

## LEGISLATIVE BILL 320

Approved by the Governor May 27, 2015

Introduced by Bolz, 29; Campbell, 25; Davis, 43; Stinner, 48.

A BILL FOR AN ACT relating to public health; to amend sections 68-1107, 68-1108, and 68-1109, Revised Statutes Cumulative Supplement, 2014; to adopt the Aging and Disability Resource Center Demonstration Project Act; to require the Aging Nebraskans Task Force to develop a state plan regarding persons with Alzheimer's or related disorders; to change a termination date; to harmonize provisions; to provide operative dates; to repeal the original sections; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. Sections 1 to 9 of this act shall be known and may be cited as the Aging and Disability Resource Center Demonstration Project Act.

Sec. 2. The Legislature finds that:

(1) The state should anticipate and prepare 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) The state should improve access to existing services and support for persons with disabilities;

(3) The state should provide a streamlined approach to identify the needs of older Nebraskans and persons with disabilities through uniform assessments and a single point of contact; and

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

Sec. 3. The purpose of the Aging and Disability Resource Center Demonstration Project Act is to evaluate the feasibility of establishing aging and disability resource centers statewide 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.

Sec. 4. For purposes of the Aging and Disability Resource Center Demonstration Project Act:

(1) Aging and disability resource center means a community-based entity established to provide information about long-term care services and support and to facilitate access to options counseling to assist eligible individuals and their representatives in identifying the most appropriate services to meet their long-term care needs;

(2) Area agency on aging has the meaning found in section 81-2208;

(3) Center for independent living has the definition found in 29 U.S.C. 796a, as such section existed on January 1, 2015;

(4) Department means the State Unit on Aging of the Division of Medicaid and Long-Term Care of the Department of Health and Human Services or any successor agency designated by the state to fulfill the responsibilities of section 305(a)(1) of the federal Older Americans Act of 1965, 42 U.S.C 3025(a)(1), as such section existed on January 1, 2015;

(5) Eligible individual means a person who has lost, never acquired, or has one or more conditions that affect his or her ability to perform basic activities of daily living that are necessary to live independently;

(6) Options counseling means a service that assists an eligible individual in need of long-term care and his or her representatives to make informed choices about the services and settings which best meet his or her long-term care needs and that uses uniform assessments 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;

(7) Representative means a person designated as a legal guardian, designated by a power of attorney or a health care power of attorney, or chosen by law, by a court, or by an eligible individual seeking services, but use of the term representative shall not be construed to disqualify an individual who retains all legal and personal autonomy;

(8) Uniform assessment means a single standardized tool used to assess a defined population at a specific time; and

(9) University Center for Excellence in Developmental Disability Education, Research and Service means the federally designated University Center for Excellence in Developmental Disability Education, Research and Service of the Munroe-Meyer Institute at the University of Nebraska Medical Center.

Sec. 5. The department shall award grants for three aging and disability resource center demonstration projects. The department shall adopt criteria for evaluating proposals to operate an aging and disability resource center demonstration project based on the requirements in section 6 of this act and release a request for proposals within sixty days after the operative date of this section.

Sec. 6. The aging and disability resource center demonstration projects shall be established to evaluate the feasibility of establishing aging and disability resource centers statewide as a means of promoting appropriate, effective, and efficient use of long-term care resources. The aging and disability resource center demonstration projects shall operate through June 30, 2018. Each aging and disability resource center demonstration project shall provide one or more of the following services:

(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.

Sec. 7. (1) Within sixty days after the release date of a request for proposals under section 5 of this act, an area agency on aging, after consultation with a collaboration of organizations that serve aging persons and persons with disabilities, including, but not limited to, centers for independent living and the University Center for Excellence in Developmental Disability Education, Research and Service, and with other organizations, including, but not limited to, organizations providing advocacy, protection, and safety for aging persons and persons with disabilities, may submit to the department a proposal to establish an aging and disability resource center demonstration project. The proposal 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 demonstration project. The proposal shall be developed in consultation with eligible individuals and their representatives. The proposal shall indicate how resources will be utilized by the collaborating organizations to fulfill the responsibilities of an aging and disability resource center demonstration project.

(2) Two or more area agencies on aging may develop a joint proposal to establish an aging and disability resource center demonstration project to serve all or a portion of their planning-and-service areas. A joint proposal shall provide information on how the services described in section 6 of this act will be provided in the counties to be served by the aging and disability resource center demonstration project described in the joint proposal.

Sec. 8. Within thirty days after receipt of a proposal developed pursuant to subsection (1) or (2) of section 7 of this act, the department shall review the proposal and determine whether the proposal is eligible for funding. The department shall select three proposals for funding. The department shall enter into a contract with an independent institution having experience in evaluating aging and disability programs for an evaluation of the aging and disability resource center demonstration projects. The contract shall require that a report evaluating the demonstration projects be presented to the Clerk of the Legislature prior to December 1 of 2016, 2017, and 2018.

Sec. 9. The department shall reimburse each area agency on aging operating an aging and disability resource center demonstration project on a schedule agreed to by the department and the area agency on aging. Such reimbursement shall be made from (1) state funds appropriated by the Legislature, (2) federal funds allocated to the department for the purpose of establishing and operating aging and disability resource centers, and (3) other funds as available.

Sec. 10. Section 68-1107, Revised Statutes Cumulative Supplement, 2014, is amended to read:

68-1107 (1) The Aging Nebraskans Task Force is created. The purposes purpose of the task force are (a) is to develop and facilitate implementation of a statewide strategic plan for addressing the needs of the aging population in the state and (b) to develop a state plan regarding individuals with Alzheimer's or related disorders as provided in section 13 of this act. The task force shall provide a forum for collaboration among state, local, community, public, and private stakeholders in long-term care programs.

(2)(a) The executive committee of the task force shall include as voting members the chairperson of the Health and Human Services Committee of the Legislature, a member of the Appropriations Committee of the Legislature appointed by the Executive Board of the Legislative Council, a member of the Health and Human Services Committee of the Legislature appointed by the Executive Board of the Legislative Council, a member of the Legislature's Planning Committee appointed by the Executive Board of the Legislative Council, and an at-large member appointed by the Executive Board of the Legislative Council. The voting members of the executive committee shall choose a

chairperson and vice-chairperson from among the voting members.

(b) The chief executive officer of the Department of Health and Human Services or his or her designee and the Chief Justice of the Supreme Court or his or her designee shall be nonvoting, ex officio members of the executive committee of the task force.

(c) The remaining four members of the task force shall be nonvoting members appointed by the executive committee of the task force through an application and selection process, representing stakeholders in the long-term care system and may include a representative of the Division of Medicaid and Long-Term Care Advisory Committee on Aging, representatives of health care providers, elder law attorneys, representatives of the long-term care ombudsman program, health care economists, geriatric specialists, family caregivers of seniors in at-home care, providers of services to the elderly, seniors currently or previously in institutional care, and aging advocacy organizations.

(3) The executive committee of the task force shall advise the task force regarding the interaction among the three branches of government related to long-term care programs and services. The members of the executive committee shall each represent his or her own branch of government, and no member of the executive committee shall participate in actions that could be deemed to be the exercise of the duties and prerogatives of another branch of government or that improperly delegate the powers and duties of any branch of government to another branch of government.

(4) The task force shall work with administrators of area agencies on aging, nursing home and assisted-living residence providers, hospitals, rehabilitation centers, managed care companies, senior citizen centers, community stakeholders, advocates for elder services and programs, the Center for Public Affairs Research of the College of Public Affairs and Community Service at the University of Nebraska at Omaha, and seniors statewide to establish effective community collaboration for informed decisionmaking that supports the provisions of effective and efficient long-term care services.

(5) The task force shall create a statewide strategic plan for long-term care services in Nebraska which shall consider, but not be limited to:

(a) Promotion of independent living through provision of long-term care services and support that enable an individual to live in the setting of his or her choice;

(b) Provision of leadership to support sound fiscal management of long-term care budgets so that Nebraska will be able to meet the increasing demand for long-term care services as a growing portion of the state's population reaches the age of eighty years;

(c) Expedited creation of workforce development and training programs specific to the needs of and in response to Nebraska's growing aging population;

(d) The identification of gaps in the service delivery system that contribute to the inefficient and ineffective delivery of services; and

(e) Development of a process for evaluating the quality of residential and home and community-based long-term care services and support.

Sec. 11. Section 68-1108, Revised Statutes Cumulative Supplement, 2014, is amended to read:

68-1108 (1) On or before December 15, 2014, the Aging Nebraskans Task Force shall present electronically to the Legislature a report of recommendations for the statewide strategic plan described in section 68-1107. The Department of Health and Human Services shall also annually report electronically to the Legislature the percentage growth of medicaid spending for people over sixty-five years of age for no fewer than five years following acceptance of the application to the State Balancing Incentive Payments Program pursuant to section 81-3138.

(2) The task force shall develop a state plan as provided in section 13 of this act and electronically deliver the state plan to the Governor and the Legislature on or before December 15, 2016. The task force shall make a presentation of the state plan to the Health and Human Services Committee of the Legislature on or before December 15, 2016.

Sec. 12. Section 68-1109, Revised Statutes Cumulative Supplement, 2014, is amended to read:

68-1109 The Aging Nebraskans Task Force terminates on January 1, 2017 ~~June 30, 2016~~, unless extended by the Legislature.

Sec. 13. (1) The Aging Nebraskans Task Force shall develop a state plan regarding individuals with Alzheimer's and related disorders. The task force shall work with the chief executive officer of the Department of Health and Human Services, the Public Guardian, the area agencies on aging, organizations advocating for patients and caregivers for patients with Alzheimer's or related disorders, the law enforcement community, patients with Alzheimer's or related disorders, caregivers for patients with Alzheimer's or related disorders, client advocacy organizations, health care provider advocacy organizations, private health care providers, and community-based health professionals.

(2) The task force shall:

(a) Assess the current and future impact of Alzheimer's and related disorders on residents of the state;

(b) Determine the existing services and resources in the state that address the needs of individuals with Alzheimer's and related disorders and their families and caregivers; and

(c) Develop recommendations to respond to escalating needs for the services and resources described in subdivision (b) of this subsection.

(3) In fulfilling the duties described in subsection (1) of this section, the task force shall examine:

(a) Trends and needs in the state relating to populations with Alzheimer's or related disorders, including (i) the state's role in the provision of long-term care, (ii) family caregiver support, (iii) the provision of early-stage diagnoses, assistance, support, and medical services, (iv) younger onset of Alzheimer's or related disorders, (v) ethnic populations at higher risk, and (vi) risk reduction;

(b) Existing services, resources, and capacity available to individuals with Alzheimer's or related disorders, including:

(i) The type, cost, availability, and adequacy of services, including, (A) home and community-based resources, (B) respite care, (C) residential long-term care, and (D) geriatric-psychiatric units for individuals with associated behavioral disorders;

(ii) Dementia-specific training requirements for individuals who are employed to provide care to individuals with Alzheimer's or related disorders;

(iii) Quality of care measures for services delivered across the continuum of care;

(iv) The capacity of public safety and law enforcement to respond to individuals with Alzheimer's or related disorders; and

(v) State support to institutions of higher learning for research on Alzheimer's or related disorders;

(c) The need for state policy or action in order to provide clear, coordinated services and support to individuals with Alzheimer's or related disorders and their families and caregivers; and

(d) Strategies to identify gaps in services.

Sec. 14. Sections 1, 2, 3, 4, 5, 6, 7, 8, and 9 of this act become operative three calendar months after the adjournment of this legislative session. The other sections of this act become operative on their effective date.

Sec. 15. Original sections 68-1107, 68-1108, and 68-1109, Revised Statutes Cumulative Supplement, 2014, are repealed.

Sec. 16. Since an emergency exists, this act takes effect when passed and approved according to law.