# Attachment E

Appendices

Appendices are organized as follows:

|  |  |
| --- | --- |
| Appendix Numbers | Program Area  |
| Appendix A-1 | State Unit on Aging, Client migration information, file layout |
| Appendix A-2 | Aging & Disability Resource Center, Client migration information, file layout |
| Appendix A-3 | Aging Service Unit migration for registered clients |
| Appendix A-4 | Aging Partners Mediware modules |
| Appendix A-5 | Eastern Nebraska Office on Aging Mediware modules |
| Appendix B-1 | Optional State Long-Term Care Ombudsman Program (LTCOP) |
| Appendix B-2 | LTCOP migration information, file layout |
| Appendix C-1 | Nebraska Disability Resources |
| Appendix D-1 | Regulations, State Plan, and website |

# Appendix A-1

State Unit on Aging software file layout

The State will perform an Excel extract of the Nebraska Aging Management Information System (NAMIS) database for clients who received services in the prior fiscal year. The approximate number of clients and caregivers are: 35,000.

The NAMIS file layout is as follows:

| **NAMIS Field** | **Field Type** | **Description** |
| --- | --- | --- |
| Client ID | Number | (Primary Key) |
| Client SSN | Text | Social Security Number |
| Client First Name | Text |  |
| Client Middle Name | Text |  |
| Client Last Name | Text |  |
| Client Gender | Text |  |
| Client DOB | Date/Time |  |
| Client Case Manager | Text | Case Manager that assists client. Not required for all clients |
| Client Race | Text |  |
| Client Ethnicity | Text |  |
| Client Living Arrangement | Yes/No | Yes= User Lives Alone, No= User lives with others |
| Client Poverty Level | Yes/No | Yes= At or Below Federal Poverty Level, No= Above Federal Poverty Level |
| Client Income | Number | Monthly Income |
| Client Marital Status | Text |  |
| Client Eligibility | Text | How the client is eligible for services  |
| Client Rural | Yes/No | Yes= Rural, No= Non-Rural |
| Client Primary Address Type | Text |  |
| Client Primary Address1 | Text |  |
| Client Primary Address1 | Text |  |
| Client Primary City | Text |  |
| Client Primary State | Text |  |
| Client Primary Zip Code | Number |  |
| Client Secondary Address Type | Text |  |
| Client Secondary Address1 | Text |  |
| Client Secondary Address1 | Text |  |
| Client Secondary City | Text |  |
| Client Secondary State | Text |  |
| Client Secondary Zip Code | Number |  |
| Client Home Phone | Number | Will follow the (###) ###-#### format |
| Client Work Phone | Number | Will follow the (###) ###-#### format |
| Client Other Phone | Number | Will follow the (###) ###-#### format |
| Client Notes | Text | Long text field that will hold notes on the client |
| Care Status | Text | Denotes whether a client is a care giver, care recipient, or neither. |
| Caregiver Client ID | Number | If the client is a care recipient, the care giver client ID will be listed here. This may be blank. |

# Appendix A-2

State Unit on Aging software file layout

The State will perform an Excel extract of the ADRC (Aging and Disability Resource Center) referral dashboard database for clients who received services. The approximate number of clients and callers are: 10,000.

The referral dashboard file layout is as follows:

| Referral Dashboard Field | Field Type | Description |
| --- | --- | --- |
| Client ID | Number | (Primary Key) |
| Client First Name | Text | Social Security Number |
| Client Middle Initial | Text |  |
| Client Last Name | Text |  |
| Client Email Address | Text |  |
| Client Phone | Number | Will follow the (###) ###-#### format |
| Client Alternate Phone | Number | Will follow the (###) ###-#### format |
| Client Address | Text |  |
| Client City | Text |  |
| Client State | Text |  |
| Client Zip Code | Number |  |
| Client Gender | Text |  |
| Client Ethnicity | Text |  |
| Client Race | Text |  |
| Client Date of Birth | Date/Time |  |
| Client County | Text |  |
| Client’s AAA | Text | Client’s Area Agency on Aging |
| At or below Federal Poverty Level? | Yes/No | Yes = Client is at or below federal poverty level, No = Client is NOT at or below federal poverty level |
| Monthly Income | Number |  |
| Veteran Status | Text | Not a Veteran, Veteran, Spouse of Veteran |
| Contact Preference | Text | E-Mail or Phone |
| Emergency Contact Information | Text |  |
| Emergency Phone | Number | Will follow the (###) ###-#### format |
| Current Services & Supports | Text |  |
| Health Insurance | Text | Multiple choices from multiple options:Medicaid, Medicare, VA, Private, None |
| Client Experiencing | Text | Multiple choices from multiple options:ADL Deficiency, Alzheimer’s/Dementia, Autism, Blind/Visually Impaired, Chronic Health Issue(s), Deaf/Hard of Hearing, I/DD, Mental Health, Other, Physical Disability, Substance Use Disorder, Traumatic Brain Injury |
| Client Notes | Text |  |
| Client Living Arrangement | Text | At Home with No Formal/Informal Supports, At Home with ONLY Informal Supports, At Home with Formal Supports, Community Supervised Living, Hospital, Nursing Facility, Rehab Facility, Other Institutional Setting, Homeless, Other |
| Preferred Language | Text |  |
| Legal Representative | Text | Multiple choices from multiple options:Self, DPOA, Guardian, Conservator, Financial POA, Representative Payee, Healthcare POA |
| Legal Representative Info & Contact Info | Text |  |
| Reason for Call | Text | Multiple choices from multiple options:Medical Care/medication Assistance, Adult/Child Protective Services, Assistive Technology, Benefits Analysis & Assistance, Care Transitions, Case Management, Community Aid & Assistance Programs, Education, Employment, Family Caregiver Support, Financial Assistance, Food Assistance, Health Insurance Counseling, Home Delivered Meals, Home Modifications, Homemaker Services, Housing Assistance, Medicaid, Medicare, Mental Health & Substance Use Disorder Services, Peer Support & Counseling, Personal Care, Recreation, Respite Care, Other, SSDI benefits apps/claims assistance, Transportation, Utility Assistance, Vehicle Adaptations/Modifications, Veterans Assistance, Youth Transition Programs/Services |
| Caller First Name | Text |  |
| Caller Middle Initial | Text |  |
| Caller Last Name | Text |  |
| Caller Email | Text |  |
| Caller Phone | Number | Will follow the (###) ###-#### format |
| Caller Alternate Phone | Number | Will follow the (###) ###-#### format |
| Caller Address | Text |  |
| Caller City | Text |  |
| Caller State | Text |  |
| Caller Zip Code | Number |  |
| Caller Gender | Text |  |
| Caller Ethnicity | Text |  |
| Caller Race | Text |  |
| Caller Date of Birth | Date/Time |  |
| Caller County | Text |  |
| Caller is Consumer | Yes/No |  |
| Caller is Caregiver | Yes/No |  |
| Caller is Agency Representative | Yes/No |  |
| Caller is Friend/Advocate/Relative | Yes/No |  |
| Caller is Other | Yes/No |  |
| Other | Text |  |
| Is there a concern about safety? | Yes/No |  |
| If yes, explain | Text |  |
| Rights Reviewed | Yes/No |  |

# Appendix A-3

State Unit on Aging service layout (July 1, 2019 – Implementation Date)

The State will perform an Excel extract of the Nebraska Aging Management Information System (NAMIS) database for clients who received services since July 1, 2019. The estimated rows of data are: 79,000

|  |  |  |
| --- | --- | --- |
| NAMIS Field | Field Type | Description |
| Service Sequence ID | Number | (Primary Key) |
| Client ID | Number |  |
| Service ID | Number | Service Name (Text) can be provided if needed. |
| Sub Service ID | Number | Sub Service Name (Text) can be provided if needed. |
| Provider ID | Number | Provider Name (Text) can be provided if needed. |
| Sub Provider ID | Number | Sub Provider Name (Text) can be provided if needed. |
| Service Start Date | Date/Time | Service units are entered in monthly increments (i.e. Service Start Date: 1/1/2019) |
| Service End Date | Date/Time | Service units are entered in monthly increments (i.e. Service End Date: 1/31/2019) |
| Service Quantity | Number | Units of service client received during the specified month (Service Start and End Date) |

# Appendix A-4

Aging Partners has the following products in production

Mediware®:

* SAMS is integrated into Aging Partners business practices, and it is used for all programs—in varying degrees.
* 56 SAMS/Harmony/Mediware user licenses - the actual number varies throughout the year.
* 56 Aging Network licenses that allow SAMS users into the application - Aging Partners does not host the application on City of Lincoln servers.
* 27 users also have access to SAMS I&R
	+ This is an add-on module that allows staff to track information & assistance calls.
* Aging Partners is scanning and attaching pdf files to consumer records within the SAMS database.
* Sandbox/database copy with full functionality for testing
* Omnia Designer & Interviewer designs electronic assessment forms within SAMS

Within the standard SAMS/Harmony/Mediware application the following modules have been integrated (in varying degrees) into business practices:

* Dashboards
* Activities & Referrals
* Rosters
* Consumer Groups
* Reports
* Contracts
* Calls—Part of the I&R module
* Invoices
* Payments
* Saved Searches
* Administrator—for setting up custom user roles & locking service data
* Harmony Training Resources—webinars & user guides

Within the consumer records—part of the central feature of the application—Aging Partners is using the following modules (again in varying degrees):

* Assessments
* Forms/Document Templates
* Journals & Notes
* Service Deliveries
* Service Orders
* Currently we can’t use the Care Plans because of how we set up our admin structure—but that functionality exists and we are anxious to access it.
* Custom Fields-that allow for the collection of data points unique to agency needs

Some users have SAMS open all day, every day.  Individuals not working directly with consumers, tend to have it open only when working with service data and that might be done on a weekly, monthly, quarterly or annual basis.

**Other Software in Production**

MJM Innovations

* Automated data collection systems in senior centers and health centers.
	+ The UPT/Senior Stat system includes touchscreens and ID cards that allow consumers to track their usage at these sites.  Following a verification process by the center manager and an AP staff member, these units & client records are uploaded into SAMS on a monthly basis.
	+ SAMS/Harmony/Mediware has an agreement with MJM Innovations to allow for this integration.

# Appendix A-5

Eastern Nebraska Office on Aging has the following products in production

Mediware®:

* Implemented in August 2017
* Beginning with 5 SAMS users which will require annual individual User Licenses
* An annual agency license.
* As ENOA adds modules (additional functionality) more users will need to be added.
* Standard SAMS/Harmony/Mediware application Aging Partners has in production.
* An enhanced Meals on Wheels module that will be the focus of our use until other users and modules are added.
* Care Plans
* ENOA specific contribution form will be added to the system.
* Senior Health volunteer module added in 2017, future volunteer programs will be added in 2018.

# Appendix B-1

Links related to Regulations, State Plan, and website:

|  |  |
| --- | --- |
| 1. Federal Regulations, Long Term Care Ombudsman
 | <https://www.acl.gov/programs/protecting-rights-and-preventing-abuse/long-term-care-ombudsman-program>  |
| 1. Ombudsman State Statutes
 | <https://nebraskalegislature.gov/laws/search_range_statute.php?begin_section=81-2242&end_section=81-2264>  |
| 1. Website orientation, general & program specific
 | <http://dhhs.ne.gov/AgingRFP>  |

# **Appendix B-2**

If the optional Ombudsman is utilized, the vendor must convert Microsoft Excel data tables into the new system for Federal Fiscal Years 2017, 2018, and 2019.

|  |  |  |
| --- | --- | --- |
| Ombudsman Case Fields | Field Type | Description |
| Case ID | Number | (Primary Key) |
| Status ID | Number | Status Name (Text) can be provided if needed. |
| Date Opened | Date/Time |  |
| Date Closed | Date/Time |  |
| Region ID | Number | Different regions than AAA or ADRC regions. Region Name (Text) can be provided if needed. |
| County ID | Number | County Name (Text) can be provided if needed. |
| Facility ID | Number | Facility Name (Text) can be provided if needed. |
| Ombudsman ID | Number | Ombudsman Name (Text) can be provided if needed. |
| Volunteer ID | Number | Volunteer Name (Text) can be provided if needed. |
| Complainant Anonymous | Yes/No |  |
| Complainant First Name | Text |  |
| Complainant Last Name | Text |  |
| Complainant Phone Number | Number |  |
| Complainant Role ID | Number | Complainant Role (Text) can be provided if needed. |
| Resident Anonymous | Yes/No |  |
| Resident First Name | Text |  |
| Resident Last Name | Text |  |
| Resident Phone Number | Number |  |
| Resident Age | Number |  |
| Travel Time | Number |  |
| Facility Time | Number |  |
| Paperwork Time | Number |  |

|  |  |  |
| --- | --- | --- |
| Ombudsman Complaint Fields | Field Type | Description |
| Complaint ID | Number  | (Primary Key) |
| Case ID | Number | Related to the Case Table Primary Key |
| Complaint Name | Short Text |  |
| Verification Date | Date/Time |  |
| Complaint Type (Level 1) | Number | Name (Text) can be provided if needed. |
| Complaint Type (Level 2) | Number | Name (Text) can be provided if needed. |
| Complaint Type (Level 3) | Number | Name (Text) can be provided if needed. |
| Complaint Disposition ID | Number | Disposition Name (Text) can be provided if needed. |
| Complaint Notes | Text |  |

|  |  |  |
| --- | --- | --- |
| Ombudsman Facilities | Field Type | Description |
| Facility ID | Number  | (Primary Key) |
| Facility Type ID | Number | Facility Type Name (Text) can be provided if needed. |
| Facility Name | Text |  |
| Bed Count | Number |  |
| Phone Number | Number |  |
| Address Line 1 | Text |  |
| Address Line 2 | Text |  |
| City | Text |  |
| Zip Code | Number |  |
| Region ID | Number | Different regions than AAA or ADRC regions. Region Name (Text) can be provided if needed. |
| County ID | Number | County Name (Text) can be provided if needed. |
| Mailing Address Line 1 | Text |  |
| Mailing Address Line 2 | Text |  |
| Facility Status ID | Number | Facility Status Name (Text) can be provided if needed. |
| Facility Closed Date | Date/Time |  |

|  |  |  |
| --- | --- | --- |
| Ombudsman Facility Activities | Field Type | Description |
| Facility Activity ID | Number  | (Primary Key) |
| Facility ID | Number | Related to the Facility Table Primary Key |
| Ombudsman ID | Number | Ombudsman Name (Text) can be provided if needed. |
| Activity Type ID | Number | Activity Type Name (Text) can be provided if needed. |
| Activity Topic | Text |  |
| Travel Time | Number |  |
| Facility Time | Number |  |
| Paperwork Time | Number |  |

|  |  |  |
| --- | --- | --- |
| Volunteer Monthly Activities | Field Type | Description |
| Volunteer Report ID | Number  | (Primary Key) |
| Facility ID | Number | Related to the Facility Table Primary Key |
| Volunteer ID | Number | Volunteer Name (Text) can be provided if needed. |
| Facility/Provider Consultation Instances | Number |  |
| Individual Information/Consult Instances | Number |  |
| Facility Survey Participation Instances | Number |  |
| Resident Council Work Instances | Number |  |
| Family Council Work Instances | Number |  |
| Community Education Instances |  |  |
| Routine Visit Instances |  |  |
| Travel Time | Number |  |
| Facility Time | Number |  |
| Paperwork Time | Number |  |

# Appendix C-1

Nebraska offers an array of disability services and programming through:

* DHHS, Children & Family Services programs such as the Disabled Persons and Family Support Program (DPFS) <http://dhhs.ne.gov/AgingRFP>;
* DHHS Division of Developmental Disabilities <http://dhhs.ne.gov/AgingRFP>;
* Division of Behavioral Health <http://dhhs.ne.gov/AgingRFP>;
* League of Human Dignity and Centers for Independent Living (CILs) <http://www.leagueofhumandignity.com/locations.html>;
* Disability Rights Nebraska <http://www.disabilityrightsnebraska.org/resources/links.html>;
* PTI Nebraska <http://pti-nebraska.org/state-government-sites/>;

<http://pti-nebraska.org/state-and-local-organizations/>;

* Answers for Families resources <http://www.answers4families.org/>;

<http://www.answers4families.org/family/special-needs>;

* Nebraska Planning Council on Developmental Disabilities

<http://dhhs.ne.gov/AgingRFP>;

* Nebraska Department of Education

<http://www.education.ne.gov/sped/index.html>;

* Munroe-Meyer Institute

<http://www.unmc.edu/mmi/>;

* Nebraska Health Care Association <http://www.nehca.org>; through
	+ - The Nebraska Assisted Living Association; and
		- The Nebraska Nursing Facility Association.
		- Nebraska Commission for the Deaf and Hard of Hearing
		- <http://www.ncdhh.ne.gov/>;
* Nebraska Commission for the Blind and Visually Impaired <https://ncbvi.nebraska.gov/>;
* The ARC of Nebraska <http://www.arc-nebraska.org/>;
* Independence Rising <http://www.cilne.org/>; and
* Nebraska Statewide Independent Living Council <http://www.nesilc.org/>

# Appendix D-1

Links related to Regulations, State Plan, and website:

|  |  |
| --- | --- |
| 1. Federal Regulations, Aging
 | Older Americans Act<http://www.aoa.gov/AOA_programs/OAA/index.aspx> |
| 1. Aging State Statutes
 | Nebraska Community Aging Services Act (CASA) (Neb. Rev. Stat. 81-2201 – 2228)Nebraska Care Management Act (Neb. Rev. Stat. 81-2229 – 2235)<http://www.nebraskalegislature.gov/laws/search_range_statute.php?begin_section=81-2201&end_section=81-2235> |
| 1. Aging Services State Plan
 | Draft 2015-2019 State Plan<http://dhhs.ne.gov/AgingRFP> |
| 1. Website orientation, general & program specific
 | Aging pages within DHHS, SUA site<http://dhhs.ne.gov/Aging> |
| 1. Nebraska, DHHS,SUA regulations
 | DHHS, SUA Regulations <http://dhhs.ne.gov/AgingRFP>Title 15: Aging ServicesTitle 175: Health Care Facilities and Services Licensure Title 202: Operations Within Facilities and Community-Based Services for Persons with Mental Illness or Developmental Disabilities Title 404: Community-Based Services for Individuals with Developmental Disabilities Title 467 -- Title V Services for Medically Handicapped Children,Genetically Handicapped Persons' Program, and Supplemental Security Income Disabled Children's ProgramTitle 469 -- Assistance to the Aged, Blind, or Disabled and State Disability ProgramTitle 472 -- The Disabled Persons and Family Support ProgramTitle 473 -- Social Services for Aged and Disabled AdultsTitle 480 -- Home and Community-Based Waiver Services and Optional Targeted Case Management Services |
| 1. Nebraska, DHHS, SUA current taxonomy (end June 30, 2019)
 | <http://dhhs.ne.gov/AgingRFP> |
| 1. Nebraska, DHHS, SUA planned taxonomy (begins July 1, 2019)
 | <http://dhhs.ne.gov/AgingRFP> |