ 563,985</b>	<b>\$ 587,985</b>	<b>\$ 3,331,939</b>

All participating agencies are utilizing the State designated software for aging services, PeerPlace, which is managed under a contract with the State Unit on Aging. Clients, services, and referrals are recorded in the software.

MAC is available for those activities that help a client avoid or apply for Medicaid. The funds involved and claimed against must be local or state funds. Excluded from the formula are any local or state funds designated as match for another federal grant.

In FY 22, the ADRC recorded 8,514 unique contacts.

Figure 6. Contacts by ADRC Service

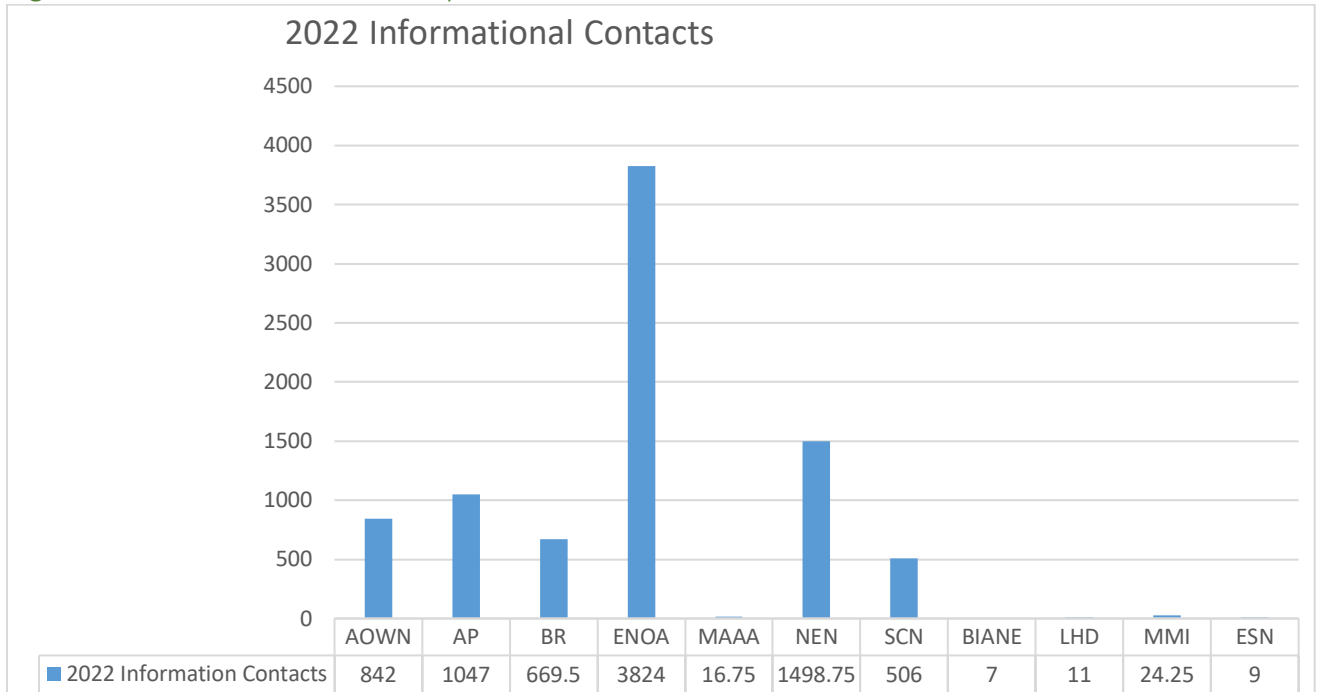


N = 11,241 Total Contacts

Contacts can be a brief call or in-person discussion to obtain information on behalf of someone or individually.

## Informational Contacts

Figure 7. Informational Contacts by ADRC

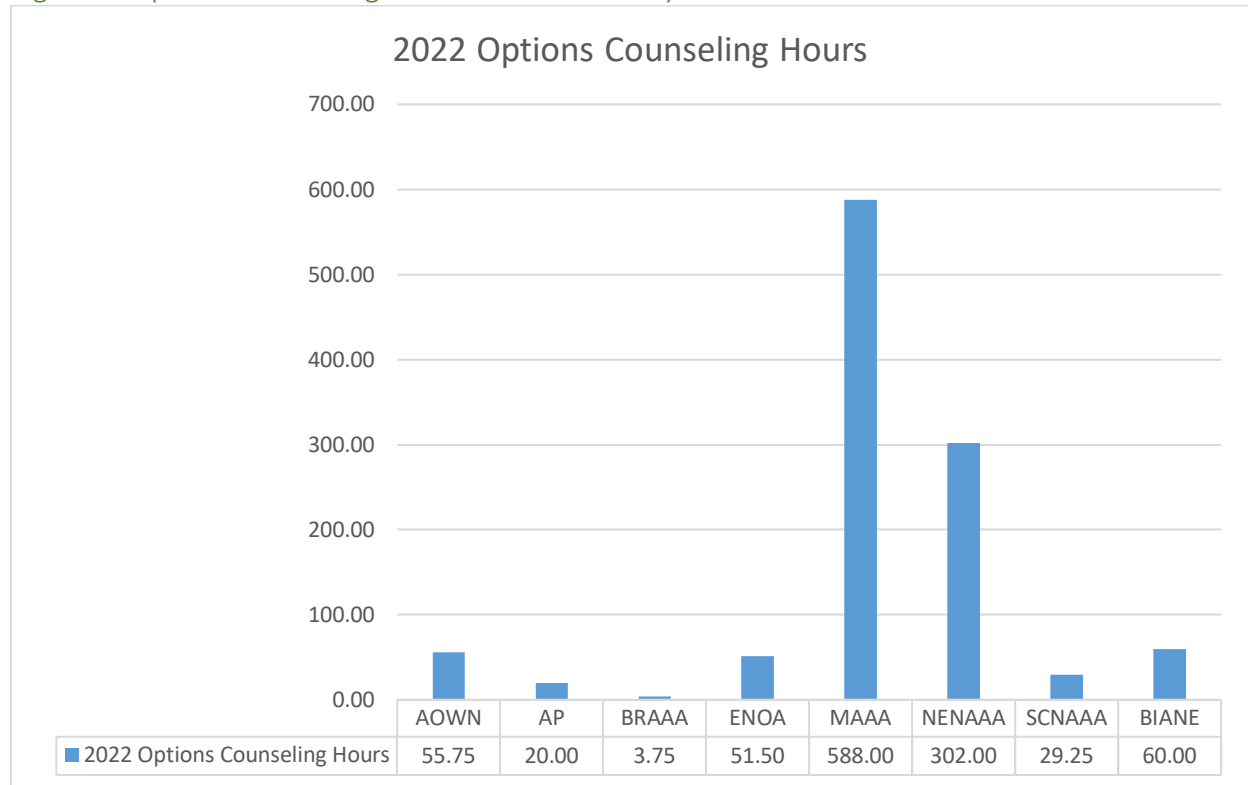


N = 8,131.25 Total Informational Contacts.

Information Contacts is a combination of Basic Information + Information & Referral. These contacts can be a brief call or in-person discussion to obtain information on behalf of someone or individually.

## Options Counseling

Figure 8. Options Counseling Hours and Contacts by ADRC

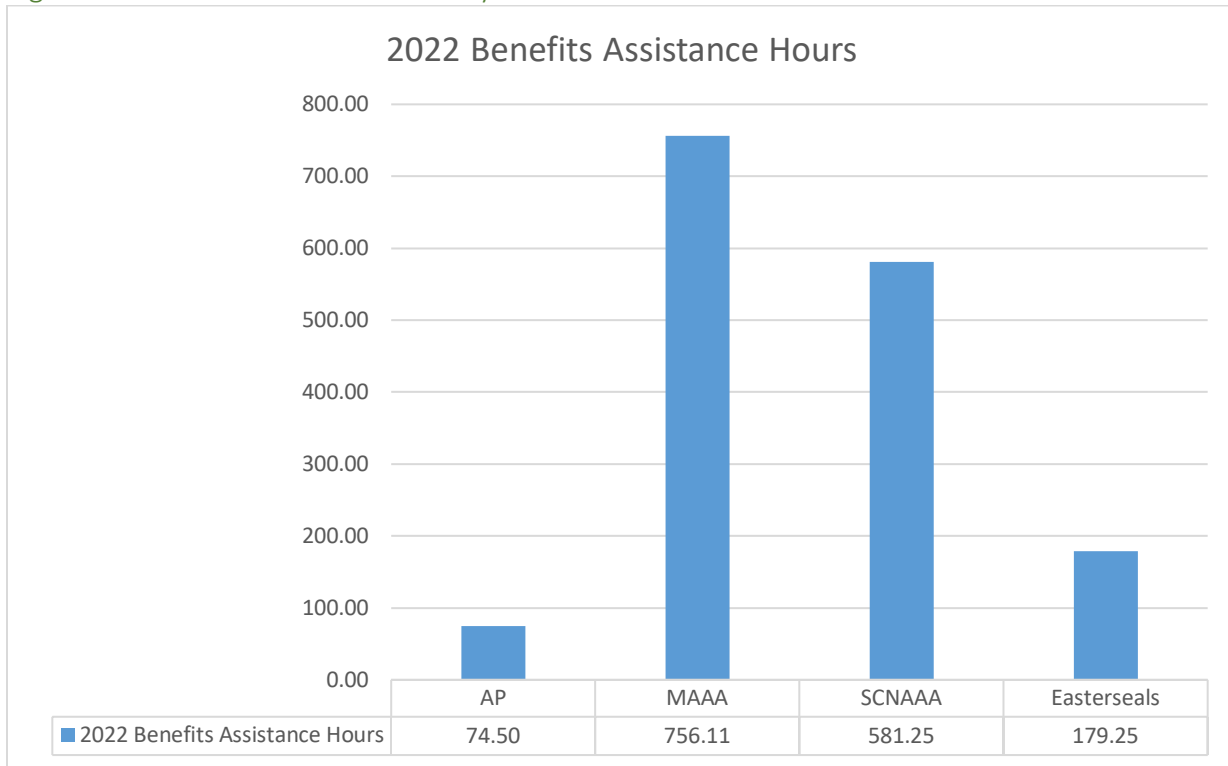


N = 5,824 Total Unique Individuals Served.

- OC or Options Counseling** - A state ADRC Program service that assists an eligible individual in need of long-term care and their representatives to make informed choices about the services and settings that best meet their long-term care needs. Options Counseling uses uniform data and information collection and encourages the widest possible use of community-based options to allow an eligible individual to live as independently as possible in the setting of their choice. It can be tracked by contact or by hours. Options Counseling provides the client with a written plan and may take up to 3 months.

## Benefits Assistance

Figure 9. Benefits Assistance Hours by ADRC

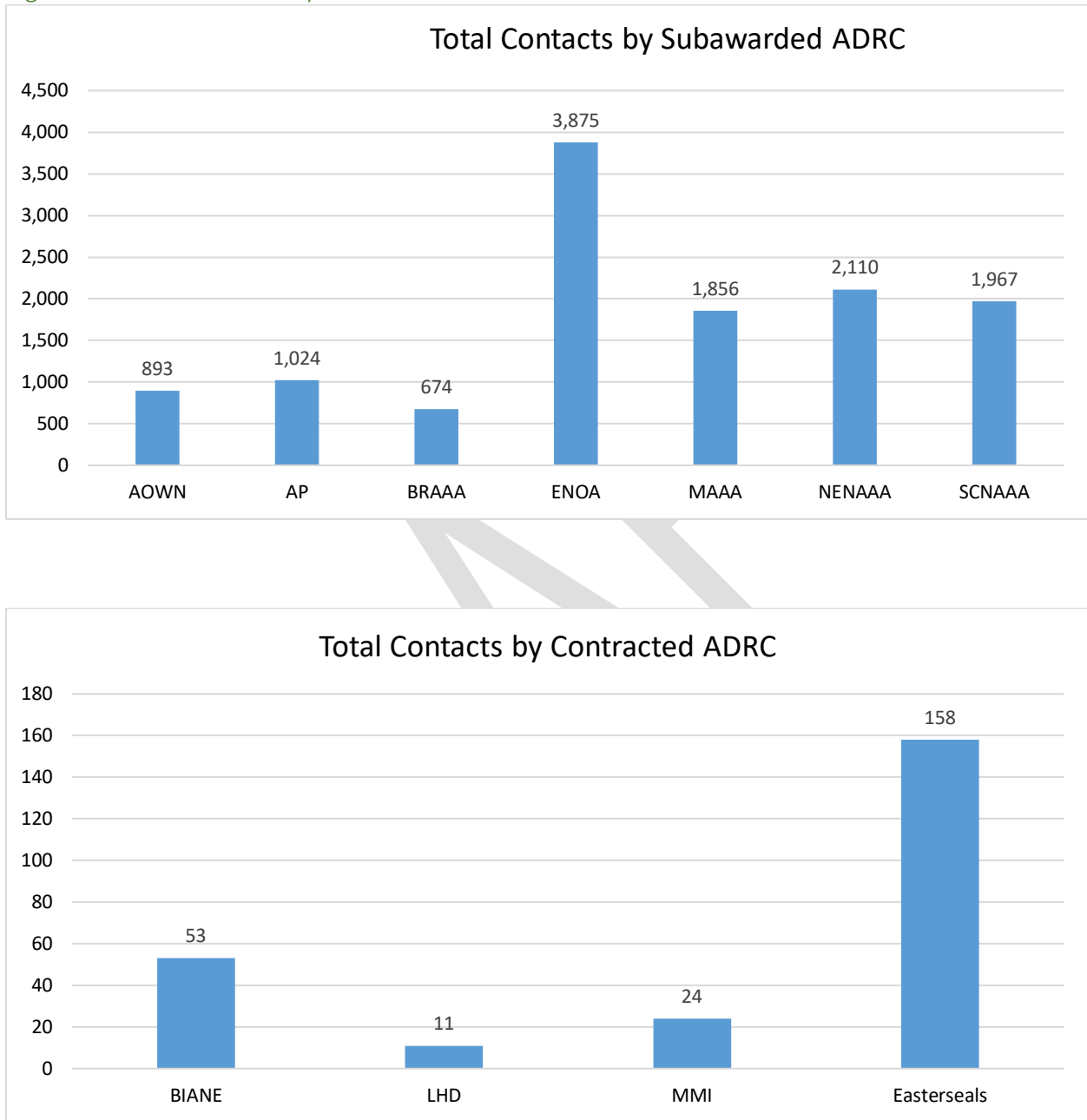


N = 1,929 Total Benefits Assistance Hours.

**Benefits Assistance** - A state ADRC Program service that provides assistance for people who are having difficulty understanding and/or obtaining grants, payments, services, or other benefits for which they may be eligible. The programs may help people understand the eligibility criteria for benefits, the benefits provided by the program, the payment process, and the rights of beneficiaries; provide consultation and advice; help them complete benefits application forms. Benefits Assistance counselors may scan documents required for an application and help someone upload those documents to a system. The Benefits Assistance counselors do not determine eligibility for a program.

## Total Contacts

Figure 10. Total Contacts by ADRC



Contacts can be a brief call or in-person discussion to obtain information on behalf of someone or individually.

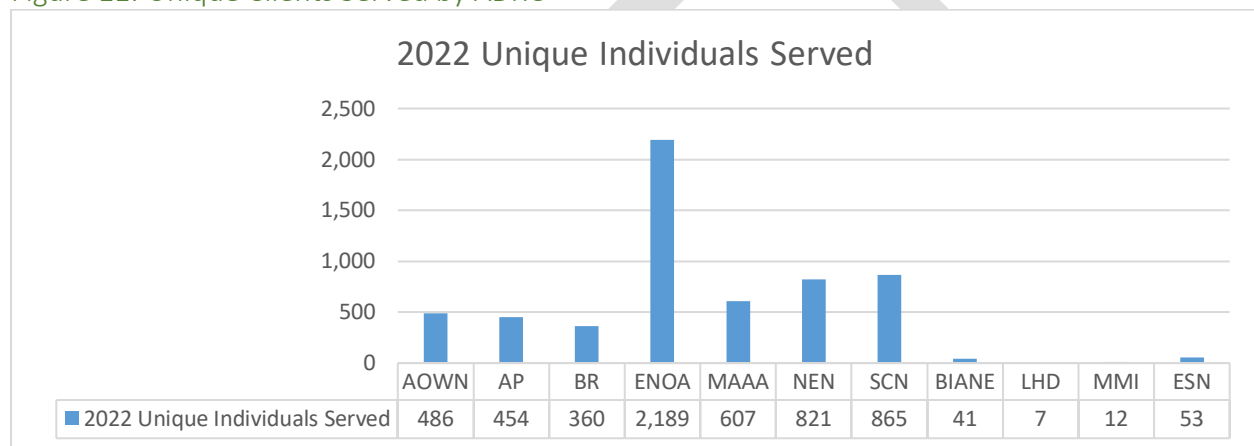
## ADRC Callers & Clients

ADRC staff use PeerPlace, an aging software service implemented in December 2019, to document and track participants and referrals. For each call received or made by the ADRC, staff use the software to develop a participant record and document referrals. Staff can also search for callers that have previously contacted the ADRC.

ADRC staff collect information on the person (client) that needs the service. Minimal information is gathered when the person contacting the ADRC is not also the client. For example, minimal information would be collected about the parent calling on behalf of a child with a disability or a sibling calling on behalf of an older adult.

## Unique Clients Served

Figure 11. Unique Clients Served by ADRC

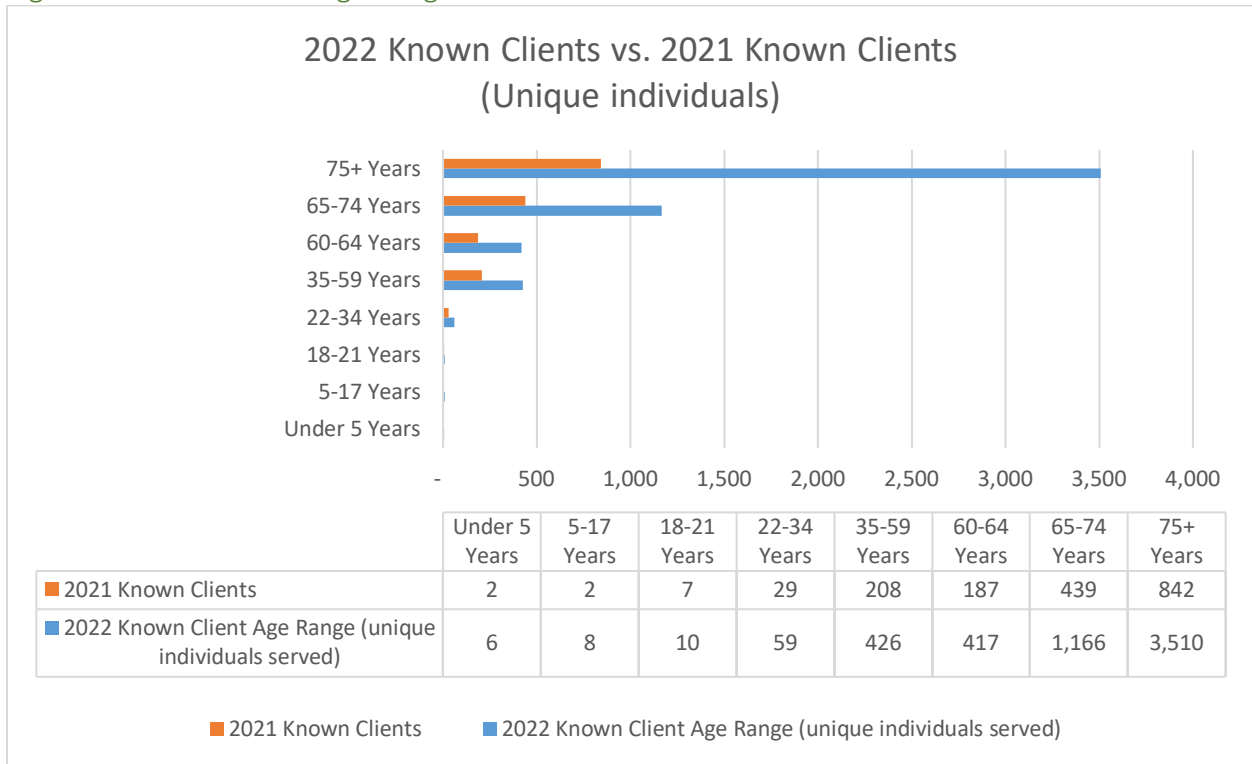


*N = 5,824 Total Unique Individuals served.*



## Client Age Range

Figure 12. Known Client Age Range



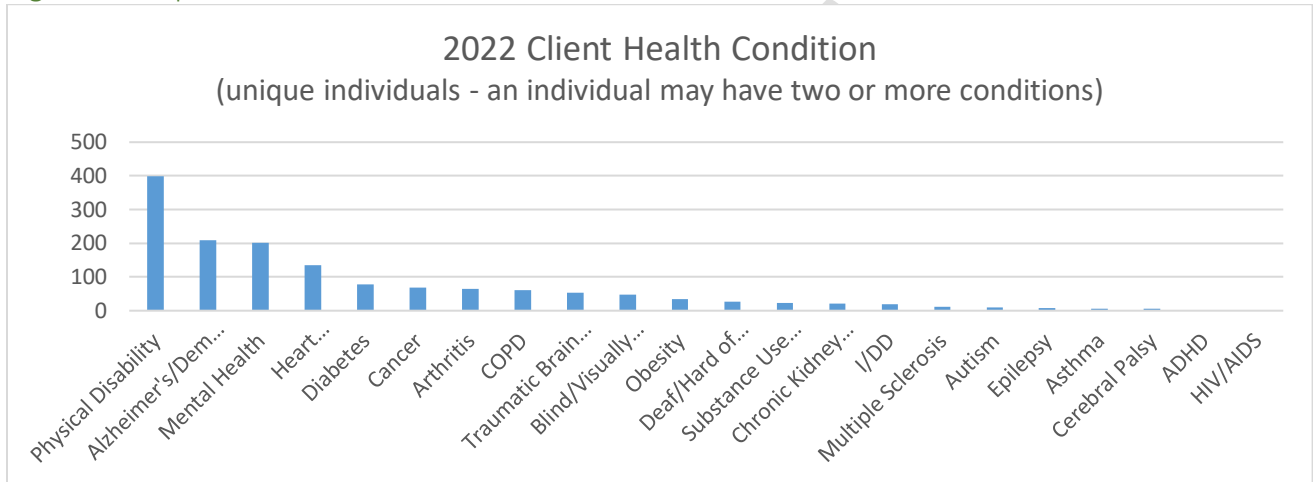
N = 1,929 Total Benefits Assistance Hours.  
 2022: 233 Individuals missing date of birth.  
 2021: 2,028 Individuals missing date of birth.

ADRCs collected more demographic information in FY22 than FY23, as indicated by the reduction in missing dates of birth. This helps identify the client cohorts and ultimately provide more effective services and identify unmet needs by age group.

### Reported Client Health Conditions

The health conditions are part of CMS infrastructure and are regularly used in CMS-related assessments. More information is available on the CMS Chronic Condition Data Warehouse site. The “Other” category contains items that are recorded in the client notes section. Examples of “other” include, but are not limited to, health conditions not in the system, as well as non-health items and acronyms. Ninety-two responded ‘none’ and were excluded from this chart.

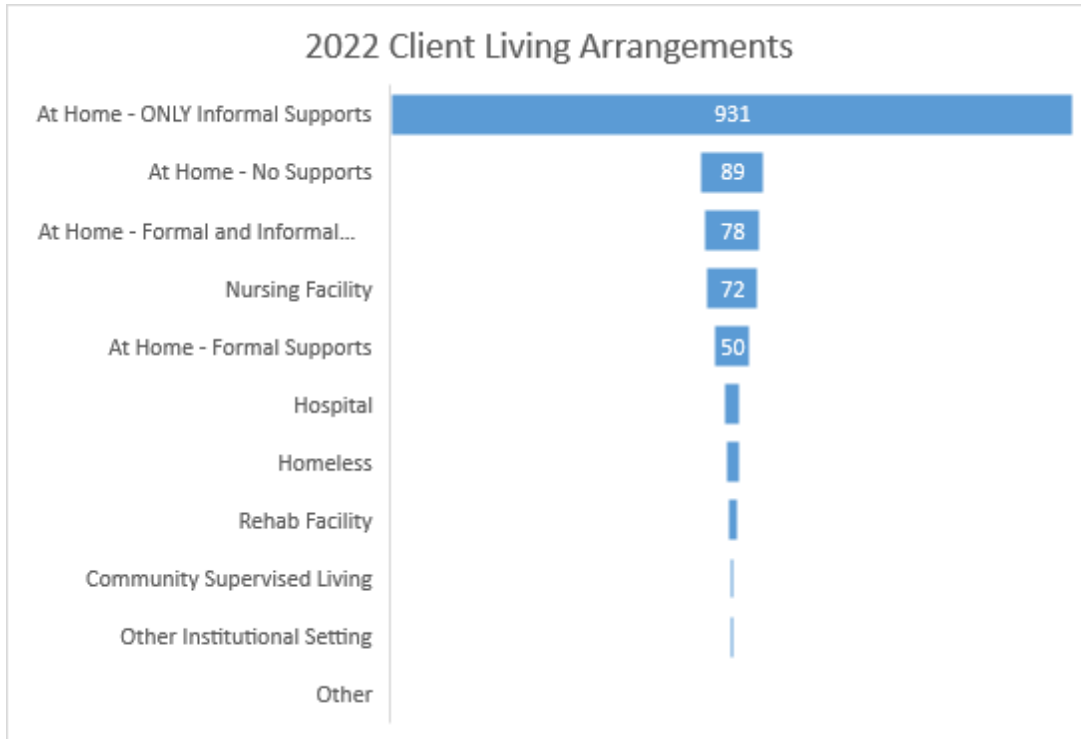
Figure 13. Reported Client Health Condition



N = 2,022 Total Client Health Conditions (unique individuals - an individual may have 2+ conditions)  
 Note: Excluded nonresponses.

## Reported Client Residence Setting

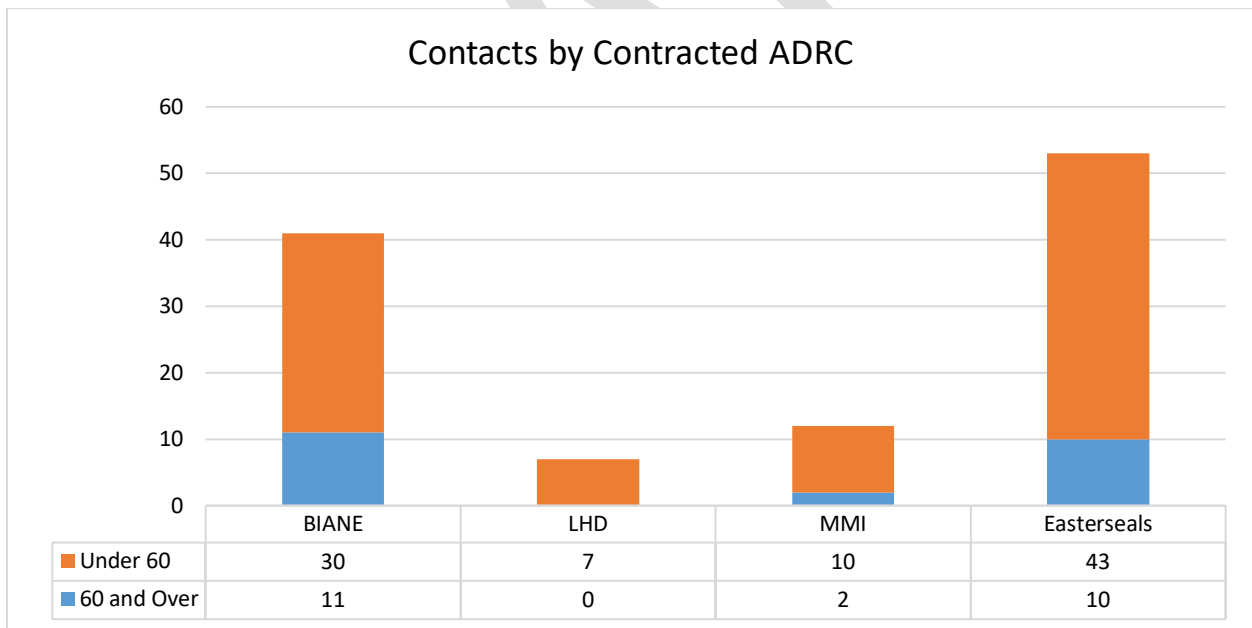
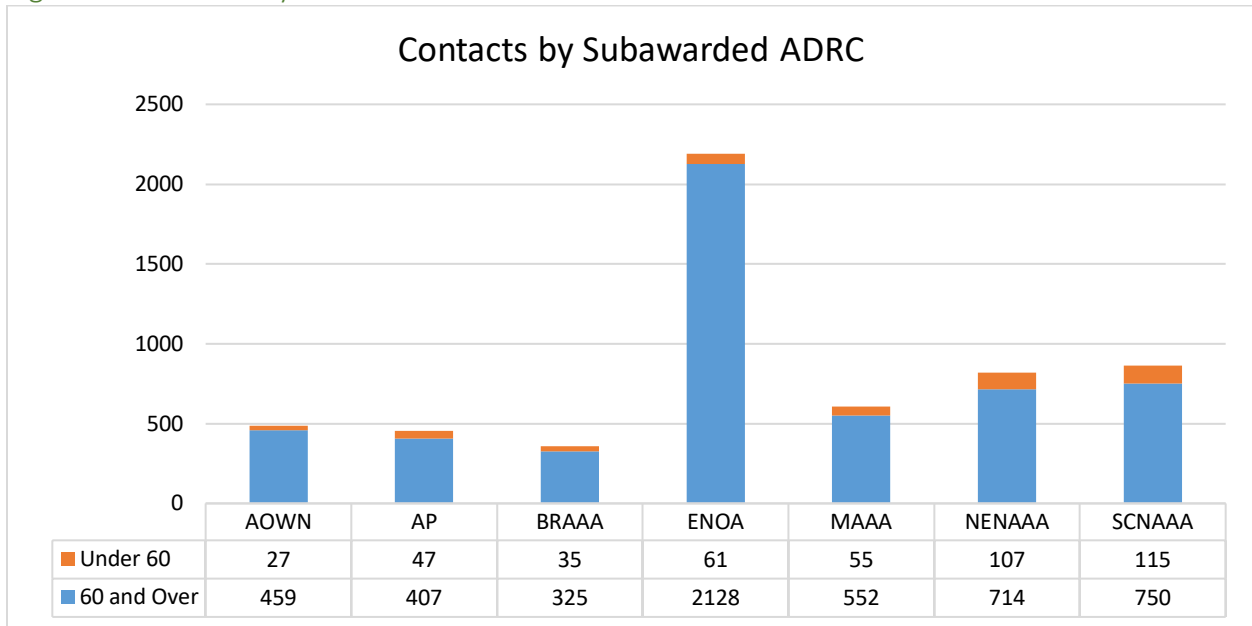
Figure 14. Reported Client Residence Setting



*N = 1,687 Client Living Arrangements; 382 missing residences.*

## Contacts by Target Population

Figure 15. Contacts by ADRC



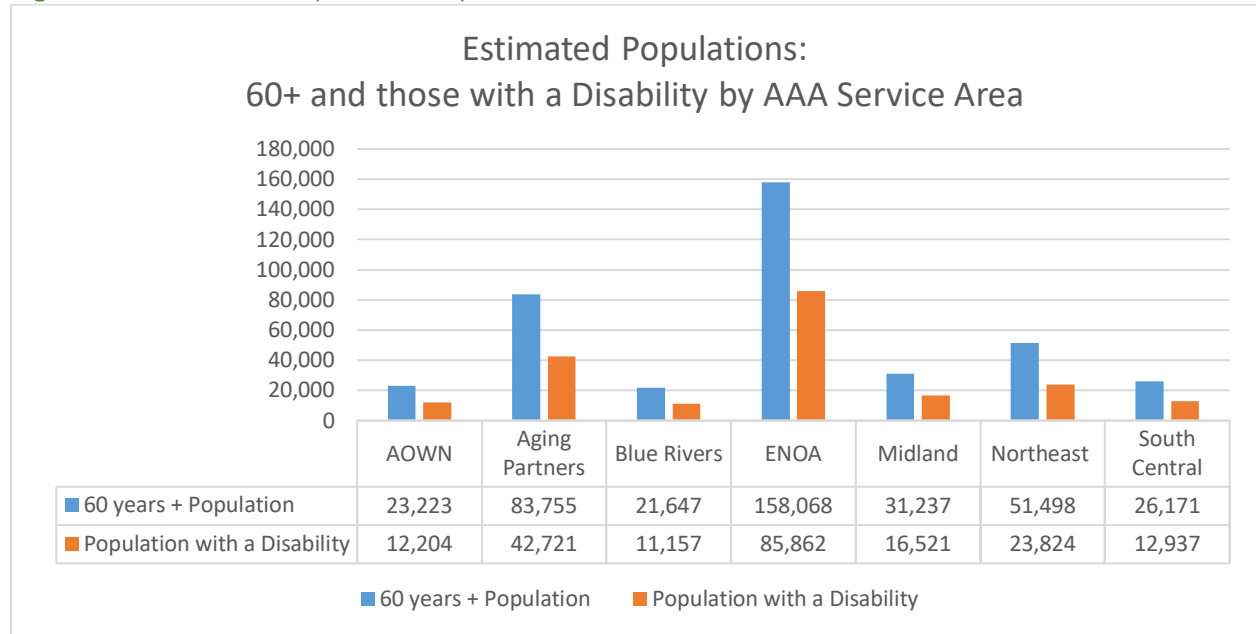
West Central Nebraska AAA did not participate in the ADRC program in FY22.

## Census Data

### Estimated Target Populations

The American Community Survey’s estimated populations for those who are 60+ years or have a disability. The population with a disability includes all ages – not just those that are under 60 years. The overlap between both communities is unavailable due to the different age ranges in the two surveys (60 years versus 65 years).

Figure 16. Estimated Populations by AAA



*Margin of Error is not included. (American Community Survey, Disability Characteristics & American Community Survey, Age and Sex)*

## Changes

The State Unit on Aging software system was replaced in December 2019. The software as a service is PeerPlace, and it provides tracking for aging services:

- Older Americans Act (OAA)
- Nebraska's Community Aging Services Act (CASA)
- Nebraska's Care Management Units
- Aging and Disability Resource Center (ADRC)

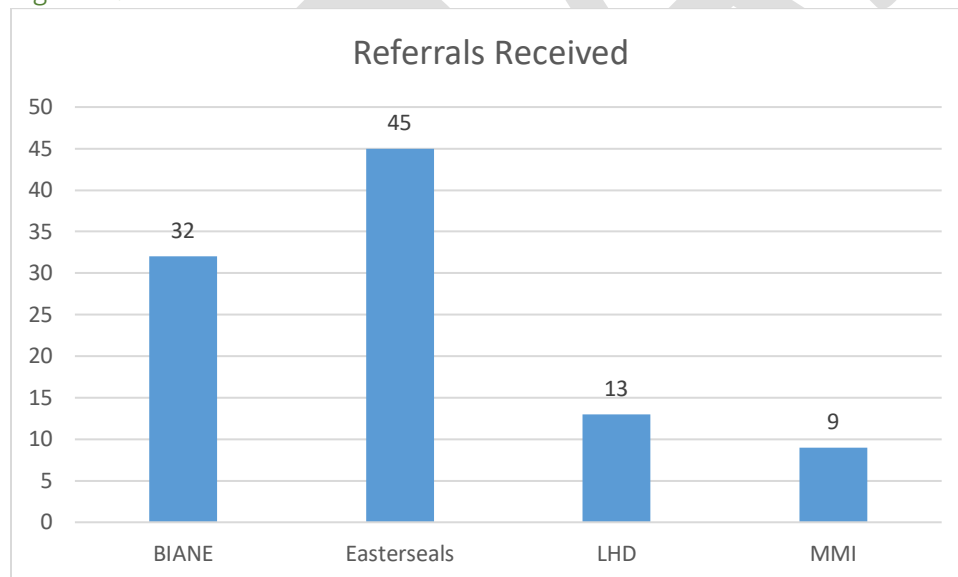
The previous software could not accommodate the ADRC program. The ADRC program utilized a secondary system. All participating agencies use the PeerPlace software.

A public resource directory continues to be available at [ADRCNebraska.org](http://ADRCNebraska.org). The directory was moved to arounja.org in early 2020 and migrated again in 2021 to a permanent platform within the 2-1-1 / UniteNebraska collaborative.

## Referrals

The four APOs began receiving referrals and using the PeerPlace software for tracking clients in January 2021. Growth has been slow and steady. Due to funding restrictions in legislation, APOs can only be paid via the AAAs, and therefore receive referrals through the AAAs. All four APOs operate on a statewide basis and have access to the PeerPlace software.

Figure 17. Referrals



# Appendix

## Acronyms and Definitions

- **AAA-** Area Agency on Aging, as defined by the Older Americans Act.
- **ACL-** Administration for Community Living, within the Federal Health and Human Services.
- **ADRC-** Aging and Disability Resource Center, as defined by Nebraska State Statute.
- **Advancing States-** formerly NASUAD (National Association of States United for Aging and Disabilities).
- **AIRS Taxonomy-** Developed by 2-1-1 of Los Angeles County (CA) to define human services. This serves as a national standard.
- **AoA-** Administration on Aging, within the Administration for Community Living.
- **AOWN-** Aging Office of Western Nebraska (located in Scottsbluff, NE).
- **AP or Aging Partners-** Lincoln Area Agency on Aging (Located in Lincoln, NE).
- **APO-** ADRC Partner Organizations. Organizations that work with the AAAs and provide ADRC services.
- **Basic Information** – A service that provides the individuals with current information on opportunities and services available to the individuals within their communities. It is often a “look-up” service, such as: “What time...?”, “Where is the closest...?”, etc. The service unit is a contact.
- **Benefits Assistance** - A state ADRC Program service that provides assistance for people who are having difficulty understanding and/or obtaining grants, payments, services, or other benefits for which they may be eligible. The programs may help people understand the eligibility criteria for benefits, the benefits provided by the program, the payment process, and the rights of beneficiaries; provide consultation and advice; help them complete benefits application forms.
- **BRAAA-** Blue Rivers Area Agency on Aging (located in Beatrice, NE).
- **CMS-** Centers for Medicare & Medicaid Services, within the Federal Health and Human Services.
- **Client-** A person who needs assistance.
- **Contact-** Service unit used to document a communication in a one-on-one setting.
- **ENOA-** Eastern Nebraska Office on Aging (located in Omaha, NE).
- **HCBS** – Home and Community Based Services
- **Home Care Provider Registry:** A home care provider registry that will provide a person who needs home care with the names of home care providers and information about his or her rights and responsibilities as a home care consumer. A Point of Entry that provides a Home Care Provider Registry will also:
  - Document and implement a maintenance policy.
  - Develop & share publications (such as, but not limited to brochures) about provider information and the consumer’s rights.
  - Report:
    - Total Number of Home Care Providers in the registry
    - Number of providers by each service type (e.g.: homemaker providers)
    - Time spent developing & maintaining the directory and publications
  - Regularly record when the Home Care Provider Registry & Consumer Rights were shared with a consumer.
- **Hour-** Service unit used to track time spent providing a service. Rounded to the nearest quarter hour increment. (.25 = 15 minutes; .50 = 30 minutes; etc.).
- **IDD** - Intellectual or developmental disability.

- **I&R or Information and Referral** - A state ADRC Program whose primary purpose is to maintain information about human service resources in the community and to link people who need assistance with appropriate service providers and/or to supply descriptive information about the agencies or organizations which offer services. The information and referral process involves establishing contact with the individual, assessing the individual's long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following up to ensure that the individual's needs have been met. The service unit is a contact.
- **LTC**- Long-term care.
- **LTSS**- Long-term services and supports. The Centers for Medicare & Medicaid Services (CMS) works in partnership with states, consumers and advocates, providers and other stakeholders to create a sustainable, person-driven long-term support system in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.
- **MAAA**- Midland Area Agency on Aging (located in Hastings, NE).
- **Mobility Training** - A state ADRC Program service that provides training which introduces new riders, commuters, and other residents to the transportation options that are available in their community and trains them to use the system effectively. Participants learn the basic components of the public transit system and other transportation options (e.g., bicycles, carpools and vanpools); the location of park and ride or park and pool lots, bus stops, train stations, ferry terminals, and other facilities; and basic travel skills such as how to read a bus schedule, find the bus closest to work/home, participate in a car/van pool, and plan a commute using the system. Instruction may be provided on an individual or group basis and may involve field training in which the individual is accompanied by a customer service representative. The objective of the training is to encourage use of the public transportation by building rider confidence and comfort with the system. It is tracked by the hour.
- **NENAAA**- Northeast Nebraska Area Agency on Aging (located in Norfolk, NE).
- **NWD**- No Wrong Door (aka Aging & Disability Resource Center ADRC).
- **OC or Options Counseling** - A state ADRC Program service that assists an eligible individual in need of long-term care and his or her representatives to make informed choices about the services and settings which best meet his or her long-term care needs and that uses uniform data and information collection and encourages the widest possible use of community-based options to allow an eligible individual to live as independently as possible in the setting of his or her choice. It can be tracked by contact or by hours.
- **RFP**- Request for Proposals.
- **SCNAAA**- South Central Nebraska Area Agency on Aging (located in Kearney, NE).
- **SUA** – State Unit on Aging, within the Division of Medicaid and Long-Term Care.
- **Taxonomy**- a system of classification to provide order and arrangement for administration of information, vocabulary, terminology, services, and processes.
- **Transitional Options Counseling** - A state ADRC Program service that develops, implements, assesses, and follows up on plans for the evaluation, treatment and/or care of people who are experiencing a specific, time-limited problem such as a transition from hospitalization to independent living and who need assistance to obtain and coordinate the support services that will facilitate the change. It is tracked by the hour.
- **Unmet Needs**: A process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs. Unmet needs are collected as part of the uniform data collection process. In order for this administrative service to be used, data must be collected, and recommendations must be made to address unmet needs.
- **WCNAAA**- West Central Nebraska Area Agency on Aging (located in North Platte, NE).



## Background

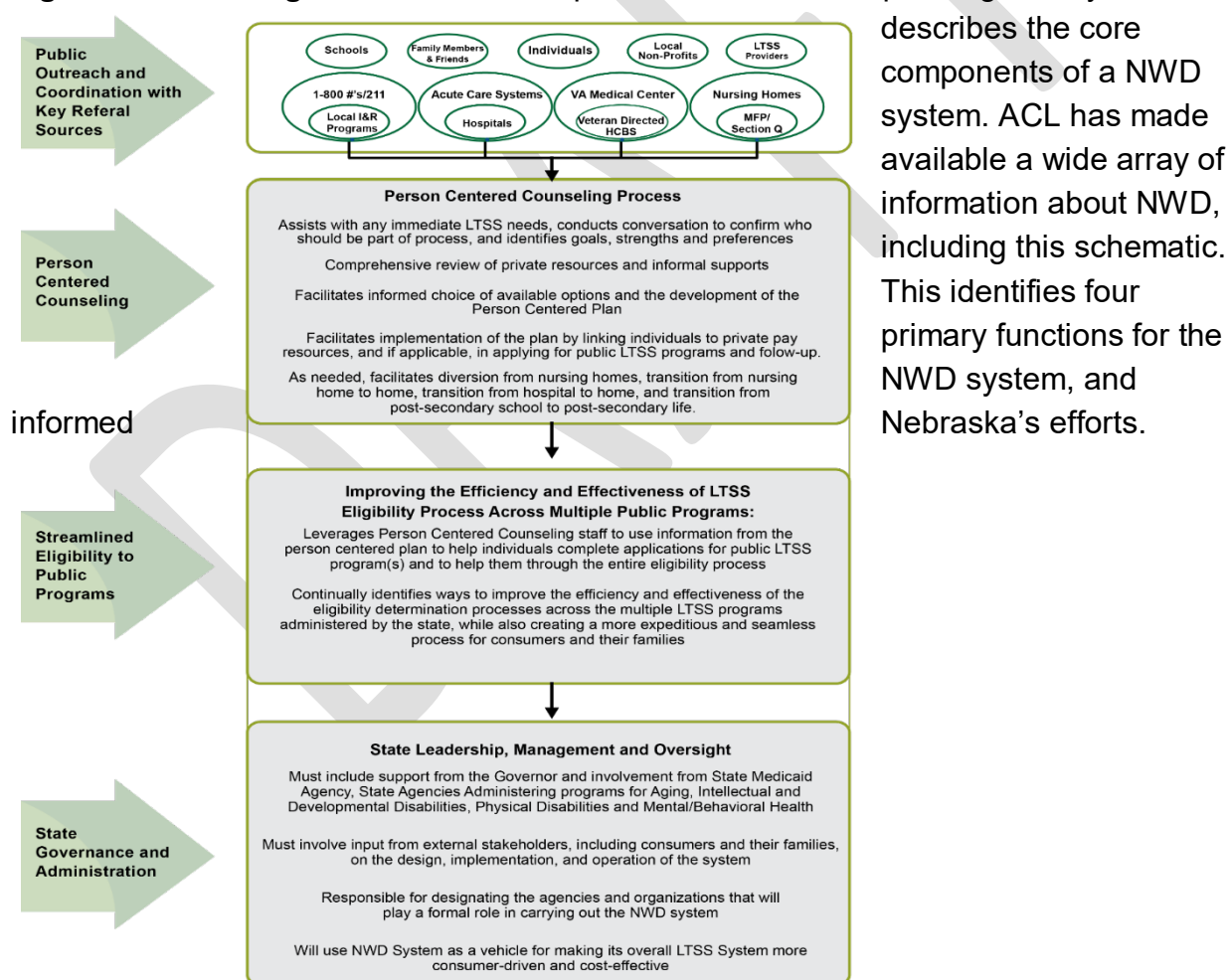
### National ADRC/NWD Efforts

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

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

### No Wrong Door Schematic

**Figure 1. No Wrong Door Schematic** presents a schematic promulgated by ACL that describes the core components of a NWD system. ACL has made available a wide array of information about NWD, including this schematic. This identifies four primary functions for the NWD system, and Nebraska’s efforts.



### Nebraska ADRC/NWD Efforts<sup>2</sup>

The Division of Medicaid and Long-term Care contracted with Mercer and the National Association of States United in Aging and Disability (NASUAD, now ADvancing States) to develop the Nebraska Long Term Care Redesign Plan. The plan was published August 9, 2017. The plan is located online<sup>1</sup>.

- *“Key partners in the NWD systems are the state Medicaid agency, state aging and disability divisions, and all social service departments that touch consumers’ lives. The NWD system builds on the strengths of the Area Agencies on Aging (AAAs) and the Centers for Independent Living (CILs) by providing a single, more coordinated system of information and access for all consumers seeking LTC both public and privately funded.*

*In Nebraska, the Aging and Disability Resource Center (ADRC) demonstration should play a critical part of the NWD system. This minimizes confusion, enhances consumer choice and supports informed decision making.”*

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

### Nebraska Olmstead Plan<sup>3</sup>

Nebraska published the Olmstead Plan in December 2019. Goal 1, on page 18, includes the creation of a “No Wrong Door” system. DHHS is designated as the coordinating agency for the state. The Division of Developmental Disabilities is the managing division for the Department for the Olmstead Plan.

The State Unit on Aging participates in Olmstead Planning meetings, specifically regarding Goal 5: that Nebraskans with disabilities will have access to affordable and accessible transportation statewide. Two Area Agencies on Aging participated in transportation related discussions in 2021. The agencies helped achieve progress towards strategies within Goal 5 including establishing meetings with the Nebraska Department of Transportation (NDOT) and to explore expanding coverage of additional methods of transportation for individuals with disabilities to access services.

Measurements of Goal 5 are tracked in collaboration with the Nebraska Department of Transportation. COVID-19 has had a negative impact on rural and intercity bus ridership during the pandemic and a significant number of providers either reduced or suspended services during times of increased risk. Additionally, the expanded use of telehealth has allowed the continuation of primary care and behavioral health services for people with

<sup>2</sup> <http://dhhs.ne.gov/Documents/Long-Term%20Care%20Redesign%20Plan%20-%20Final%20by%20Mercer%20Health%20Benefits.%20Inc.pdf>

<sup>3</sup> <https://dhhs.ne.gov/Olmstead/Nebraska%20Olmstead%20Plan%20FINAL%20for%20Submission%20to%20Legislature.pdf>

disabilities. The American Rescue Plan awarded Nebraska \$1.3 million for intercity bus service and NDOT will continued to reimburse eligible operating expenses using 100% federal funds into FY22. As a result of the Area Agencies on Aging participation in transportation related discussions, rural areas with the most limited transportation options and potential providers were identified and a representative from the Northeast Nebraska Area Agency on Aging and participated in the region transportation stakeholder meetings. This helps directly communicate to participating providers and NENAAA services.

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

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

With the passage of LB793 in April 2018, Nebraska's ADRCs became a permanent program.

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

The State Unit on Aging provides oversight, technical assistance, reimbursement, and grant management of the program.

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



**Legislative Findings (§68-1112):**

- (1) Anticipating and preparing for significant growth in the number of older Nebraskans and the future needs of persons with disabilities, both of which will require costly long-term care services;*
- (2) Improving access to existing services and support for persons with disabilities;*
- (3) Streamlining the identification of the needs of older Nebraskans and persons with disabilities through uniform assessments and a single point of contact; and*
- (4) Creating statewide public information campaigns to educate older Nebraskans, persons with disabilities, and their caregivers on the availability of services and support.*

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

- (1) Comprehensive information on the full range of available public and private long-term care programs, options, financing, service providers, and resources within a community, including information on the availability of integrated long-term care;*
- (2) Options Counseling;*
- (3) Assistance in accessing and applying for public benefits programs;*
- (4) A convenient point of entry to the range of publicly supported long-term care programs for an eligible individual;*
- (5) A process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs;*
- (6) Facilitation of person-centered transition support to assure that an eligible individual is able to find the services and support that are most appropriate to his or her need;*
- (7) Mobility management to promote the appropriate use of public transportation services by a person who does not own or is unable to operate an automobile; and*
- (8) A home care provider registry that will provide a person who needs home care with the names of home care providers and information about his or her rights and responsibilities as a home care consumer.*

Items (4) point of entry, (5) unmet needs, and (8) home care provider registry, were determined to be administrative functions, rather than client services, for the AAAs serving as ADRCs.

Upon passage of LB793, the State Unit on Aging implemented an action plan to begin the transition to a permanent ADRC network. The seven participating AAAs from the pilot program (FY17 and FY18) chose to participate in the permanent program in FY19-FY22.

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

Requirements to award funding for aging and disability resource centers:

- 1) An area agency on aging shall establish a partnership with one or more lead organizations that specialize in serving persons with congenital and acquired disabilities to provide services for the purpose of developing an aging and disability resource center plan.
- 2) After consultation with a collaboration of organizations providing advocacy, protection, and safety for aging persons and persons with congenital and acquired disabilities, the partnership may submit to the department an aging and disability resource center plan.
- 3) The plan shall specify how organizations currently serving eligible individuals will be engaged in the process of delivery of services through the aging and disability resource center.
- 4) The plan shall indicate how resources will be utilized by the collaborating organizations to fulfill the responsibilities of an aging and disability resource center.
- 5) Two or more area agencies on aging may develop a joint aging and disability resource center plan to serve all or a portion of their planning-and-service areas. A joint plan shall provide information on how the services described in §68-1116 will be provided in the counties to be served by the aging and disability resource center.
- 6) ADRC plans must provide at least one of the following ADRC Services, as described in the Program Reference Guide, and developed from §68-1116:
  - Information and Referral
  - Options Counseling
  - Transitional Options Counseling
  - Benefits Assistance
  - Mobility Training
  - Directory Development

The definition of services (taxonomy) was updated for FY20 and FY21 to meet new federal reporting requirements. The taxonomy is a key document for the planning process, the provision of services, and the recording of the work performed. The definitions are being revised again for issuance in FY24.

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

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



DRAFT

## Appendix

### Exhibit A: ADRC FY23 Plan for Services (Sample)

This plan was developed by Nebraska's Area Agencies on Aging and submitted to the State Unit on Aging with the FY23 Area Plan updates at the end of FY22. The information in the Plan reflects data available at the time it was created. *(Some formatting applied for this report)*

#### AGING AND DISABILITY RESOURCE CENTER (ADRC) NEBRASKA 2022-2023 Plan for Services (3.8.22)

##### Overview

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

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

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

##### ADRC Purpose

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

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

## The Opportunity

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

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

- Reaching and serving elderly people and people with disabilities, regardless of their income, health condition and long-term care needs by providing information and assistance to promote health, safety and independence;
- Providing reliable, objective information about a broad range of community resources of interest to the elderly and people with disabilities; and,
- Enabling people to make informed, cost-effective decisions about LTC and delaying or preventing the need to apply for public assistance to pay for LTC services.

## The System

ADRC Nebraska offers a coordinated system for providing:

- Comprehensive information on available public and private LTC programs and services;
- Services to assist eligible individuals in the development of a LTC plan of services and supports;
- Access to the range of publicly supported LTC programs for which consumers may be eligible;
- A convenient point of entry for available resources and referrals; and,

Partnerships between organizations specializing in serving aging persons and disability organizations that specialize in serving persons with congenital and acquired disabilities.

## Our Plan

### ADRC Nebraska Action Plan Fiscal Year 2022/2023

The ADRC Nebraska Action Plan (Attachment 1) is the creation of the ADRC Leadership Team, composed of the AAA Partners, Disability Partners, and Fritz & O'Hare Associates. The Action Plan is current until June 30, 2023, and will be updated on an annual basis. The purpose of the Action Plan is to outline strategies to improve and implement the delivery of ADRC services.



### ADRC Direct Services Provision

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

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

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

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

### Resources

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

- PeerPlace – Software system to document and track participants and referrals
- ADRC Website – Merged with Nebraska 211
- ADRC Orientation and Operations Manuals – Manuals used by ADRC staff to provide orientation and outline ADRC processes and operations
- Training - Ongoing training opportunities for ADRC providers on relevant resources

### Funding

AOWN, AP, Blue Rivers, ENOA, Midlands, NENAAA and SCNAAA have each submitted ADRC budgets to the State Unit on Aging in their respective approved Area Plans. AAAs are paid for ADRC services directly by the SUA.

Funding levels for ADRC activities of the Brain Injury Alliance of Nebraska, League of Human Dignity, Easterseals Nebraska, and the Munroe-Meyer Institute are established by the SUA. Due to legislative requirements, South Central Nebraska AAA and Midlands AAA currently serve as fiscal intermediaries to pass funding from the SUA to the Disability Partners for ADRC service delivery. At the time of development of this plan, legislation is pending to allow the Disability Partners to be paid directly by the SUA. Changes will be made to the process if the legislation passes.

ADRC staff complete required Medicaid Administrative Claiming documentation to receive Federal Financial Participation (FFP) funds for the ADRC. The funds realized from Medicaid through this process are disseminated by the SUA to ADRC providers as previously described.

The following is an additional funding allocation.

- Fritz & O'Hare Associates (FOA): ADRC partners will provide funding to NE4A in an amount pro-rated specific to their organization for the purpose of contracting with FOA to provide organization, coordination, training, and oversight of the operations of ADRC Nebraska.

DRAFT

Exhibit B - ADRC Action Plan for Fiscal Year 2022/2023

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

**Goal 1.** The 211 website is utilized by ADRC providers and the public.

**Estimated Completion Date:** 6/30/23

Action Steps	Lead	Timeline
1.1 ADRC providers, at a minimum annually, verify all information for their organization and common referral sources on the 211 site and report needed changes to 211 management.	ADRC Providers	Ongoing
1.2 The ADRC collaborates with 211 to develop a system to track user hits on ADRC provider sites.	Program Coordinators	12/31/22

**Goal 2:** An ADRC marketing plan is developed and implemented.

**Estimated Completion Date:** 6/30/23

Action Steps	Lead	Timeline
2.1 An ADRC marketing plan that highlights and promotes the ADRC services offered by each provider is developed by a Marketing Subcommittee, including identification of funding source(s).	ADRC Subcommittee/Program Coordinators	12/31/22
2.2 Marketing plan is implemented.	Leadership Team	Ongoing

**Goal 3:** The Disability Partners are fully integrated ADRC providers.

**Estimated Completion Date:** 6/30/23

Action Steps	Lead	Timeline
3.1 The collaboration between AAA Partners and Disability Partners is strengthened through ongoing meetings, communication, cross-training, and joint planning activities, occurring at a minimum on a quarterly basis.	Leadership Team	Ongoing
3.2 ADRC operational processes to support Disability Partners receiving direct calls and referrals are implemented at Disability Partner sites (if proposed legislation to allow this is passed).	Disability Partners	60 days following effective date of legislation
3.3 A system for obtaining fiscal support from all partners for the support of ADRC program management is developed and implemented.	Leadership Team	12/31/22

**Goal 4:** ADRC statistical quarterly reports are completed and distributed.

**Estimated Completion Date:** 6/30/23

Action Steps	Lead	Timeline
4.1 ADRC data is collected on a quarterly basis.	ADRC Providers	Ongoing
4.2 An ADRC quarterly report is provided to the Leadership Team and other stakeholders.	Program Coordinators	Ongoing
4.3 The use of consumer satisfaction surveys is explored and, if surveys are utilized, a data collection method is developed and implemented to provide data for inclusion in quarterly reports.	ADRC Subcommittee/ Program Coordinators	6/30/23

**Goal 5:** Ongoing relevant trainings are promoted and offered to ADRC providers.

**Estimated Completion Date:** Ongoing

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

DRAFT

Exhibit C-1: AOWN

The Aging Office of Western Nebraska (AOWN) opened in 1981 in Scottsbluff as a non-profit organization. Nebraska and has since served older Nebraskans within the Panhandle of Nebraska, consisting of eleven sparsely populated counties, two of which are frontier counties. In 2018 AOWN became a permanent program of the ADRC (Aging and Disability Resource Center) helping persons with a disability.

AOWN proudly offers the following programs for eligible participants within the PSA-L: Total Care Management, Nursing Facilities Level of Care, Care Management, Title III-B Supportive Services, Title III-C1 and Title III-C2 Congregate and Home-Delivered meals programs facilitated in the Senior Centers, Title III-D Health Promotions/Disease Prevention, Title III-E Family Caregiver Support, and Aging and Disability Resource Center (ADRC).

AOWN maintains an active role in being one of the seven Area Agencies on Aging with an Options Counselor. Our Options Counselor is actively involved in the Quality Assurance committee, Consumer Review team, and participates in the trainings that are offered by the contractors Lloya Fritz and Mary O'Hare (Fritz and O'Hare). The AOWN participates in the ADRC Medicaid Administrative Claiming (MAC) workgroup, which allows the Area Agencies on Aging and the Disability partners to receive additional funds to aid in the ADRC.

AOWN had 842 units of Information and Referral (I&R) with 55.75 Options Counseling units for FY 22. AOWN only offers I &R and Options Counseling currently. During COVID our Options Counselor made twice the number of calls to the people of the Panhandle of Nebraska to help with scheduling of the COVID vaccines, telephoning the home bound clients, and making many phone calls of people that called our office for services.

AOWN facilitates in making the ADRC program more visible with the Options Counselor presenting at various groups throughout the entire Panhandle of Nebraska. The Options Counselor coordinates and collaborates services with many resources across the State of Nebraska. Because many resources are not widely available in the rural and isolated communities within the Panhandle, AOWN is challenged with the difficult task to be creative in meeting our client's needs by spanning to larger Nebraskan cities and even across state lines.

Housing for the homeless, needs of the homeless, and hoarding are some of the unmet needs that the AOWN faces. The AOWN continues to have other unmet needs within the ADRC which the Options Counselor works diligently with the contractors Fritz & O'Hare to try to get those needs met.

The AOWN recognizes there is still work to be done by the Options Counselor to continue to create and maintain positive impacts within the small rural communities of Western Nebraska and to grow the ADRC. With the continued support of the SUA and the State of Nebraska AOWN can achieve these goals that our communities desperately need.

## Exhibit C-2: Aging Partners

The Options Counselor at Aging Partners provides information and support available in the home and in the community for older individuals in addition to individuals with disabilities, family, caregivers, and anyone who requests information and assistance on behalf of others through the Aging & Disability Resource Center (ADRC). It is the job of our Options Counselor to access the most appropriate resources for the individual to meet their needs. These services are offered to an eight-county service area in Nebraska, including Lancaster, Saunders, Butler, Polk, York, Filmore, Seward and Saline counties.

The types of services we offer through the Aging Partners ADRC include Information & Referral Services (I&R), Options Counseling and Benefits Assistance. I&R Services allow us to connect individuals with services in the community, assess short-term needs and provide information necessary to meet those needs, and following up to ensure that those needs have been met. Options Counseling is a natural extension of the I&R process, allowing for continued support to meet long-term needs and aid in ensuring the individual or their representative have the necessary information to make informed decisions. Benefits Assistance allows us to work with individuals who have difficulty understanding or navigating through the various community and State benefits programming available. We will discuss eligibility requirements with individuals and aid with the application process, in addition to working with the individual until benefits are obtained.

Keeping up to date on the latest information is key with the ADRC. The Program Supervisor is a member of the Quality Assurance team, and the Options Counselor is a member of the State ADRC Consumer Review team, partnering with other Disability Partners throughout the state for the delivery of ADRC services. Collaborating between AAA and Disability Partners is essential for the success of this program, keeping communication open, cross-training opportunities and joint planning activities strengthen this collaboration. In addition to this, the Options Counselor has also attended various trainings over this past year, including multiple sessions from the Disability Education Series, Person Centered Planning, Disabled Persons/Family Support & Lifespan Respite Programs, HIPAA training, Navigating Cultural Differences and Celebrating Olmstead: Working 4INclusion.

Accessing State benefits is a tall order and can be more difficult for individuals who are older or who have disabilities. This summer, we received a call from an out-of-state family member, whose brother had a stroke and was placed in a nursing home, he was only 59 years old. While some improvements were made, this gentleman could no longer live on his own. However, it was determined he was better suited for assisted living rather than a nursing home. The Options Counselor discussed Medicaid and the Medicaid Waiver program with the family member, assisted in connecting the family with DHHS' Eligibility & Enrollment program to make the initial referral for an assessment and discussed potential assisted living facility options. The nursing home was out of our service area, but the assisted living he was interested in was in Lincoln. Once approved for Medicaid Waiver, the Options Counselor assisted the family with getting in touch with the assigned Service Coordinator in his service area. Provider choice was explained, and the Options Counselor worked with him to have his services transferred to Aging Partners for service coordination, as requested. Given that this family member assisting was out of town, the Options Counselor here worked diligently with each interested party and this gentleman is scheduled to move into the assisted living facility here in town within the next month. This gentleman's case is not unique. It poses as one example of the over 500 individuals the ADRC Options Counselors have served over this past year at Aging Partners.

### Exhibit C-3: BRAAA

A majority of the ADRC calls we get are people who are concerned about an older family member's ability to stay independent at home. We discuss with the caller the nature of their concern and ask other relevant questions to conduct a brief and informal assessment.

Other common calls include: individuals under 60 who need support staying independent at home, questions about transportation to medical appointments [Medicaid and non-Medicaid], questions about personal emergency response systems, state and federal benefits for the aged and disabled, individuals in need of long-term support from a social worker [Blue Rivers or otherwise], information for family regarding recent dementia diagnosis with suggestions for checking on insurance provider and funding if NF is needed, access to free legal services, home modifications or adaptive equipment to improve accessibility, and housing from affordable independent living to skilled nursing care—with an emphasis toward resources that support safe independent living.

Occasionally, we identify and address needs beyond the original concern. For example, the caller might be requesting ideas for care at home for their loved one and ideally one covered by insurance. The obvious request is for an affordable provider for home care—often unfamiliar territory until the need occurs. Yet, through discussion, the caller might appreciate an offer for information about resources to support them as a caregiver as well.

We provide lists of current resources, services, agencies, etc. that are available to them and specific to their location and economic situation. We encourage them to keep us in mind as their resource center for all questions related to aging and disability. If we don't do what you need, we will get you connected to someone who does.

In the last year, the three ADRC workers have completed 637 contacts [9/12/21—9/12/22].

Our Agency utilized MAC funds to subsidize our Care Management program in the amount of \$28,272, as the Care Managers/ADRC Counselors are the major participators in the time study, completing the MAC work for our clients.



## Exhibit C-4: ENOA

The Eastern Nebraska Office on Aging's ADRC stays busy fielding calls and providing mostly Information & Assistance and a "warm handoff" to community resources that assist callers with their specific needs. In FY 22, our agency fielded 3,824 Information & Assistance/Information & Referral calls, assisting 2,217 different consumers. Our Options Counselors assisted 46 individuals with a more detailed plan of information to address their long-term needs.

ENOA promotes the ADRC through our monthly newspaper *New Horizons*, our website [enoa.org](http://enoa.org), and social media pages. We participated in 43 community outreach events in FY 22. Options counselors are active participants in the ADRC monthly consumer review team meetings, participate in ADRC trainings, and ADRC Quality Assurance meetings. In addition, we belong to numerous networking groups that keep us up to date on new programs & services available to the consumers we serve.

### **Good Stories:**

Rosie is an ongoing caller to the ENOA ADRC. Over the course of FY 21-22, she has received assistance from the ADRC Options Counselor, who has connected her to numerous agencies across the city of Omaha. The assistance noted below was made possible through the ADRC Options Counselor and has enabled Rosie to continue to stay independent and out of a care facility.

- Connected to St. Vincent DePaul, who paid a small bill for pest control when her apartment needed to be treated and the landlord refused to pay.
- Connected to Methodist Equipment program, who provided Rosie with an almost new 3-wheeled scooter to help her get around her new apartment building.
- ENOA/ADRC coordinated food delivery for her dog through the Nebraska Humane Society Animals program; the ADRC also connected her to a grant through the NHS that paid for the licensing of her emotional support dog.
- Rosie was also connected to Legal Aid for a charge to her rent that she was wrongly being billed for. The wrongful charge was remedied, and a case was opened to recoup the charges.
- Various connections to pantry delivery agencies were also established
- ENOA's SeniorHelp program coordinated volunteers to assist Rosie with packing and unpacking, companionship, and dog walking.

Doug is a retired homeowner in Omaha. In late June he contacted the ADRC for assistance with his utilities. He had been hospitalized recently and he was just not able to make ends meet with the significant increase in expenses. The ADRC Options Counselor worked with Doug to locate appropriate community assistance programs so he would be able to stay in his own home. He was not aware of any of these programs before contacting the ADRC for assistance:

- Connected him to the DHHS LIHEAP "Priority Conditions" cooling assistance application and he was approved for extra utility assistance.
- Encouraged him to contact Legal Aid of Nebraska and discuss the Nebraska Homeowners Assistance Fund (NIFA). Legal Aid assisted with the application process, and he is awaiting approval.
- Made him aware of a new Customer Assistance program with OPPD that provides financial assistance in the form of a monthly bill credit, thus reducing the consumer's electric bill to a more affordable level. Awaiting approval.

Without the ADRC assistance, both consumers would have faced possible eviction and may have ended up in a Homeless Shelter, or in a care facility needing State Assistance to cover the placement. Overall, the Nebraska ADRC has been a worthwhile addition to ENOA's programs & services.

## Exhibit C-5:MAAA

Midland Area Agency on Aging is grateful to be integrated with the Aging and Disability Resource Center. We cover an 8 county region all of which have rural areas that have very limited if any services available to help individuals connect to long term services and supports.

Over the course of Fiscal Year 23 we had 1859 contacts made helping individuals. We spent around 1350 hours of time in direct contact working with individuals through Benefits Assistance, Options Counseling, and Information and Referral.

One of our most active program is Benefits Assistance. In the last fiscal year we helped 456 people with some type of Benefits Assistance. On average we help 30 individuals a month with understanding, applying and completing the Medicaid application process. Through the ADRC program we assisted an individual in their late 80's who sometimes went without food, medications or air conditioning because they were on such a fixed income. He had no family to encourage or help him apply for benefits. The doctor's office made a phone referral to us and we were able to help him apply for Home Delivered Meals, Energy assistance, Care Management services, Housekeeping and Medicaid.

Options Counseling also gives us the time to think outside the box and to coordinate efforts in the communities in order to meet someone's needs. We have worked with individuals that have gone without heat in their homes through the winter due to a broken furnace or inability to pay their bill to keep utilities on. We were able to coordinate funding and resources in the community and were able to fix a furnace or catch someone up on past due utilities. It took several calls to make things happen but instead of asking someone with a disability or elderly individual to call seven different places and potentially get lost in the shuffle the ADRC was able to be the point of contact. We were even able to connect a gentleman to someone willing to donate wood so that he would be able to heat his home through the winter.

We also frequently work with caregivers who are caring for a spouse with a high level of needs that they no longer can support and don't know where to turn to get the needed assistance and our ADRC staff can assist them.

ADRC gives our agency the ability to have a dedicated staff person to who is able to provide a No Wrong Door Service and give our clients the ability to connect with the same person to coordinate all of their needs. MAAA is looking forward to being able to provide Mobility Training and Transitional Options Counseling this year as we continue to expanding in ways to assist the individuals in our area.

We hear frequently an overall statement from individuals served that, "if it would not have been for the assistance of the ADRC they do not know if they would have been able to connect themselves or their loved ones to the needed services and supports."

## Exhibit C-6: NENAAA

The Northeast Nebraska Area Agency on Aging (NENAAA) encompasses 22 counties in Northern Nebraska. NENAAA was one of seven Nebraska Area Agencies on Aging that led the State to develop Aging and Disability Resource Center (ADRC) legislation and funding. NENAAA became an ADRC pilot program and worked with the legislature to have permanent ADRC's in Nebraska.

The ADRC provides services to older adults 60 years and older, people with disabilities of all ages and family members, caregivers, and advocates.

NENAAA provides Information and Referral and Options Counseling services through the ADRC. These services are one-on-one via telephone, email, or in-person. It is an interactive decision system to assist the individual, family, caregiver, representative in determining appropriate services and supports to best meet the client's needs. It is also a collaboration with public and private agencies to obtain information and access needed services.

In FY 2022, NENAAA provided 1,329.75 units of Information and Referral (I&R) and 302 units of Options Counseling. There were 629 of unduplicated clients for I&R and 90 unduplicated clients for Options Counseling.

The ADRC legislation addressed that Nebraska work to receive Medicaid Administrative Claiming (MAC) funding. The MAC funding supports various budgets at NENAAA such as care management, ADRC, Respite and Emergency Response System services.

The aging network can be a maze of information and difficult to understand. The ADRC is an entry point to administer long term care options. It is about empowering individuals to make informed decisions. The following is an example:

In July 2021, an Options Counseling case was opened for an 85-year-old woman living at an Assisted Living Facility (ALF). She wanted to return to her home in the country, next to the highway where a memorial of flags for her deceased husband could be seen from her window. She had surgery for back issues, has heart issues, and lower left leg/foot swelling. She had been at two different Nursing Facilities for Rehabilitation prior to admission to the ALF.

Due to conflicting stories about her care needs from what she reported, as well as the adult children concerned about her returning home, a meeting for all involved was scheduled at the ALF.

The services and resources to keep her safe in the home were discussed. Several short stays at home with assistance from the care provider and observation of her abilities were scheduled. After the third trip home for a weekend was successful, the woman discharged from the ALF back to home with in-home services of Personal Emergency Response System, Transportation to/from medical appointments, groceries, etc. and housekeeping tasks.

Exhibit C-7: SCNAAA

The SCNAAA (South Central Nebraska Area Agency on Aging) & ADRC (Aging & Disability Resource Center) has been committed since the conception of the ADRC Program to helping improve lives of all Nebraskans. The ADRC serves Nebraskans aged 60 and over, individuals of all ages with disabilities, and their caregivers and loved ones. In the past 6 years, the ADRC has evolved to support and serve the expanding needs of local Nebraskans in the South-Central Nebraska region.

The ADRC program initially provided Information and Referral and Options Counseling services and expanded to add Benefits Assistance. The Benefits Assistance services have helped increase the number of consumers that have access to a variety of public benefits and helped navigate a sometimes difficult application system. In the last six years, the South-Central NE AAA/ADRC has also helped numerous Nebraskans, through Information and Referral and Options Counseling, choose and implement services and supports that helps them remain at-home and prevent premature facility placement.

The services provided by the ADRC have also had a direct impact on social determinants of health. Consumers of the ADRC often have a large rate of health disparities, and many programs that the ADRC helps connect consumers to, can greatly improve their quality of life, access to healthcare, and overall mental well-being.

Exhibit C-8: BIANE

Brain Injury Alliance of Nebraska (BIA-NE) is a 501 (c) 3 charitable nonprofit and the only dedicated provider of brain injury health information and support in the state. Incorporated in 2009, the organization's mission is to create a better future for all Nebraskans through brain injury prevention, education, advocacy, and support. BIA-NE is an affiliate of the United States Brain Injury Alliance.

Although brain injury is BIA-NE's focus, BIA-NE serves individuals of all disabilities because so frequently brain injury is co-occurring with other disabilities.

BIA-NE provides a comprehensive array of statewide services designed to bridge identified gaps for individuals with disability through its prevention, education, advocacy, and support efforts. BIA-NE's specific service line which aligns with the ADRC goals is what BIA-NE calls resource facilitation. Resource facilitation specialists, assist in building personalized support teams providing information, resources, and referral services to individuals and their families.

In FY 2021, BIA-NE served 41 unique clients through the ADRC program. Six of those unique clients received Information and Referral Services and thirty-five (35) received Options Counseling services for a total of 67 units.

As BIA-NE looks to the future, the goal is to increase referrals. In FY 2021 BIA-NE referrals were generated from the area agency on aging ADRC staff. In FY 2022, the BIA-NE has a chance of increasing referrals as there is a transition to being a full ADRC member, not dependent on contracts with the area agency on aging and being mentioned as an option for individuals and family members calling the ADRC hotline.

In FY 2021, BIA-NE began participating in the Medicaid Administrative Claiming process. This was a new experience that has proven to be very fruitful for BIA-NE because BIA-NE can maximize state and private dollars earned throughout the year. BIA-NE will invest these dollars to support budget items such as:

- The increased cost of transportation for staff serving individuals in outstate Nebraska.
- Updating our current database (and some other systems we've cobbled together) to Salesforce as a comprehensive solution.
- Staff training and professional development opportunities.
- Staff cost-of-living raises.
- Public promotion of BIA-NE's services and supports.

## Exhibit C-9: LHD

The League of Human Dignity (LHD) is a community-based consumer controlled non-profit organization, whose mission is to promote the full integration of persons with disabilities into society. Our offices provide services for people of all ages with disabilities to assist them in living full, independent lives.

Prior to LHD's involvement in the ADRC our organization has always provided information and referral, mobility management, benefits assistance, options counseling and transitional options counseling-transition from nursing homes or institutions, along with the other services of peer support, independent living skills training individual and systems change advocacy and youth transition. Previously LHD could only provide these services in our Part B and Part C counties, limiting us to not being able to help individuals in other counties with the specific ADRC services of information and referral, mobility management, benefits assistance, options counseling and transition and diversion from institutions. In being a partner with the ADRC, LHD can now serve and reach out to previously unserved individuals who experience aging and/or disability issues. In the ADRC, the League has built strong relationships with a large network of disability and aging support organizations across Nebraska to assist individuals and families seeking services and assistance. Now, being a partner of ADRC we are able to team up with our ADRC partners and assist more individuals throughout the entire state of Nebraska and in all counties with a larger network of resources.

The League of Human Dignity, Inc. continues to support the ADRC by maintaining a strong presence in the ADRC Training Committees, the Quality Assurance Committee, the Leadership Committee, the ADRC MAC workgroup, the Consumer Review Team, and assist in supporting legislative efforts. We use our ADRC team to help with finding services and information for individuals we serve.

LHD will continue our efforts to work with our ADRC partners to help grow and promote our network of resources and to support and assist individuals with aged and /or disabilities in Nebraska. Joining the ADRC we have been able to see the difference we are making with the additional assistance and guidance from all the ADRC partners for individuals who are aged and/or disabled throughout Nebraska.

## Exhibit C-10: MMI

The Munroe-Meyer Institute serves as the University Center for Excellence in Developmental Disabilities for the state of Nebraska. The Munroe-Meyer Institute (MMI) is an academic unit of the University of Nebraska Medical Center and provides a number of clinical and other programs and supports related to intellectual and developmental disability; MMI provides these services as a function of its educational mission to expand the availability of professional practitioners in primary and allied health (and related) disciplines for those with disabilities and their families in the state. While the entire Institute serves as the University Center, MMI also houses a discrete University Center program that oversees a number of innovative projects related to building the capacity of disability services and supports across Nebraska. Among these has been the Center's involvement in the Nebraska Aging and Disability Resource Center program.

Prior to its involvement in the ADRC, the Munroe-Meyer Institute (MMI) consistently offered options counseling, transitional options counseling, and benefits assistance to those seeking services and support. MMI has historically collaborated with a network of disability support organizations in communities across Nebraska to assist individuals and families seeking assistance. Through our association with the ADRC, MMI's Options Counselors have continued to support a consistent rate of ADRC referrals and collaborate with other ADRC partners in order to increase referrals and to better educate and empower the individuals and families we serve. As examples, MMI assists individuals with the applications for Nebraska Medicaid, the Home and Community Based Services waivers, and other Medicaid funded services and activities. Through our network of collaborating partners, we are able to address a myriad of issues that individuals and family members bring to us.

The MMI University Center program also continues to support the ADRC network by maintaining an active role in the ADRC Training committee, the Quality Assurance committee, the leadership committee, the ADRC Medicaid Administrative Claiming (MAC) workgroup, the Consumer Review team, and by assisting in supporting legislative efforts that, for example, allows the disability-related ADRC agencies to contract directly with the Nebraska Department of Health and Human Services' State Unit on Aging (SUA) for funding. MMI also sought to partner with Easter Seals for COVID-19 grant funding and continues to pursue other opportunities for partnerships through the ADRC.

MMI faculty and staff continue specific efforts in order to grow our involvement in the ADRC as a provider. In addition, the MMI UCEDD department was also able to assist the new MMI Care Coordination department to explore Medicaid Administrative Claiming as a funding option and expanding the services available to the clients and families served through the ADRC, including interpretation and translation services. Needless to say, MMI has maintained a significant interest in promoting and participating in the Nebraska ADRC and plans to continue to do so as a key component within our scope of work activities.

Attachment A - ADRC Reports

Exhibit C-11: Easterseals – no submission