



PUBLIC ASSISTANCE COST ALLOCATION PLAN

EFFECTIVE DATE:

APRIL 1, 2019

PREPARED IN ACCORDANCE WITH 45 CFR PART 95.500

AND

2 CFR 200



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PACAP CERTIFICATION

Public Assistance Cost Allocation Plan

Certification

I Certify that in accordance with 45 CFR 95.507 Part 95.500 and 2 CFR 200 that:

- (1) The information contained in this cost allocation plan is prepared in conformance with Office of Management and Budget Circular A-87;
- (2) The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances;
- (3) An adequate accounting and statistical system exists to support claims that will be made under the cost allocation plan; and,
- (4) The information provided in support of the proposed cost allocation plan is accurate.

Nebraska Department of Health and Human Services
Governmental Unit


Signature:

Patrick R. Werner
Name of Official:

Budget & Cost Allocation Manager
Title:

12/14/2018
Date:

EXECUTIVE SUMMARY

The Nebraska Department of Health and Human Services (DHHS) is a large “umbrella” agency that provides services to a wide range of recipients. DHHS was created in the late 1990’s with further reorganization in 2007. DHHS provides services directed at educating and protecting people through public health efforts; assisting the elderly, the poor and those with disabilities; providing safety to abused and/or neglected children or vulnerable adults; or serving those in need of 24-hour facility care. A significant amount of the funding associated with these services is provided by a number of different federal programs.

As required by federal regulation, a state public assistance agency is required to develop a “Public Assistance Cost Allocation Plan” (PACAP) that identifies and describes the administrative activities being provided by the various organizational units within DHHS, which organizational unit(s) benefits from those services and how (what statistic) will be used to assign those costs to the beneficiaries of those services.

INTRODUCTION

ORGANIZATIONAL STRUCTURE

The Department of Health and Human Services (DHHS) was created in the late 1990's as a singular Department; however, the agencies that were merged maintained their individual accounting structure designations within the State. On March 15, 2007, Governor Dave Heineman signed into law Legislative Bill 296, which merged the three agencies accounting structures into one (Department 25). The change became effective July 1, 2007.

The organizational structure of the Nebraska Department of Health and Human Services (DHHS) includes a Chief Executive Officer (CEO) and a Chief Operating Officer (COO) who is appointed by the Governor and subject to confirmation by a majority vote of the members of the legislature.

The Office of the Chief Executive Officer (CEO) includes Communications and Legislative Services, Information Systems and Technology, Legal and Regulatory Services, and Financial Services Divisions.

The Office of the Chief Financial Officer Division falls under the direction of the Chief Financial Officer (CFO) who reports directly to the Chief Executive Officer (CEO). This division includes the Accounting, Budget, Financial and Program Analysis, Financial Responsibility Management, Grants Management and Cost Accounting, and Issuance and Collections Center Sections.

DHHS is comprised of the following six divisions:

- **Behavioral Health** - Administers the state hospitals for the mentally ill and publicly funded community-based behavioral health services.
- **Children and Family Services** - Administers protection and safety services, economic and family support services including ACCESS Nebraska, Child Support Services, Youth Rehabilitation and Treatment services, and the Field Offices.
- **Developmental Disabilities** - Administers the Beatrice State Developmental Center and publicly funded community-based developmental disability services.
- **Medicaid and Long Term Care** - Administers the Medicaid services, aging services, and other related services.
- **Public Health** - Administers the preventative and community health services, regulation and licensure of health-related professions and occupations, regulation and licensure of health care facilities.
- **Operations** - Operations falls under the direction of the Chief Executive Officer. The Chief Operating Officer reports directly to the Chief Executive Officer. Under the

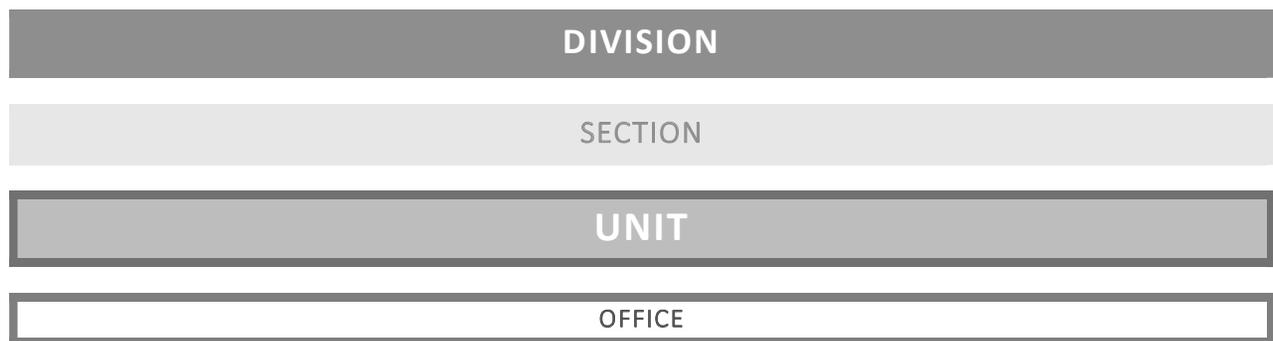


direction of the Chief Operating Officer are the Human Resources and Development, Internal Audit, Operations Consulting and Support Services Sections which provide support to all divisions of the Department of Health and Human Services. Operations are centralized in the Central Office in Lincoln, with some employees located across the state to support the Field Offices and 24-hour facilities.

The directors of the Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long Term Care, and Public Health Divisions are also appointed by the Governor and subject to a majority vote of the members of the legislature. Those division directors report to the CEO. The Operations Division reports to a Chief Operating Officer who is appointed by the CEO.

ORGANIZATIONAL LEVELS

The levels of the organization (and their respective formatting) are delineated in this report as follows:



ENTITY

For example, Operations is a Division within DHHS. Support Services would be a section within the Operations Division, the SS Administration would be a unit within that section, and the SS Admin Support Office would be an office within the SS Administration Unit. For the purposes of this report, anything below an Office level is referred to as an entity.

GENERAL ACCOUNTING STATEMENT

Costs incurred directly by DHHS are supported by appropriate vendor and accounting records. All administrative costs claimed for Federal Financial Participation (FFP) are based on actual expenditures paid during the quarter being reported.

All costs including payroll are charged and allocated through the cost allocation process to the respective Business units/Cost centers on a cash basis for all types of expenditures. While some programs or grants allow for liquidation of obligations, DHHS defines obligations as subawards, contracts, or purchase card transactions that have paid the vendor, but not yet had been paid by DHHS and, in some cases, the purchase of equipment. Therefore, it is probable expenditures may be incurred in one cost allocation period and recorded/reported in another; however, consistent treatment of these expenditures remains.

A separate business unit in the CFS Economic Support budget program has been established to capture and pay, with state general funds, all invoices associated with supplies, motor pool, rent, maintenance, etc. that have been incurred at the Field Office level in support of the programs operated by the Department. On a monthly basis there are over 500 individual invoices received that under the State's prompt payment law must be paid within 30 days of receipt.

For a given month the process includes a review to ensure the appropriateness of payment and then the processing of the payment. A tabulation of the value of all invoices to be paid is made and the amount is distributed between Medicaid, Developmental Disabilities and Children and Family Services programs based on the LH⁴ statistic. The distribution for Economic Assistance programs is made using the most current prior quarterly RMTS results. These amounts are then posted as expenditures in the accounting system. This process is repeated for the remaining two months of the quarter.

At the end of each quarter the total for the three months are aggregated by type of expense, allocated between Medicaid, Developmental Disabilities and Children and Family Services programs based on LH⁴ statistic at the end of the quarter. The Medicaid costs are assigned to 25C44160 Medicaid (XIX) 50% based on LH⁴. The Developmental Disabilities costs are assigned to DD Service Coordination and Youth in Transition programs based LH⁴. The costs associated with Children and Family Services programs are allocated to applicable programs based on the current quarter's final RMTS results.

A comparison is then made between the monthly amounts originally posted in the accounting system are compared with the final, quarter end results and the differences are added or



subtracted from each of the accounts originally posted. This allows the actual expenses based on the current actual statistics to be included in the accounting data prior to running of cost allocation at the end of the quarter.

STATE OF NEBRASKA INFORMATION SYSTEM

All financial transactions are processed through the State of Nebraska Enterprise System known as Enterprise One (E1). Each financial transaction is posted to a specific business unit. A business unit is the specific entity in the accounting system used to track revenues and expenditures. Business units are eight digit numbers with the first two digits being the agency number. DHHS is agency number 025 so all business units assigned to DHHS are 25XXXXXX with X being any digit 0 - 9. Each business unit has the following segments that are assigned to that particular business unit:

- Description - narrative of the business unit purpose limited to 30 characters.
- Agency - since E1 is the accounting system for the entire State of Nebraska, each state agency is assigned a unique agency number (three digits). For example, DHHS is agency number 025.
- Budget Division - indicates DHHS Division (three digits; one letter followed by a zero and then 1 - 7). For example, Children and Family Services is H04.
- Division - identifies segments within each DHHS Division (three digit number). For example, 310 indicate the Western Field Office Segment of the Children and Family Services Division.
- Program - the Nebraska Legislature appropriates funding based on programs (three digit numbers). For example, 266 indicates Economic and Family Support; a program within the Children and Family Services Division.
- Subprogram - further identifies specific functions within a division (three digit number). Subprogram numbers can vary by division but most divisions' use 001 to designate administration.
- Fund - indicates the funding source (five digit number). For example, 40000 indicate a federal grant.

Each business unit is assigned a listing of object codes that identify an asset, liability, revenue, or expense account. The object code is a six digit number. All expenditure object codes begin with a "5". The expenditures are categorized into the following series:



510000 Series – Personal Services
 520000 Series – Operating Expenses
 530000 Series – Supplies Expense
 540000 Series – Other Operating Expenses
 560000 Series – Depreciation Expense
 570000 Series – Travel Expenses
 580000 Series – Capital Outlay
 590000 Series – Government Aid

Within each series are lower level codes that detail specific types or expenses. For example, 524600 is assigned to Rental of Buildings, 527100 is assigned to Repair and Maintenance of Office Equipment, and 541100 is assigned to Contractual Services, Accounting and Auditing.

If needed, a subsidiary code can further be used to identify a specific purpose in a business unit/object code combination.

A business unit/object code/subsidiary code combination would look like the following:

25871065(Business Unit).599100 (Object Code)

COST ALLOCATION PROCESS

The Cost Accounting Office of the Nebraska Department of Health and Human Services is responsible for coordinating the preparation and revision of the Public Assistance Cost Allocation Plan (PACAP), the accumulation of all administrative costs, overseeing the collection of data necessary for allocations, and distribution of costs using accepted accounting procedures as described in the PACAP. Each division director is responsible for informing the Cost Accounting Office of any changes in their organizational structure, programs, or procedures that may affect the distribution of administrative costs. Personnel within certain divisions are responsible for preparing and forwarding to the Cost Accounting Office any reports necessary to distribute administrative costs in accordance with the PACAP.

On a quarterly basis, DHHS downloads the official accounting data (i.e., the “AA Ledger”) and provides that current quarter’s statistical information and other necessary information to the vendor. An outside vendor then processes that data and generates a final cost allocation report for the quarter that forms the basis of the various quarterly claims. The information provided by the vendor is then reviewed in detail by the DHHS Cost Allocation Office to ensure that it is

consistent with the data provided in the AA Ledger, the statistics and any other information prior to generating the quarterly expenditure reports.

The DHHS Organizational Chart is the basis for the PACAP. The PACAP is organized by DHHS division with each division being a separate chapter. Each chapter contains the cost centers within that particular division. The division, subprogram and cost center number are included in the heading for each cost center, as shown below.

Cost Center	Division/Subprogram	Cost Center Number
<i>Termination Benefits (980/981)</i>		<i>25C20130</i>

To describe the activities and allocation methodology, each cost center narrative contains the following three sections:

- Nature and Extent of Services - describes the work activities of the cost center as well as provides the approximate FTEs normally assigned to the cost center.
- Cost Structure - describes what costs are being charged or allocated to the cost center.
- Allocation Methodology - describes which cost center(s) the cost center will be allocated to and the methodology used.
- The cost allocation process is operated by a vendor that developed a system based on the official accounting data (i.e., the "AA Ledger") that reflects the allocation methodologies included in the submitted/approved PACAP's. Each business unit is assigned (or indexed) to a cost center based on the division, program, and subprogram associated with that particular business unit. Each cost center is represented by a cost center number that begins with "25" to designate agency 25 (DHHS). The third character is a "C" to designate it as a cost center. The last five numerals are the layer number of that particular cost center. The layer number is the allocation order in the step down allocation. For example, a cost center in layer 99999 would be 25C99999. See Appendix F for a listing of the cost center Units or cost centers.

E1 allows separate modules that can be used to capture multiple types of transactions. For example, E1 has a separate accounting module to account for financial transactions and a unit module to account for labor hours. For cost allocation purposes, the financial transactions from the accounting module and the labor hours from the unit module are sent to the vendor for processing. The transition is based on indexing of the accounting business units to cost centers.

Expenditure and match costs provided by other agencies under interagency agreements, along with allocation statistics other than labor hours, are recorded in a report that is sent to the vendor for processing.

Costs from one cost center are allocated to the benefiting costs centers based on its applicable allocation method. DHHS uses a dual step down allocation process where costs from the Operations Division (Layers 20010 - 21020) are allocated in the first allocation to the benefiting costs centers that include cost centers within the Operations Division. In the second step down allocation, the costs are allocated to the benefiting costs centers but not to any cost centers that have already been allocated in the second allocation. Costs centers continue being allocated until all costs are accounted for in the final cost objectives.

In accordance with 2 CFR 225 (OMB Circular A-87) costs are allocated to the *benefiting* programs based on a methodology deemed to be the most equitable and appropriate for the level of benefit received. The following are allocation methodology types used by DHHS:

- Direct - These cost centers are exclusive to a single cost center or final cost objective. See Appendix F for a list of cost centers that use the direct allocation methodology.

- Overhead - These cost centers include costs of a general nature that benefit multiple cost centers and are allocated to those cost centers or final cost objectives based on labor hours. The composition of the labor hour statistic may vary depending upon the cost center being allocated (see section titled *Labor Hour Statistics* on page 1.6 for more information). See Appendix F for a list of cost centers that use the overhead allocation methodology.

- Allocable - These cost centers are allocated to multiple cost centers or final cost objectives based on an allocation method other than labor hours (for example, Time and Effort Reporting, number of recipients, etc.). See Appendix F for a list of cost centers that use the allocable allocation methodology.

COST OBJECTIVES FOR ALLOCABLE COSTS

Costs from a direct assignment, an allocation of overhead cost centers or other allocable cost centers will be assigned based on benefit associated with a receiving cost center or “receiver”. Cost centers at succeeding levels are identified in the PACAP and subsequently allocated to those activities that benefit from them. Some of the cost centers being allocated may benefit only two activities (“receivers”) but others could, depending upon the circumstances, benefit numerous cost centers. For example, some cost centers can be allocated to a static listing of cost centers such as the ten 24-hour facilities and others could be allocated to 25 or 30 cost centers.

Again, for example, training is normally allocated on Time and Effort Reporting; however, training may not have been provided to all of the potential receivers in a particular quarter.

SIGNIFICANT COST RECEIVERS

The PACAP identifies the “significant” cost receivers that costs associated with each cost center will be allocated to. In lieu of identifying each and every potential cost center that could possibly receive an allocation under varying circumstances, only those cost centers that receive a “significant” amount (i.e., 15% or more) of the costs being allocated will be identified. Where a “significant” cost receiver has not been identified in relation to a cost center being allocated that means that none of the receivers were allocated fifteen or more percent of the costs. This is in agreement with the decisions made with the federal cognizant agency in the approval of the PACAP #12. These “significant” receivers will be re-evaluated each fiscal year and where appropriate will be revised in a subsequent PACAP or amendment thereto.

All costs are identified to the benefiting Final Cost Objective Cost Centers, through the allocation process. See Appendix F for a list and descriptions of the Final Cost Objective Cost Centers.

LABOR HOUR STATISTICS

A full time equivalent (FTE) is a measurement of the number of employees based on the cumulative time paid to employees. One FTE is equal to 2,080 labor hours per year or 40 hours per week. Labor hours include hours worked and leave time used. Since DHHS operates ten

24-hour facilities, the following labor hour statistics are utilized in the PACAP for allocation purposes.

LH - Includes all DHHS FTEs including those located at the 24-hour facilities. This statistic is used to allocate costs where every FTE assigned to the benefiting cost center receives benefits from the cost center being allocated.

LH¹ - Includes all DHHS FTEs but only one-third of those located at the 24-hour facilities. Total FTEs at each 24-hour facility are divided by three to recognize the three shift environment. This statistic is used when allocating costs based on total FTEs would result in a disparate allocation to the 24-hour facilities.

LH² - Includes only DHHS FTEs not assigned to a 24-hour facility or a Field Office. This statistic is used to allocate costs that do not benefit the 24-hour facilities or the Field Offices.

LH³ - Includes only DHHS FTEs not assigned to a 24-hour facility. This statistic is used to allocate costs that do not benefit the 24-hour facilities.

LH⁴ - Includes DHHS FTEs for Field Office offices only.

DISTRIBUTION OF COSTS TO COST CENTERS

510000 Series - Personal Services

This series is the payroll costs for DHHS including gross salary (including overtime, shift differential, and bonuses), paid leave (holiday, vacation, sick, etc.), retirement plan contributions, FICA, employee health insurance, and other employee benefits. Personal service expenses are based on actual costs and charged to the cost center where that employee is assigned.

The Nebraska Department of Health and Human Services' (DHHS) electronic time reporting system (referred to as Kronos) is a web-based application for recording time worked and leave used. Employees enter their time as well as review, edit, and approve their entries. Supervisors review, edit, approve and can also reject time entries made by employees they supervise. Each employee and supervisor is given their own unique username and password. The supervisor login is separate from their employee login. DHHS policy states that employees and supervisors are not allowed to give out their Kronos username and password.



In addition to recording time worked and leave used, Kronos is used to record time worked on certain projects and/or activities funded by federal programs (referred to as Time and Effort Reporting). The Time and Effort Reporting is conducted on a continuing basis to provide data for the distribution and/or allocation of direct and indirect costs to various state and federally supported programs. The objective is to identify employee efforts directly related to the programs administered by DHHS. The process is coordinated by the Financial Services and the Human Resources units.

Employees who are required to track their time for multiple activities are given a number of time codes depending on the work they perform. Each time code is mapped to a unique business unit that relates to a direct charge to a grant, program, or activity. For Time and Effort Reporting, that is used for allocation, the Cost Accounting Office runs reports from the business units as part of the cost allocation process.

Employees who terminate their employment with DHHS receive a payout of their accrued vacation and sick leave. These costs are charged to the Termination Benefits cost center (25C20130).

520000 Series - Operating Expenses

This series includes data processing, dues and subscriptions, utilities, interest, rent, and repairs and maintenance expense and other operating expenses. General costs such as dues and subscriptions, utilities, etc., are charged to the Central Services and Supplies cost center (25C20020) and are allocated to all organizational units of the department with the exception of the ten 24-hour facilities. Operating expenses associated with each of the ten 24-hour facilities are charged directly to the respective facility. See also description of the various series that follow.

Certain 520000 series operating expenditures that have been identified by DHHS are charged at the division level to the respective division. These expenditures include postage, publication and print, office supplies, state-owned transportation, freight expense, and other operating expenses.

Rent Expense for the Field Offices and Developmental Disabilities Field Offices are charged to the SS Field Office Rent cost center (25C20936) and then subsequently allocated to other Field Office cost centers based on labor hours, LH⁴, in each cost center. Rent Expense in the central administration is charged to the Central Services and Supplies cost center (25C20020). Rent Expense for the 24-hour facilities is directly charged to the respective facility.



Data Processing costs related to specific programs are direct charges to those benefiting programs such as, NFOCUS, MMIS, CHARTS, etc.

530000 Series - Supplies Expense

This series includes office supplies, non-capitalized equipment purchases, and other miscellaneous supplies. Supplies expenses related to the Field Offices and the 24-hour facilities are charged to the benefiting cost center, while supplies expenses related to the central office are charged to the Central Services and Supplies cost center (25C20020) and supplies expenses related to divisions are charged to the respective division level cost center (for example, a supplies expense within the Medicaid Division will be charged to 25C23000 Medicaid and Long Term Care Director). Non-capitalized equipment purchases are charged to the benefiting cost center.

539100 - Indirect Costs (internally allocated within DHHS) - This object code contains the indirect costs charged to programs within DHHS. The rate which is used to apply these indirect costs is determined annually based on a submitted and approved Indirect Cost Rate Proposal. The Indirect Cost Rate is applied to federal grants that allow such costs and is determined utilizing the Nebraska DHHS PACAP and quarterly compilation of administrative costs. This object code is removed from the agency expenditures when calculating/running the cost allocation process in order to not double count agency expenditures.

539101 - Reconciling Accounts - Newly created in FY 2015, this object code contains the administrative overhead costs that were allocated to the federal programs/grants and were not charged to the program/grant during the quarter. This object code is removed from the agency expenditures when calculating/running the cost allocation process in order to not double count agency expenditures.

540000 Series - Other Operating Expenses

This series includes accounting and auditing services, other professional services, temporary service costs, and other miscellaneous operating expenses. General costs are charged to the Central Services and Supplies cost center (25C20020). Costs that can be specifically identified are charged to the benefiting cost center.

570000 Series - Travel Expenses



This series includes board and lodging, meals, transportation, and other miscellaneous travel expenses. These costs are charged to the benefiting cost center.

580000 Series - Capital Outlay

All fixed asset purchases with an acquisition cost of \$25,000 or greater for those acquisitions made related to programs addressed by the Public Assistance Cost Allocation Plan and \$5,000 or greater associated with other programs and an estimated useful life of greater than one year are treated as a capital outlay using the 580000 series. Acquisitions greater than the above identified amounts and having a useful life greater than one year will only be claimed as a direct cost with the approval of the grantor agency. Depreciation is being computed based on the useful life of the asset and charged to the benefiting program. Purchases of less than the above identified amounts are charged to the benefiting cost center.

590000 Series - Government Aid

This series includes aid or assistance to local governments or individuals, subgrants, and other miscellaneous government aid. These costs are charged to the final cost objective.

SPECIAL TYPES OF EXPENDITURES

State Wide Cost Allocation

Allocated Costs: The Nebraska Department of Administrative Services annually calculates and distributes the State-wide Cost Allocation Plan (SWCAP). The SWCAP allocates costs from the Secretary of State Records Management Division, Department of Administrative Service's Personnel, Building, and Budget Divisions, and the Attorney General to all the state departments and agencies.

DHHS's share of the SWCAP is assigned to the State-wide Cost Allocation cost center (25C20010). Any rent expenses identified as "Rent Expense - Depreciation Surcharge expenses (Object Code 524900)" assigned to DHHS will not be allocated to federal programs for reimbursement. One quarter of the total SWCAP costs are allocated quarterly by DHHS during the state fiscal year. SWCAP costs are adjusted annually.

Direct Costs: Allowable billed services, such as the motor pool, are charged to the benefiting cost center. The state audit is charged to the Central Services and Supplies cost center (25C20020).



Interagency Agreements

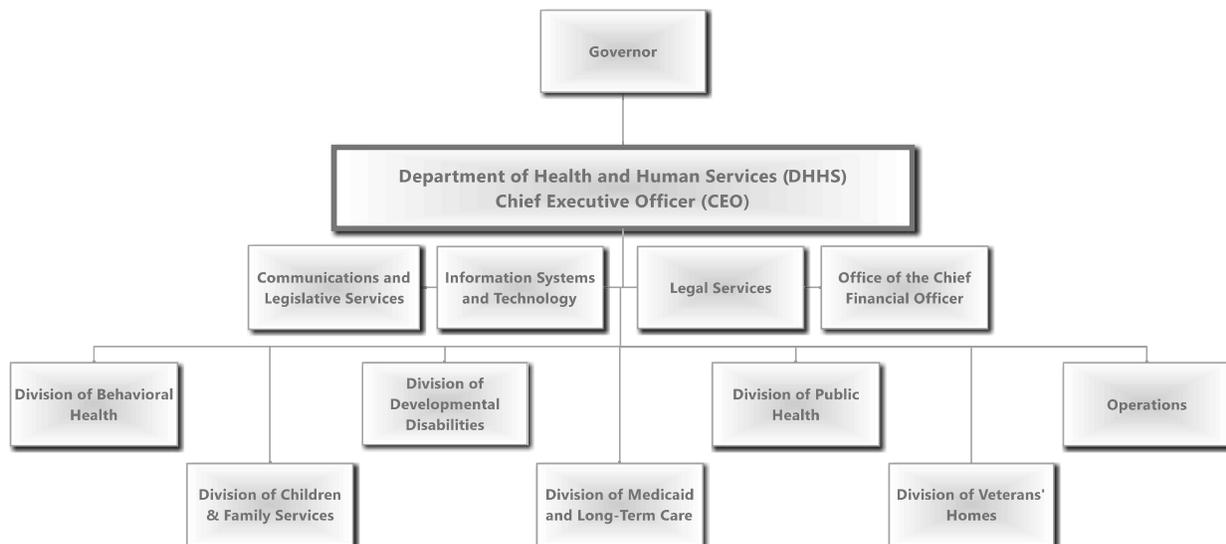
DHHS reimburses Nebraska Counties, the University of Nebraska, and other state entities for the federal share of administering several federal programs such as Child Support Enforcement, Public Health Nurse Community Outreach, Foster Care and SNAP under Memorandums of Understanding (MOUs). The MOUs identify the service(s) being purchased, the basis upon which the billing is made by the provider agency and a stipulation that the billing will be based on the actual costs incurred by the provider agency. The entities submit their costs to DHHS and DHHS reimburses the entities for the federal match. The entities' match is recorded as a cost allocation statistic used in the cost allocation process.

Advance Planning Documents

DHHS establishes specific business units in the accounting system and time codes in the time system to separately identify costs for each individual advance planning document.

CHIEF EXECUTIVE OFFICER

CHIEF EXECUTIVE OFFICER



CHIEF EXECUTIVE OFFICER

25C20140

NATURE AND EXTENT OF SERVICES

The Office of the Chief Executive Officer supports the administrative salaries, benefits, and operating expenses of the Department including the following offices and sections: a) the office of the Chief Executive Officer comprised of the Chief of Staff with the offices of Communications and Legislative Services, Internal Audit, and Workforce Capacity Planning; b) the office of the Chief Operating Officer which is comprised of Human Resources and Development, Support Services, and Operations Consulting; c) the office of the Chief Financial Officer; e) the office of the Chief Information Officer; f) the office of Legal and Regulatory Services; and g) the office of the State Long Term Care Ombudsman Program. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The



costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Chief Executive Officer will be allocated to all other cost centers in the department based on the labor hours, LH1, in each cost center.

SIGNIFICANT COST RECEIVER

No receiver over 15% individually.

STATE LONG TERM CARE OMBUDSMAN PROGRAM

25C20141

NATURE AND EXTENT OF SERVICES

The State Long Term Care Ombudsman Program (SLTCOP) reports to the CEO and functions as an advocate for the rights and well-being of nursing home and assisted living facility residents. The services that are available through the program include education to inform constituents and others on a variety of issues related to aging, long term care and residents' rights; information and referrals to assist in resolving concerns and complaints on their own behalf; consultation to make recommendations for protecting the rights of residents and improving their care and quality of life; individual advocacy to facilitate the resolution of concerns and complaints to protect the rights of residents; and systems advocacy to identify significant concerns and problematic trends and to advocate for systemic changes that will benefit current and future residents for long term care facilities.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to COA State Unit on Aging.

SIGNIFICANT COST RECEIVER

<u>Cost Center</u>	<u>Description</u>
25C24260	COA State Unit on Aging



STATE-WIDE COST ALLOCATION**25C20010****NATURE AND EXTENT OF SERVICES**

The State-wide Cost Allocation Plan (SWCAP) identifies five centralized services which are allocated to all State departments and agencies including DHHS:

Secretary of State - Records Mgmt. Div.
Personnel Division
Building Division
Budget Division
Attorney General

COST STRUCTURE

The SWCAP identifies the annual amount for the DHHS. One-fourth of the annual amount will be included in each quarter's cost allocation.

ALLOCATION METHODOLOGY

The cost identified from the approved SWCAP will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVER

No receiver over 15% individually.

CENTRAL SERVICES AND SUPPLIES**25C20020****NATURE AND EXTENT OF SERVICES**

The Central Services and Supplies for the department's centralized offices, with the exception of the Professional Examining Board Offices (similar accounts are maintained for these cash-funded programs) are accumulated into one cost center. Costs include office supplies,



communications, data services, postage, printing services (excluding services that exceed \$5,000, which are charged directly to the requesting division/program/cost center), rent for non-state owned buildings and small equipment. Similar costs for the offices located with a service office or at a residential facility are directly identified and not included in the allocated cost center. There are no FTEs in this division.

COST STRUCTURE

Costs consist of those directly charged to the cost center.

ALLOCATION METHODOLOGY

These cost centers will be allocated to all benefiting cost centers based on the labor hours, LH², related to each cost center. The costs identified for Central Services and Supplies associated with the 24-hour facilities will be charged directly to the benefiting facility based on the codes established that identify each of the ten 24-hour facilities.

SIGNIFICANT COST RECEIVER

No receiver over 15% individually.

TERMINATION BENEFITS

25C20130

NATURE AND EXTENT OF SERVICES

The Centralized Accounts Termination Benefits are accumulated into one cost center. Similar costs for the residential facilities are directly identified and not included in the allocated cost center. There are no FTEs in this division.

COST STRUCTURE

Costs consist of those directly charged to the cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all benefiting cost centers based on the labor hours, LH³, in each cost center.

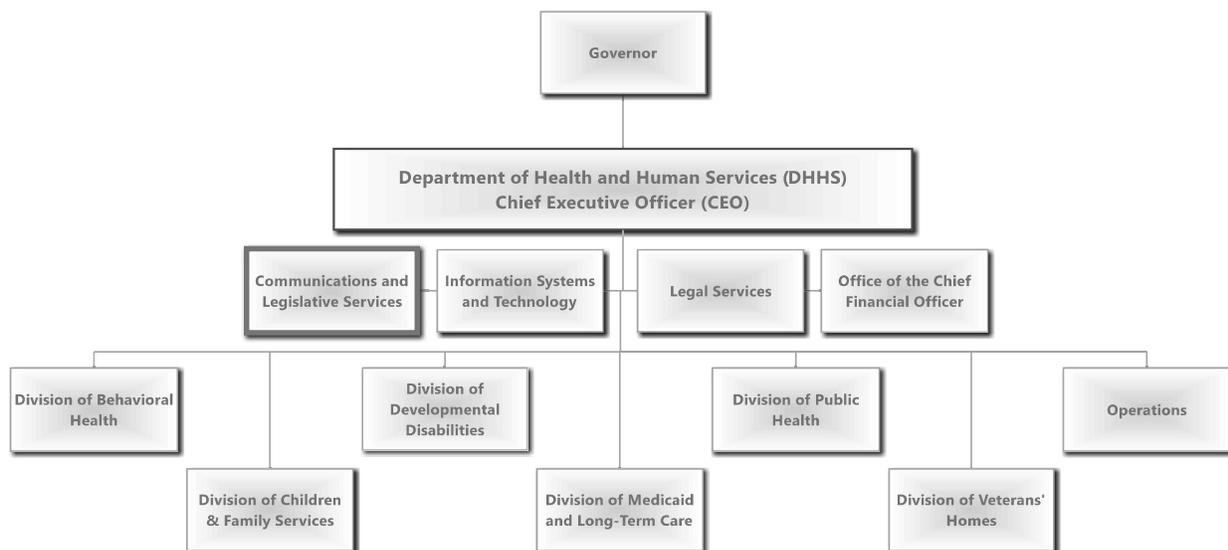
SIGNIFICANT COST RECEIVER

<u>Cost Center</u>	<u>Description</u>
25C21960	FO Social Services Casework



COMMUNICATIONS AND LEGISLATIVE SERVICES DIVISION

The Communications and Legislative Services (CLS) Division manages public, internal, and stakeholder communications including media relations, outreach and publicity/promotion efforts, the DHHS website, social media, newsletters, video productions and graphic design; and legislative activities.



COMMUNICATIONS AND LEGISLATIVE SERVICES ADMINISTRATION

25C20720

NATURE AND EXTENT OF SERVICES

The CLS Administration Section is responsible for the administration of communications and legislative coordination. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Costs associated with the CLS Administration Section will be allocated to all other cost centers in the section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVER

<u>Cost Center</u>	<u>Description</u>
25C20730	CLS Communications Services
25C40010	CLS Legislative Services

CLS COMMUNICATIONS SERVICES**25C20730**

NATURE AND EXTENT OF SERVICES

The CLS Communication Services Unit coordinates the public outreach, public education, media relations, internal communications and distance learning. The office provides support for agency staff with speech writing services, presentations, news releases and response to media inquiries. The office assists in web page production, video conferencing and desktop publishing. The Communications Office publishes the agency's internal newsletter. There are approximately 10 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, CLS Administration, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the CLS Communications Unit will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVER

No receiver over 15% individually.

CLS LEGISLATIVE SERVICES**25C40010**

NATURE AND EXTENT OF SERVICES

The CLS Legislative Services unit coordinates the DHHS legislative package, actively tracks legislation that relates to the DHHS mission and responds to all inquiries regarding those legislative items. Legislative mandates for DHHS are monitored in the office. The office is responsible for all communications with the legislature dealing with agency program, client and budget issues. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, CLS Administration, and other Operations cost centers.

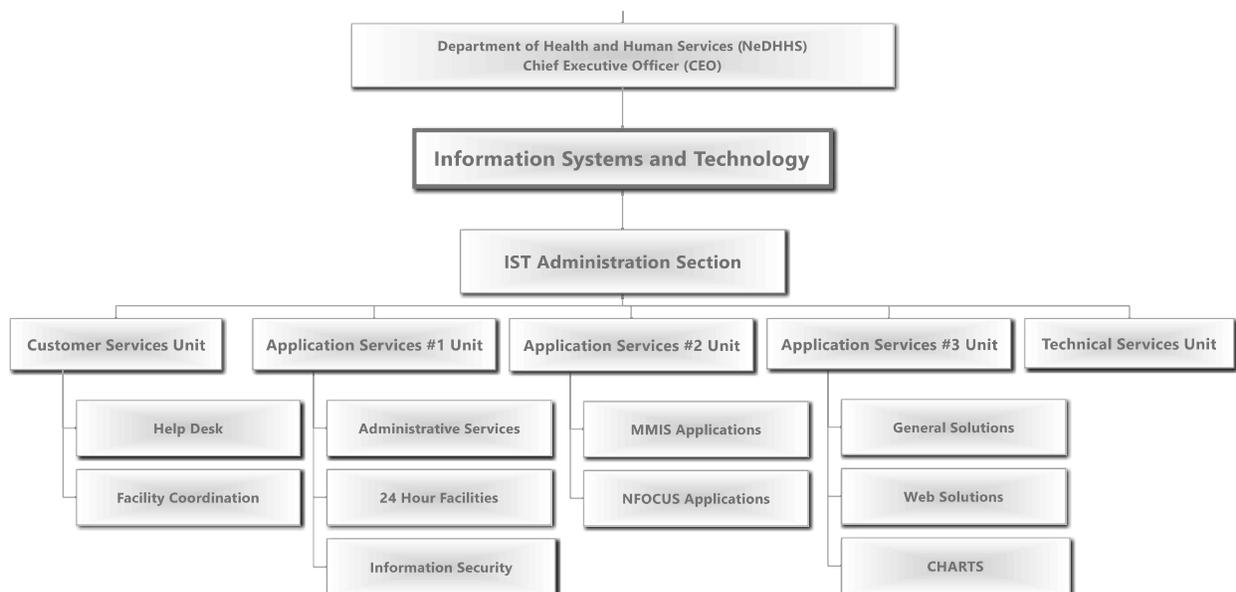
ALLOCATION METHODOLOGY

Final Cost Objective.

*INFORMATION SYSTEMS AND TECHNOLOGY
DIVISION*

INFORMATION SYSTEMS AND TECHNOLOGY DIVISION

The Information Systems and Technology (IST) Section reports to the CEO and provides planning and project management, implementation and ongoing support of information systems, network and hardware support including procurement and installation, local area network management and maintenance, and internal Help Desk support for both system-specific and agency-wide questions and concerns.



IST ADMINISTRATION

25C20940

NATURE AND EXTENT OF SERVICES

The IST Administration Section is responsible for the overall direction and management of the section. There are approximately three FTEs in the cost center.



COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with IST Administrative Section will be allocated to the other cost centers in the section based on the labor hours, LH¹, in each cost center in this section.

SIGNIFICANT COST RECEIVER

<u>Cost Center</u>	<u>Description</u>
25C20960	IST Technical Services

IST FISCAL PROJECTS**25C20944**

NATURE AND EXTENT OF SERVICES

OCIO payments relative to NFOCUS system.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the IST Application SVCS NFOCUS Application Office will be allocated to the benefiting programs based on the NFOCUS end of quarter count of recipients receiving benefits associated with each program that benefits from the system.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C41200	Miscellaneous State Programs

IST FISCAL PROJECTS ADMIN**25C20945**NATURE AND EXTENT OF SERVICES

This cost center includes all internal IST Financial projects, forecasting, data analysis, grant management, cost allocation, expenditure and payroll reviews and modifications, as well as various proposed cost saving projects and/or process automation. It can also include projects requiring coordination with Federal IT Systems staff and Advance Planning Document (APD) requests and updates for federal funding. There are approximately three FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

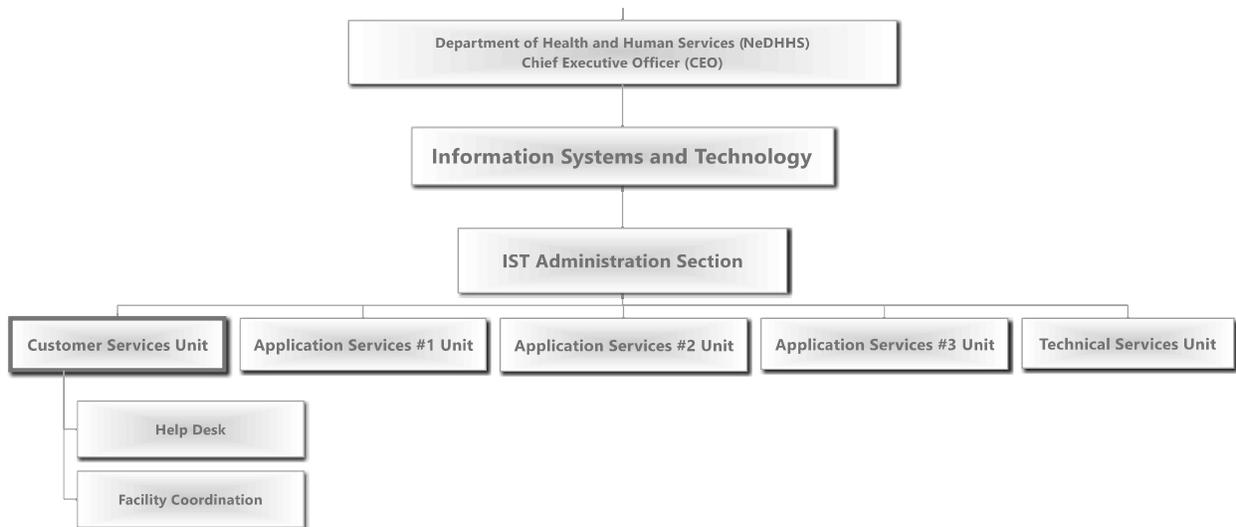
ALLOCATION METHODOLOGY

Costs associated with the IST Fiscal Projects Section will be allocated to benefiting programs based on a statistical analysis activity benefiting specific programs that IST Finance is responsible for processing. This analysis will be updated annually for the quarter ending 12/31.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C20940	IST Administration

CUSTOMER SERVICES UNIT



IST CUSTOMER SERVICES ADMINISTRATION

25C20950

NATURE AND EXTENT OF SERVICES

The IST Customer Services Unit responsible for the supervision and management of the help desk and other customer support areas including on-site support to DHHS staff on the NFOCUS system, the CHARTS system and other network computer related issues, e.g., PC, modem, printer, and software problems. There are approximately six FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.



SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

25C20954

NATURE AND EXTENT OF SERVICES

The IST Customer Services - Level 1 Help Desk Office provides telephone and on-site support to DHHS staff on the NFOCUS system, the CHARTS system, and other network computer related issues, e.g., PC modem, printer, and software problems. There are approximately 46 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, IST Customer Services Administration, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

IST FACILITY COORDINATION

25C20957

NATURE AND EXTENT OF SERVICES

The IST Facility Coordination Office provides on-site support for DHHS 24-hour facilities related to local hardware and software general needs. There are approximately 13 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST



Administration Office, IST Customer Services Administration, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

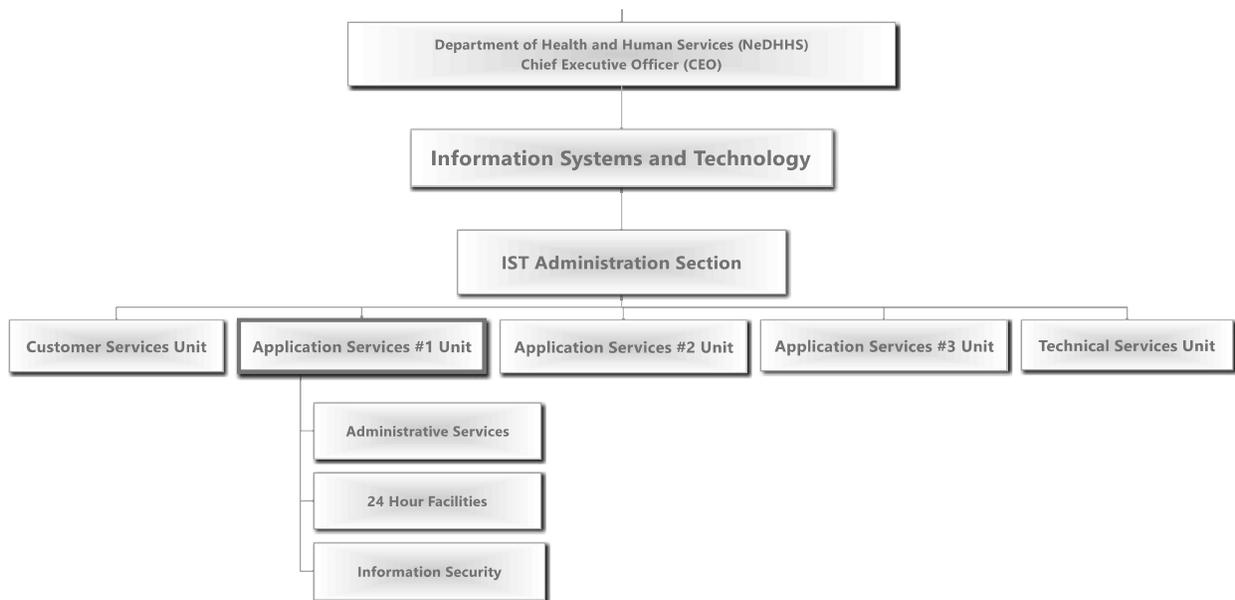
ALLOCATION METHODOLOGY

Costs associated with the IST Facility Coordination Office will be allocated equally to the eight facilities benefiting from this cost center. The Geneva and Kearney Youth Rehabilitation and Treatment Centers are excluded from this allocation since they do not receive any benefits from this cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

APPLICATION SERVICES UNIT #1



IST APPLICATION SERVICES ADMINISTRATIVE SERVICES**25C20975**

NATURE AND EXTENT OF SERVICES

The IST Application SVCS Administrative Services Office provides security, planning and budget coordination, and software licensing management to the agency. There are approximately five FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

IST CONNECT CONTRACT**25C20976**

NATURE AND EXTENT OF SERVICES

Case management solution for Early Development Network wherein federal match is utilized for children who are Medicaid eligible.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to benefiting cost centers based on case count.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C41200	Miscellaneous State Programs

IST APPLICATION SERVICES 24-HOUR FACILITIES**25C20985**

NATURE AND EXTENT OF SERVICES

The IST Application SVCS 24-hour Facilities Office is responsible for consultative services and technical expertise to the 24-hour facilities. There are approximately eight FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Cost associated with the IST Application SVCS 24-hour Facilities Office will be allocated equally amongst the 10 facilities.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

INFORMATION SECURITY OFFICE**25C20986**

NATURE AND EXTENT OF SERVICES

The IST Application SVCS HIPAA Security Office is responsible for all information security policies and procedures as well as responding to security incidents and coordinating IT audit responses. There are approximately two FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST



Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

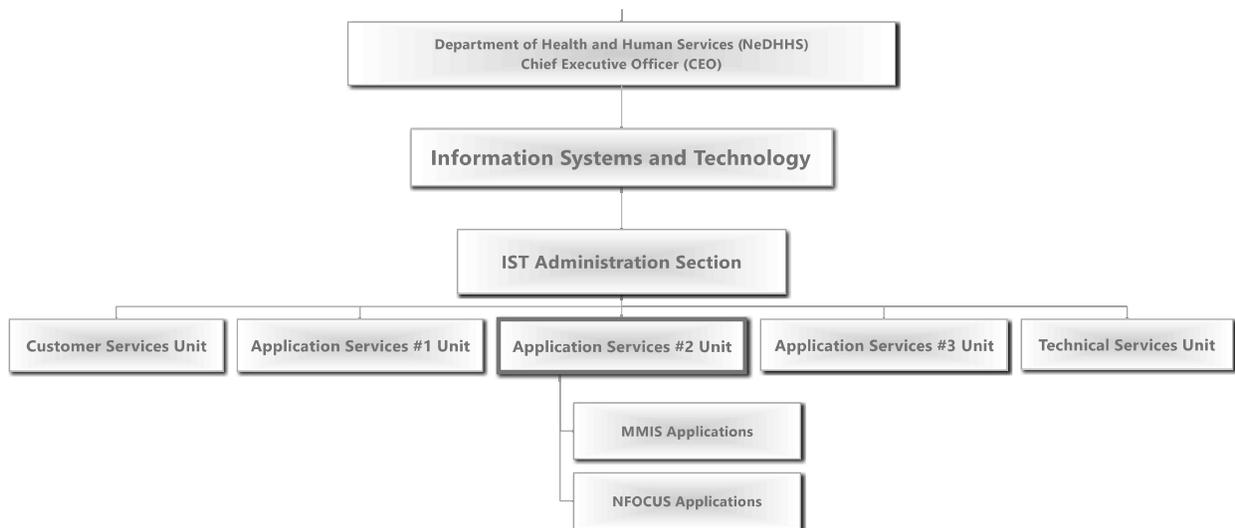
ALLOCATION METHODOLOGY

Costs associated with the Information Security Office will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

APPLICATION SERVICES UNIT #2



IST APPLICATION SVCS NFOCUS APPLICATIONS**25C20990**NATURE AND EXTENT OF SERVICES

The IST Application SVCS NFOCUS Application Office is responsible for the operation and maintenance of NFOCUS. This system supports the eligibility process and payment systems related to Economic Assistance, Children and Family Services, and Medicaid programs. There are approximately 62 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the IST Application SVCS NFOCUS Application Office will be allocated to the benefiting programs based on the NFOCUS end of quarter count of recipients receiving benefits associated with each program that benefits from the system.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C44140	Medicaid 75%

IST APPLICATION SVCS MMIS APPLICATIONS**25C21010 (50%), 25C21020 (75%),****25C21030 (90%)**NATURE AND EXTENT OF SERVICES

The IST Application SVCS MMIS Applications Office is responsible for coordination of the MMIS (Medicaid Management Information System). MMIS is established to track and make payments to medical service providers for persons eligible for Medicaid as determined through NFOCUS. The State's Communications and Information Office (CIO) is responsible for the operation, implementation and maintenance of the system and bills DHHS for the services provided. There are approximately 40 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

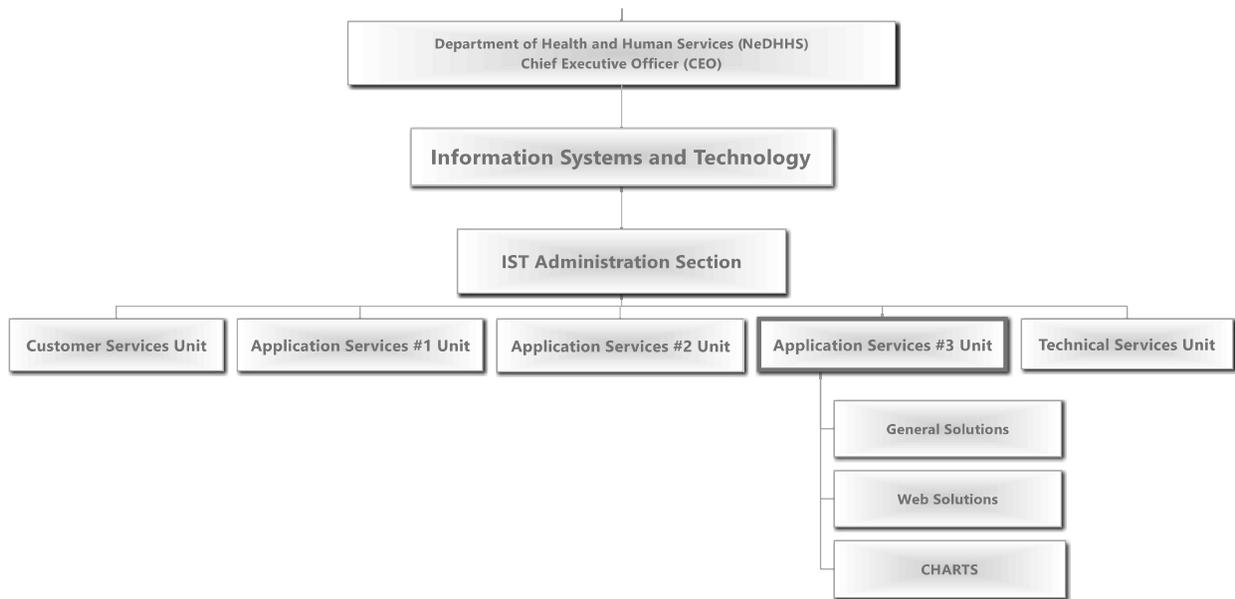
ALLOCATION METHODOLOGY

- 25C21010 - Direct to Medicaid 50%
- 25C21020 - Direct to Medicaid 75%
- 25C21030 - Direct to Medicaid 90%

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44120	Medicaid 90%
25C44140	Medicaid 75%
25C44160	Medicaid 50%

APPLICATION SERVICES UNIT #3



IST APPLICATION SVCS GENERAL SOLUTIONS**25C20970**NATURE AND EXTENT OF SERVICES

The IST Applications General Solutions Office manages the Application Development services to support Public Health DHHS programs including systems analysis, systems development and actual production and support. The General Solutions Office also manages various other applications in DHHS Public Health programs. There are approximately five FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Public Assistance Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41440	Public Assistance Program

IST APPLICATIONS WEB SOLUTIONS**25C20971**NATURE AND EXTENT OF SERVICES

The IST Applications Web Solutions Office manages the Application Development services to support the Behavioral Health DHHS programs including systems analysis and design, systems development, and actual production and support. The office also manages various other applications for DHHS Behavioral Health programs. There are approximately two FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Direct to Mental Health, Substance Abuse and Addiction Services.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40040	Mental Health, Substance Abuse and Addiction Svcs

IST APPLICATION SVCS CHARTS**25C21000**

NATURE AND EXTENT OF SERVICES

The IST Application SVCS CHARTS Office is responsible for the implementation and maintenance of CHARTS (Children Have a Right to Support) and the automated collection and distribution of child support payments assigned to the state. There are approximately 48 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Child Support Enforcement Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43060	Child Support Enforcement

IST APPLICATION SVCS CHARTS INCENTIVE PROGRAM**25C21005**

NATURE AND EXTENT OF SERVICES

The IST Application SVCS CHARTS Incentive Program Office is responsible for the maintenance of the incentive payments to counties for CHARTS (Children Have a Right to Support). There are approximately 13 FTEs in the cost center.



COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the IST Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

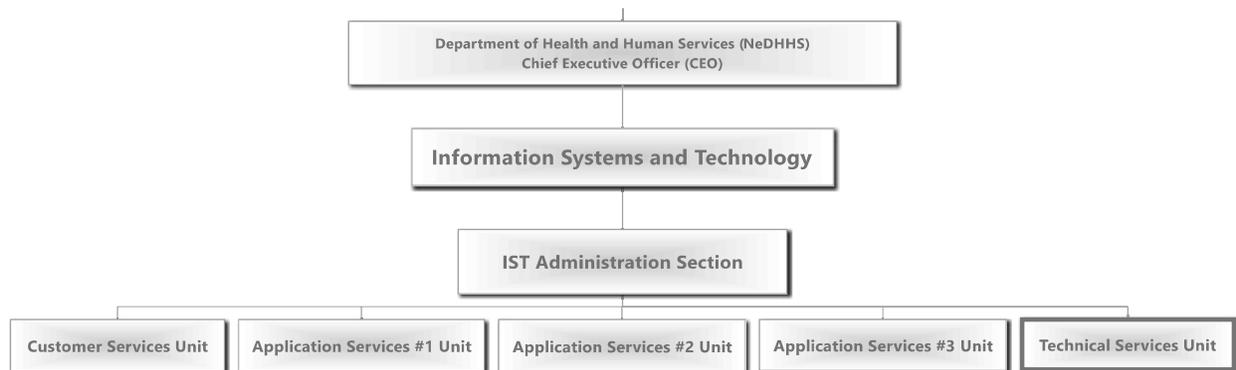
ALLOCATION METHODOLOGY

Direct to Child Support Enforcement.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43060	Child Support Enforcement

TECHNICAL SERVICES UNIT



IST TECHNICAL SERVICES

25C20960

NATURE AND EXTENT OF SERVICES

The IST Technical Services Unit provides technical assistance with respect to the LAN administration, network, platform and configuration issues. Technical Support also coordinates



 NATURE AND EXTENT OF SERVICES

This cost center consists of stipend payments to providers that comply with electronic bill submittals. Payment plan is based on the State Health Information Technology plan for incentive payments. There are no FTEs in this cost center.

 COST STRUCTURE

This cost center contains only stipend payments to the providers only and does not receive any indirect costs.

 ALLOCATION METHODOLOGY

Direct to Medicaid 100%.

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44090	Medicaid 100%

LEGAL AND REGULATORY SERVICES DIVISION

LEGAL AND REGULATORY SERVICES DIVISION

The Legal and Regulatory Services (LS) Division reports to the CEO and provides legal advice to DHHS divisions; represents DHHS in administrative hearings and court cases; interprets state and federal laws and regulations; drafts and reviews legislation, rules and regulations, contracts and other documents.



LS AGENCY COUNSEL'S**25C20670**NATURE AND EXTENT OF SERVICES

This Section is responsible for the overall direction and management of the Legal and Regulatory Services Section. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with this Section will be allocated to the other cost centers in the Legal and Regulatory Services section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20680	LS General Legal Teams

LS GENERAL LEGAL TEAMS**25C20680**NATURE AND EXTENT OF SERVICES

The LS General Legal Teams Unit provides legal services to: the CEO; the Divisions; Operations; Information Systems and Technology; and Communications and Legislative Services. Activities include, but are not limited to: reviewing contracts; providing legal support in the administration of programs relating to Economic Assistance, Public Health, Behavioral Health, Developmental Disabilities, Children and Families, and Medicaid and Long Term Care. There are approximately 30 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Agency Counsel's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Costs associated with the LS General Legal Teams Unit will be allocated to the benefiting cost centers and programs based on Time and Effort Reporting of the attorneys.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21430	Child and Family Services Director's Office

LS HEARING TEAM**25C20710**

NATURE AND EXTENT OF SERVICES

The LS Hearing Team Unit conducts administrative hearings for the department's providers, licensing facilities, applicants and recipients related to TANF, Medicaid, assistance to the aged, blind, or disabled, child care/foster care licensing, SNAP, the Nebraska Child Abuse and Neglect Central Registry issues, Nursing Home Audits, Child Support Enforcement and Programs with Declaratory Rulings. There are approximately five FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Agency Counsel's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the LS Hearing Team Unit will be allocated to the benefiting cost centers and programs based on Time and Effort Reporting of the hearing officers.

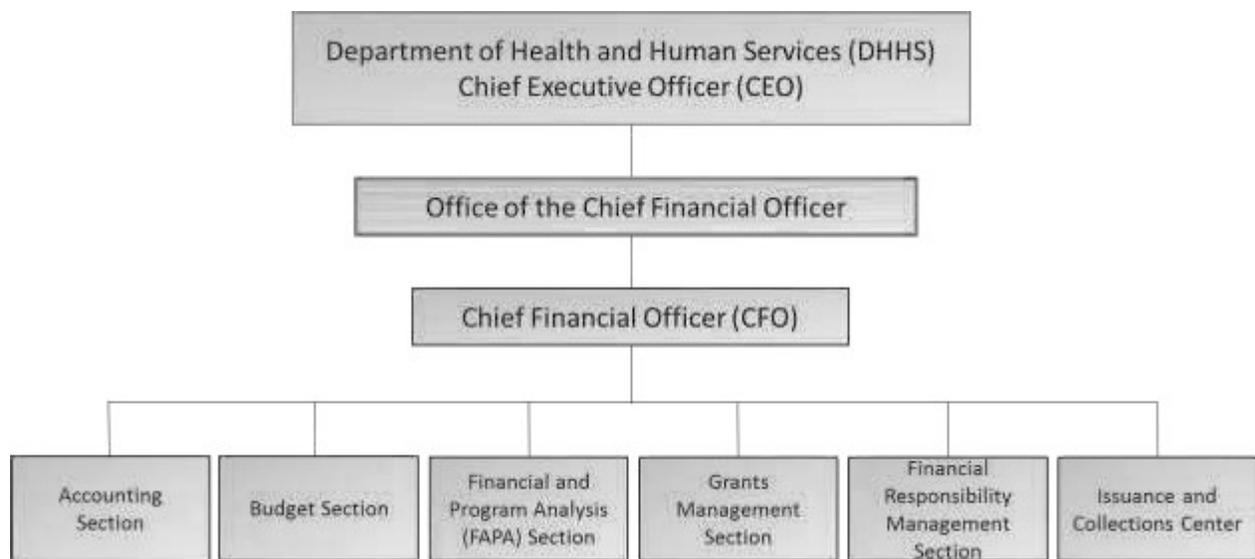
SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40660	Professional and Occupational Licensing Boards
25C43180	TANF Families
25C44160	Medicaid 50%
25C43220	SNAP (50%)

OFFICE OF THE CHIEF FINANCIAL OFFICER

OFFICE OF THE CHIEF FINANCIAL OFFICER

The Office of the Chief Financial Officer (CFO) Division reports to the CEO and provides support to the Department through budget development and monitoring, state and federal report preparation, program evaluation, accounting transactions, revenue collections and monitoring, grant and contract support, claims processing, research, financial and program analysis, and cost allocation.



FINANCIAL SERVICES ADMINISTRATION

25C20290

NATURE AND EXTENT OF SERVICES

This Office of FS Administration is responsible for the administration of Financial Services. There are approximately three FTEs in the cost center.



ALLOCATION METHODOLOGY

Costs associated with the Accounting Section will be charged to all DHHS cost centers based on the labor hours, LH¹, for each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

MLTC ADMIN - ACCOUNTING**25C20421**

NATURE AND EXTENT OF SERVICES

This Accounting Section develops and maintains the general ledger for MLTC and overall accounting information needed, including financial reporting, funds management, expenditure reporting, payroll labor distribution, processing, accounts payable, receipts and deposits. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Accounting Section will be 78% to Medicaid 50% and 22% to FS Accounting based on a time study that will be updated annually for the quarter ended 3/31.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C20300	FS Accounting

development and support of budget requests, allocation of funds, and budget monitoring. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Budget Section will be allocated to all DHHS cost centers based on the labor hours, LH¹, for each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

FS DD, CFS, MLTC BUDGET ANALYST

25C20315

NATURE AND EXTENT OF SERVICES

The Budget Section develops and maintains the budget for CFS, DD, and MLTC programs and ensures that the program managers have the information required to properly monitor their portion of the budget. Activities include planning for the budget cycle, review of program estimates and projections, development and support of budget requests, allocation of funds, and budget monitoring. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Budget Section will be allocated equally to Medicaid 50%, Director of Developmental Disabilities, and Children and Family Services Director's Office.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C25040	Director of Developmental Disabilities
25C21430	Children and Family Services Director's Office

FS COST ALLOCATION**25C20330**

NATURE AND EXTENT OF SERVICES

This Cost Allocation Unit is responsible for the Department's cost allocation plan and indirect cost rate proposals. Specifically, the activities include development, maintenance and operation of the DHHS Public Assistance Cost Allocation Plan, the Random Moment Time Studies, and Indirect Cost Rate Proposals. There is approximately one FTE in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with this unit will be allocated to benefiting cost centers based on the annual Grants/Cost Accounting analysis which assigns grant impact based on the size of grants as determined by the Schedule of Expenditures of federal awards. Will be updated annually for the quarter ended 12/31.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%



FS FINANCIAL AND PROGRAM ANALYSIS (FAPA) SECTION

FS FINANCIAL AND PROGRAM ANALYSIS (FAPA)

25C20370

NATURE AND EXTENT OF SERVICES

The Financial and Program Analysis Section develops and maintains cost and service statistics and conducts special studies and research projects related to the DHHS public assistance programs. There are approximately ten FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Financial and Program Analysis Section will be allocated based on the NFOCUS end of quarter count of recipients receiving benefits associated with each program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C44160	Medicaid 50%

FS GRANTS MANAGEMENT SECTION

FS GRANTS MANAGEMENT

25C20350

NATURE AND EXTENT OF SERVICES

The Grants Management Unit monitors the grant awards, the drawdowns, and expenditures and prepares the required financial reports. There are approximately seven FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Grants Management Unit will be allocated to the benefiting cost centers based on time coding to the benefiting programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41240	Miscellaneous State Programs
25C25110	Public Health Director

FS FINANCIAL RESPONSIBILITY MANAGEMENT SECTION

FS FINANCIAL RESPONSIBILITY MANAGEMENT

25C20410

NATURE AND EXTENT OF SERVICES

The Financial Responsibility Management Section is responsible for the direction and management of three FS Services: Medicaid Accounting, Financial Responsibility and Non-SNAP Programs Overpayments. This office also prepares OnBase transactions to pay early development network billings; processes the Interim Assistance Reimbursement to recover costs paid to clients for living expenses during the application process for disability SSI payments from the Social Security Administration. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Financial Responsibility Management Section will be allocated to the cost centers in the management unit based on the labor hours, LH, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20450	FS Financial Responsibility BSDC
25C20470	FS Financial Responsibility LRC

FS FINANCIAL RESPONSIBILITY MEDICAID UNIT**25C20420**

NATURE AND EXTENT OF SERVICES

The Medicaid Accounting Unit develops and maintains the accounting information needed to support the Medicaid Overpayments. The office also performs activities specifically related to the Medicaid program. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, the FS Financial Responsibility Management Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

FS FINANCIAL RESPONSIBILITY**25C20440, 25C20450, 25C20460,****25C20470, 25C20480**

NATURE AND EXTENT OF SERVICES

The Financial Responsibility Unit is responsible for the collection of revenue for the three psychiatric hospitals and the Beatrice Developmental Center, as well as the community-based Developmentally Disabled Services. Revenue sources include third party payers, Medicare, private pay and trust funds. The office also manages trust funds for all state wards. In addition to the Central Office, Financial Responsibility operates offices located at the hospitals and BSDC. There are approximately nine FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost centers and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, the FS Financial Responsibility Management Office, and



other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with Financial Responsibility Unit, will be allocated to the facility Financial Responsibility cost centers 25C20440, 25C20450, 25C20460, 25C20470 and 25C20480 based on the labor hours, LH¹, in each of these cost centers. Further, codes are established that identify staff and activities located at specific facilities and for state ward trust funds (Miscellaneous State programs). Costs identified for these activities will be charged directly to the benefiting facility or activity.

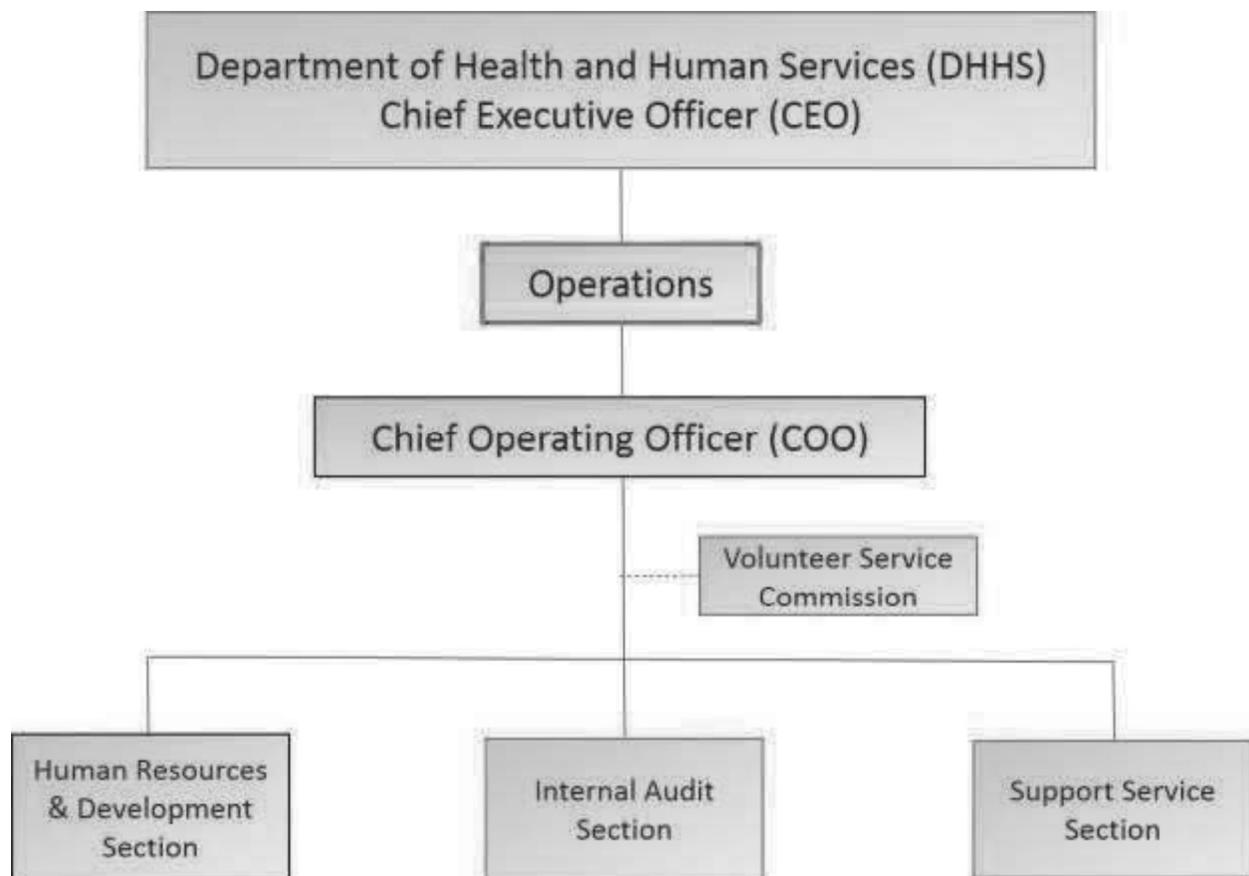
SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20440	FS Financial Responsibility
25C20450	FS Financial Responsibility BSDC
25C20460	FS Financial Responsibility HRC
25C20470	FS Financial Responsibility LRC
25C20480	FS Financial Responsibility NRC

OPERATIONS DIVISION

OPERATIONS DIVISION

The Operations Division, under the direction of the Chief Operating Officer, includes four sections (Internal Auditor, Operations Consulting, Human Resources and Development, and Support Services) that provide support to all divisions of the Department of Health and Human Services. The Operations Division is centralized in the Central Office in Lincoln, with some employees located across the state to support the Field Offices and 24-hour facilities.



CHIEF OPERATING OFFICER**25C20150**

NATURE AND EXTENT OF SERVICES

The Chief Operating Officer (COO) is responsible for managing the following Operations Sections: Internal Auditor, Operations Consulting, Human Resources and Development, and Support Services. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

All other cost centers in the division based on the labor hours, LH1, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20280	HRD Human Resources

FACILITIES DIRECTOR**25C20145**

NATURE AND EXTENT OF SERVICES

The Facilities Director is responsible for operational oversight of all of the DHHS facilities.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

This cost center will be allocated to the Youth Rehabilitation & Treatment Centers (7% to Geneva and 12% to Kearney), Regional Centers (6% to Hastings, 34% to Lincoln, 12% to Norfolk), and Beatrice State Development Center (29% to BSDC) based on total fund appropriation amounts for each facility. The percentage will be updated annually for the quarter ended 3/31.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40200	Beatrice State Development Center
25C40240	Lincoln Regional Center

VOLUNTEER SERVICE COMMISSION**25C40020**

NATURE AND EXTENT OF SERVICES

Volunteer Service Commission (VSC) is organized with the Central Administration. DHHS acts as the host agency for Nebraska's administration of the programs of the National Volunteer Service Commission. There are approximately five FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers.

ALLOCATION METHODOLOGY

The direct for the cost center will be directly charged to the VSC programs. The indirect costs are utilized as general match funds for the VSC programs.

WORKFORCE CAPACITY ADMINISTRATOR**25C20155**

NATURE AND EXTENT OF SERVICES

The Workforce Capacity Administrator provides short and long term staffing strategy, and workforce processes and models to help leadership develop the understanding needed to make operational decisions that align with and achieve the Department's strategic goals. There is approximately one FTE in this cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

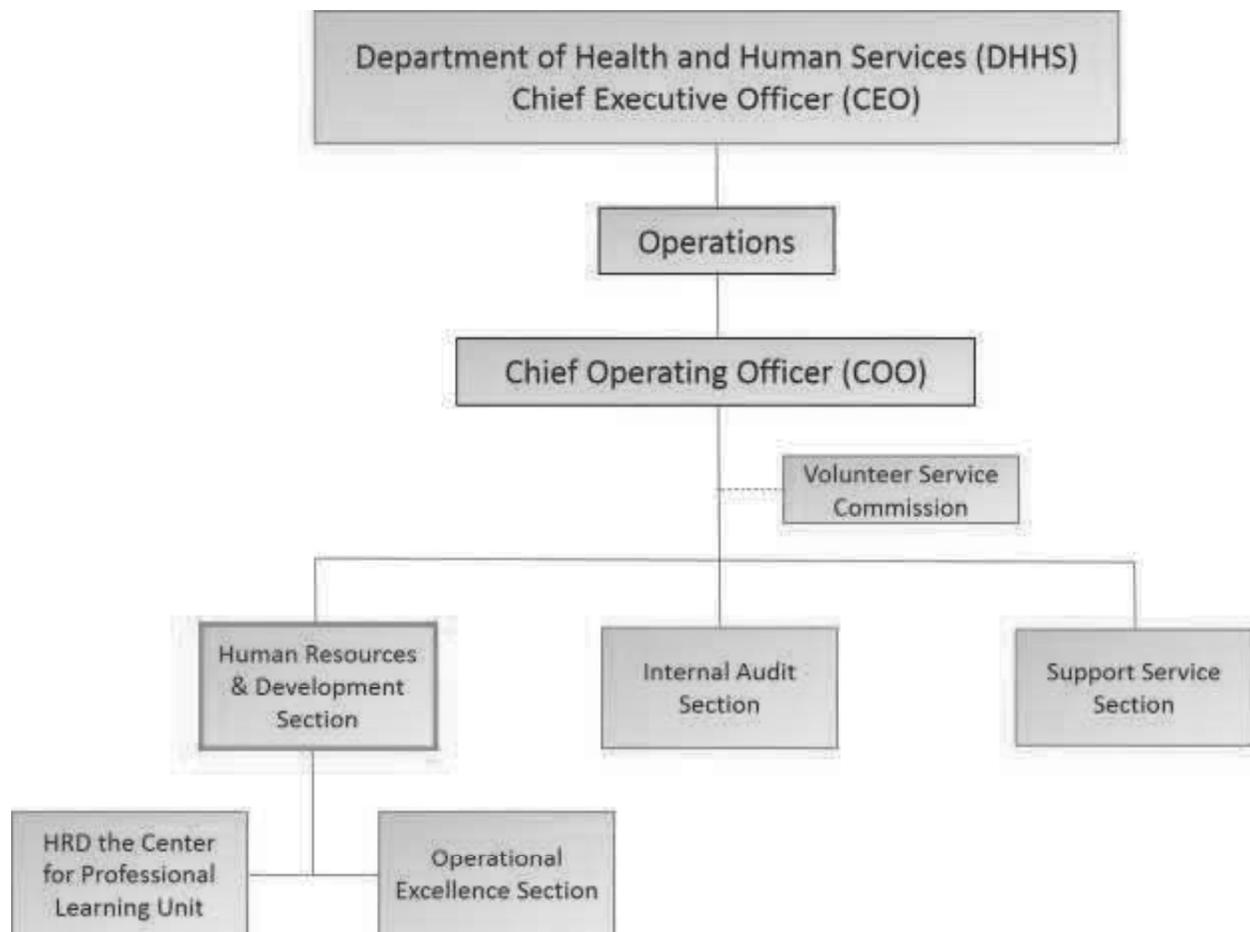
The costs associated with the Operations Consulting Section will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

HUMAN RESOURCES AND DEVELOPMENT SECTION

The Human Resources and Development (HRD) section provides personnel support to department employees and managers across the state, including staffing requests for position reclassification and salary grade adjustments; analysis of staffing plans; payroll, workers' compensation and benefits; employee and labor relations; employee recognition, recruitment, selection, placement, retention succession planning; and the Employee Assistance Program (EAP). In addition, HRD is responsible for training coordination, staff development, leadership and supervisory training, and meeting and team facilitation.



HUMAN RESOURCES DEVELOPMENT ADMINISTRATION**25C20160**NATURE AND EXTENT OF SERVICES

This HRD Administration Section is responsible for the overall direction and management of the HRD office. There are approximately eight FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The HRD Administration Section will be allocated to the HRD cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20170	HRD The Center For Professional Learning
25C20280	HRD Human Resources

HRD THE CENTER FOR PROFESSIONAL LEARNING**25C20170, 25C20180,
25C20190, 25C20200**NATURE AND EXTENT OF SERVICES

The Center provides training services and ongoing professional development opportunities for all employees of DHHS. In addition to the Central Administrative Office, the Center operates DHHS offices located across the state. There are approximately 40 FTEs in the cost center.

20170	HRD STAFF DEVELOPMENT
20180	HRD STAFF DEV BSDC
20190	HRD STAFF DEV HRC
20200	HRD STAFF DEV LRC
20210	HRD STAFF DEV NRC
20260	HRD STAFF DEV GYRTC
20270	HRD STAFF DEV KYRTC

COST STRUCTURE

Costs consist of those directly charged to cost center HRD The Center For Professional Learning, and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the HRD Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Center will be allocated to all the benefiting cost centers and programs based on Time and Effort Reporting of the trainers. For the DHHS residential facilities, codes have been established that identify staff and activities located at specific facilities. The costs identified for these activities will be charged directly to the benefiting facilities. The costs identified for MLTC activities will be further split into Medicaid 50% and Children's Health Insurance Program (CHIP) based on eligibility status.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43180	TANF Families
25C44160	Medicaid 50%
25C40200	Beatrice State Development Center
25C40220	Hastings Regional Center
25C40240	Lincoln Regional Center
25C40260	Norfolk Regional Center

HRD HUMAN RESOURCES

25C20280

NATURE AND EXTENT OF SERVICES

The HRD Human Resources unit provides the human resources services to offices and centers located throughout the DHHS. There are approximately 70 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the HRD Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Costs associated with the HRD Human Resources unit will be allocated to the benefiting cost centers based on the labor hours, LH, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

OPERATIONAL EXCELLENCE ADMINISTRATION**25C20153**

NATURE AND EXTENT OF SERVICES

The Operational Excellence Section is an internal consulting team that identifies, develops, implements, and evaluates business practices throughout DHHS for efficiency and effectiveness with a concentration on improved services, reduced costs and streamlined bureaucratic process. Work involves internal DHHS, state agency and external entity stakeholders. There is approximately one FTE in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Operational Excellence Unit.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20154	Operational Excellence Unit

OPERATIONAL EXCELLENCE UNIT**25C20154**

NATURE AND EXTENT OF SERVICES

The Operational Excellence Section is an internal consulting team that identifies, develops, implements, and evaluates business practices throughout DHHS for efficiency and effectiveness with a concentration on improved services, reduced costs and streamlined bureaucratic



process. Work involves internal DHHS, state agency and external entity stakeholders. There are approximately four FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The costs associated with the Operational Excellence Unit will be allocated to benefiting programs based on Time and Effort Reporting of the Unit.

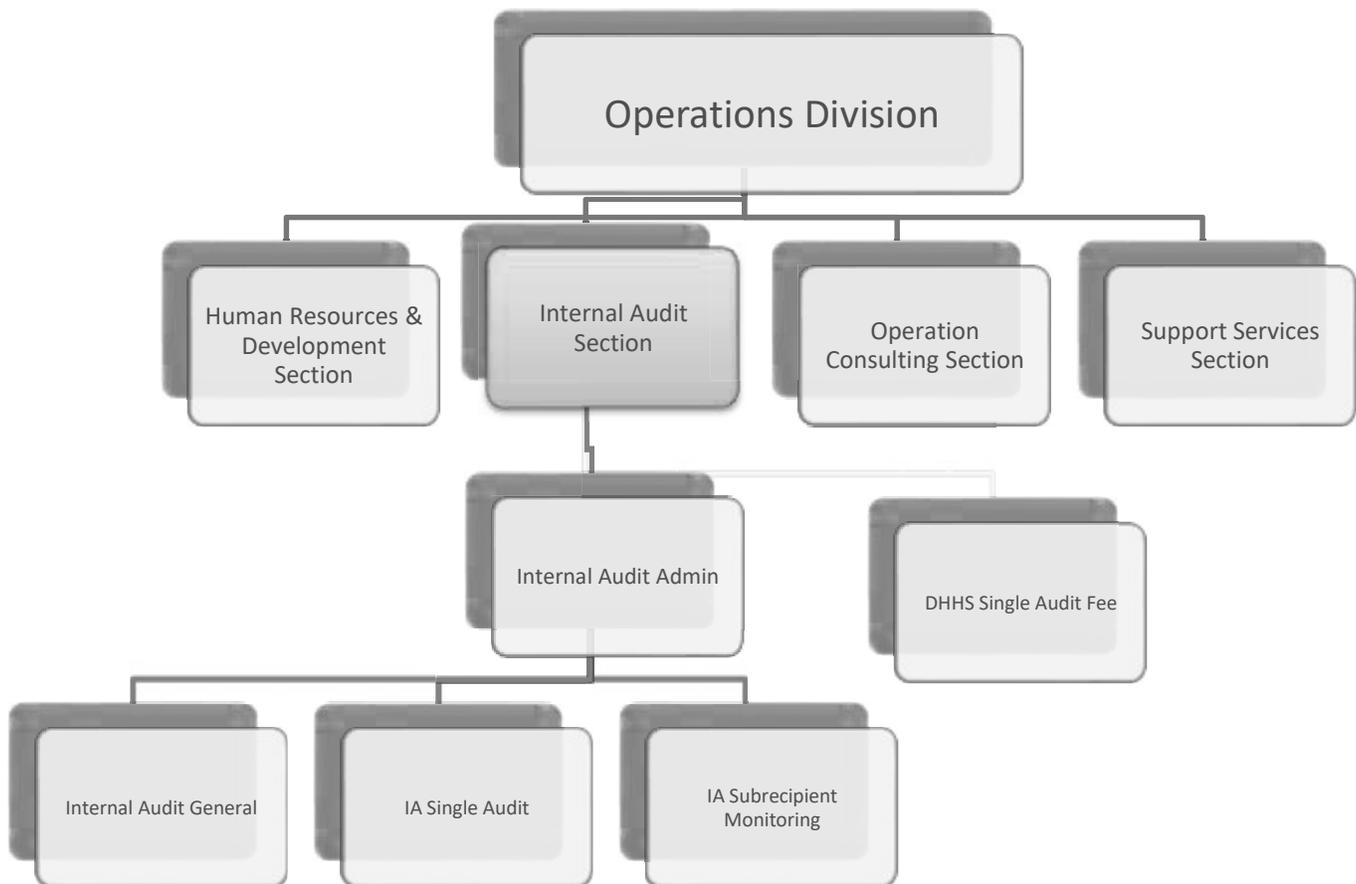
SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
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No receiver over 15% individually.	
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INTERNAL AUDIT SECTION

The Internal Audit (IA) Section maintains audit records and provides a DHHS point of contact for the coordination of all audits, reviews, attestations, or site visits in which a federal or state official is reviewing one or more DHHS programs or grants with the purpose of issuing a report that may contain findings requiring a corrective action plan. Internal Audit performs reviews of departmental activities and issues reports that may contain internal findings that require corrective action plans. Internal Audit provides information on recognized best practice and technical assistance to support DHHS.



INTERNAL AUDIT**25C20151**

NATURE AND EXTENT OF SERVICES

The Internal Audit (IA) Section maintains audit records and provides a DHHS point of contact for the coordination of all audits, reviews, attestations, or site visits in which a federal or state official is reviewing one or more DHHS programs or grants with the purpose of issuing a report that may contain findings requiring a corrective action plan. Internal Audit performs reviews of departmental activities and issues reports that may contain internal findings that require corrective action plans. Internal Audit provides information on recognized best practice and technical assistance to support DHHS. There are approximately six FTEs in the Internal Audit section.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on Time and Effort Reports prepared by the DHHS Internal Auditors in the cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

DHHS SINGLE AUDIT FEE**25C20152**

NATURE AND EXTENT OF SERVICES

This cost center captures the DHHS Single Audit fees that result from independent audits of various divisions/programs/sections within DHHS. There are no FTEs in this office.

COST STRUCTURE

This cost center receives only direct charges from independent auditors.



ALLOCATION METHODOLOGY

The cost center will be allocated to benefiting programs based on the annual percentage of expenditures reviewed by the auditors by program within the agency. Allocation is updated annually for the quarter ended 9/30.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41480	Medical Assistance Program

SUPPORT SERVICES SECTION

The Support Services (SS) Section provides technical assistance and support in purchasing; equipment inventory; surplus property; vehicle management; risk management; land-based communications; language line; Spanish translation; office space planning, leasing, space management, office setup, and facility engineering; American with Disabilities Act (ADA) compliance review and design; records management; security and emergency planning; building access control; word processing; centralized scanning; property insurance administration; mail distribution; forms and supply management; contractual services and subawards; security administration for EnterpriseOne (E1), which is the state's accounting, procurement, and payroll system.



SUPPORT SERVICES ADMINISTRATION**25C20750**NATURE AND EXTENT OF SERVICES

The Support Services (SS) Administration Section is responsible for the overall direction and management of the Division. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the SS Administration Section will be allocated to all other cost centers in the division based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20920	Building Division
25C20930	SS Contracts and Subawards

SUPPORT SERVICES ADMINISTRATION SUPPORT UNIT**SUPPORT SERVICES ADMINISTRATION SUPPORT****25C20755**NATURE AND EXTENT OF SERVICES

The Support Service Admin Support Unit is responsible for management of the SS Central Office, which includes oversight of forms management, receptionist and switchboard, and translation services. There are approximately six FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination



Benefits and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs Associated with the SS Admin Support Unit will be allocated to all other DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21960	FO Social Services Casework

SUPPORT SERVICES RECORDS MANAGEMENT, WORD PROCESSING, SCANNING UNIT

SUPPORT SERVICES RECORDS MGT, WP, SCANNING

25C20760

NATURE AND EXTENT OF SERVICES

The Support Services Records Management, Word Processing (WP), Scanning Unit is responsible for the overall direction and management of the Records Management, Word Processing Centers and Scanning Centers. The Word Processing and Scanning Centers provide services to all DHHS offices including 24-hour facilities and field offices. This office also provides all records management services, which includes retention schedules, management of records storage, and records destruction. There are approximately 14 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY



Costs associated with the SS Records Management, Word Processing, Scanning Unit will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

SUPPORT SERVICES BUILDING SERVICES UNIT

BUILDING DIVISION

25C20920

NATURE AND EXTENT OF SERVICES

The Building Division, is responsible for the direct management of space rental and arrangements, telecommunications, security systems, moving, installation, building maintenance and engineering consulting services. There are approximately nine FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Building Division will be allocated to the all other DHHS cost centers based on the labor hours, LH¹, in each center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

SUPPORT SERVICES FIELD OFFICE RENT

25C20936



 NATURE AND EXTENT OF SERVICES

The Field Office Rental is accumulated into one cost center in the Support Services Section that is responsible for the rental agreements for the Field Office and Developmental Disability Field Offices located across the state. There are no FTEs in the cost center.

 COST STRUCTURE

Costs consist of those directly charged to the cost center.

 ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on the labor hours, LH⁴, which are hours for those workers only located in the field offices. The costs will then be allocated to the section cost centers according to the allocation methodology for that cost center.

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%
25C21960	FO Social Services Casework
25C21920	FO Child Protection and Safety Services

SUPPORT SERVICES PROCUREMENT / CONTRACTUAL SERVICES MANAGEMENT UNIT

SS PROCUREMENT, CONTRACTUAL SVCS/SUBAWARDS, MATERIALS MGT
25C20765

 NATURE AND EXTENT OF SERVICES

The Support Services Procurement, Contractual Services/Subawards and Materials Management Unit provides the overall management of the SS Procurement / Contractual Services Section within Support Services. There is approximately one FTE in this cost center.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination



Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the SS Procurement, Contractual Services/Subawards and Materials Management Unit will be allocated all cost centers within this section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20920	Building Division
25C20930	SS Contracts and Subawards

SUPPORT SERVICES PROCUREMENT

25C20770

NATURE AND EXTENT OF SERVICES

The Support Service Procurement Office performs materials management activities such as fleet management, supply distribution, inventory control, purchasing (commodities and services) and duplication services. There are approximately three FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the SS Procurement Office will be allocated all DHHS cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.



PROCUREMENT SERVICES**25C20775**NATURE AND EXTENT OF SERVICES

To facilitate the acquisition of goods/services for DHHS through contracting and other procurement methods, including personnel and operational expenses.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the SS Procurement Office will be allocated benefitting Cost Centers based on a time study that will be updated annually for the quarter ended 6/30.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C41200	Miscellaneous State Programs
25C25110	Public Health Director

SUPPORT SERVICES PROCUREMENTS

**25C20780, 25C20790, 25C20800, 25C20810,
25C20820, 25C20830, 25C20840, 25C20850,
25C20860, 25C20870**

NATURE AND EXTENT OF SERVICES

The Support Services Procurements performs materials management activities such as fleet management, supply distribution, inventory control, purchasing (commodities and services) and duplication services at the DHHS residential facilities. There are approximately 19 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then



be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The direct and indirect costs associated with these cost centers will be allocated directly to their benefiting residential facility.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40200	Beatrice State Development Center
25C40220	Hastings Regional Center
25C40240	Lincoln Regional Center
25C40360	Geneva Youth R&T Center
25C40380	Kearney Youth R&T Center

SUPPORT SERVICES DISTRIBUTION CENTER LINCOLN

25C20890

NATURE AND EXTENT OF SERVICES

The Support Services Distribution Center - Lincoln Entity sorts and handles the mail and package delivery services in and out of the central offices. The office also operates the supply services for the central offices and provides transportation services including processing accident reports and vehicle repairs. There are approximately six FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Cost associated with the SS Distribution Center - Lincoln Entity will be allocated to the central office cost centers based on the labor hours, LH², in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23475	Eligibility Field Ops 50%



SS DISTRIBUTION CENTER OMAHA**25C20910**NATURE AND EXTENT OF SERVICES

The Support Services Distribution Center - Omaha Field Office operates a central supply service and sorts and handles the mail and package delivery services in and out of the Omaha administrative offices for all DHHS field offices. There are approximately six FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Field Office Administration.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21910	FO Administration

SUPPORT SERVICES CONTRACTS AND SUBAWARDS**25C20930**NATURE AND EXTENT OF SERVICES

The Support Services Contracts and Subawards Office provides data base management services and processing of all contracts and subawards for services. There are approximately 7.5 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the SS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Costs associated with the SS Contracts and Subawards Office for the cost center will be allocated to all DHHS cost centers based on the labor hours, LH¹, in each center. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

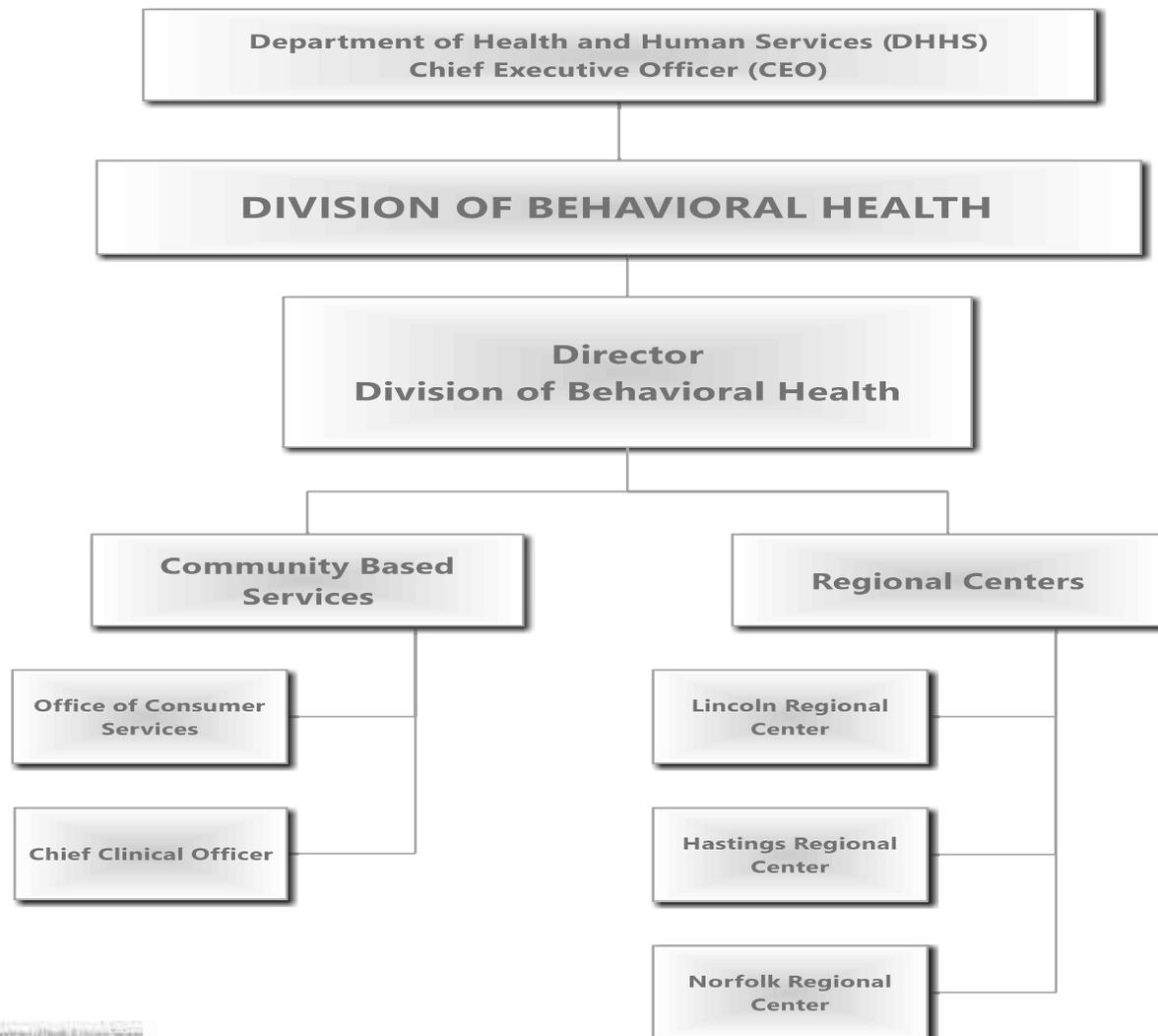
SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

DIVISION OF BEHAVIORAL HEALTH

DIVISION OF BEHAVIORAL HEALTH

The Division of Behavioral Health is responsible for behavioral health services statewide, including: 1) three 24-hour regional centers for inpatient psychiatric services for adults, inpatient and residential sex offender treatment for adults, and residential sex offender treatment and substance use disorder services for youth; and 2) community-based mental health and substance use disorder services across the state. The Division has significant responsibilities for implementation of the Nebraska Behavioral Health Services Act (Neb. Rev. Stat., 71-801 to 71-818) and the Sex Offender Commitment Act (Neb. Rev Stat., 71-1201 to 71-226). By statute, the Division is the Behavioral Health Authority for Nebraska and is the federally designated State Mental Health Authority and the Single State Authority for substance use disorders for Nebraska.



DIRECTOR OF BEHAVIORAL HEALTH SERVICES**25C25000**NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall direction and management of the DHHS Behavioral Health Services. This Office contains the Division Director and assistant, the Division Financial Officer, and the Deputy Director for Behavioral Health System Integration. The Division Financial Officer is responsible for overseeing and managing funding for the publically funded Behavioral Health Services with the DHHS Division of Behavioral Health including: risk assessment and overseeing risk mitigation activities prior to and during contract process, and within operation of state operated facilities (e.g., internal controls, adherence to state procurement practices, minimizing fraud/waste potentials; contract audits/verifications and overseeing corrective action plans; community-based services financial eligibility policy/worksheets; regional allocation process); developing, requesting and managing budgets for Division of Behavioral Health including legislative fiscal notes and expenditure; and responding to executive branch, legislative branch, DHHS administration, contractor, and public request for information on funding, expenditures and costs. The Deputy Director for Behavioral Health System Integration is responsible for coordinating and assimilating other systems and programs, both internal and external to DHHS that intersect and impact Nebraska's behavioral health care system. This includes but is not limited to coordinating needs assessment, developing and monitoring a strategic plan for the division and facilitating cross system and division integration. There are approximately four FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the other behavioral health cost centers based on labor hours, LH¹, for each cost center.

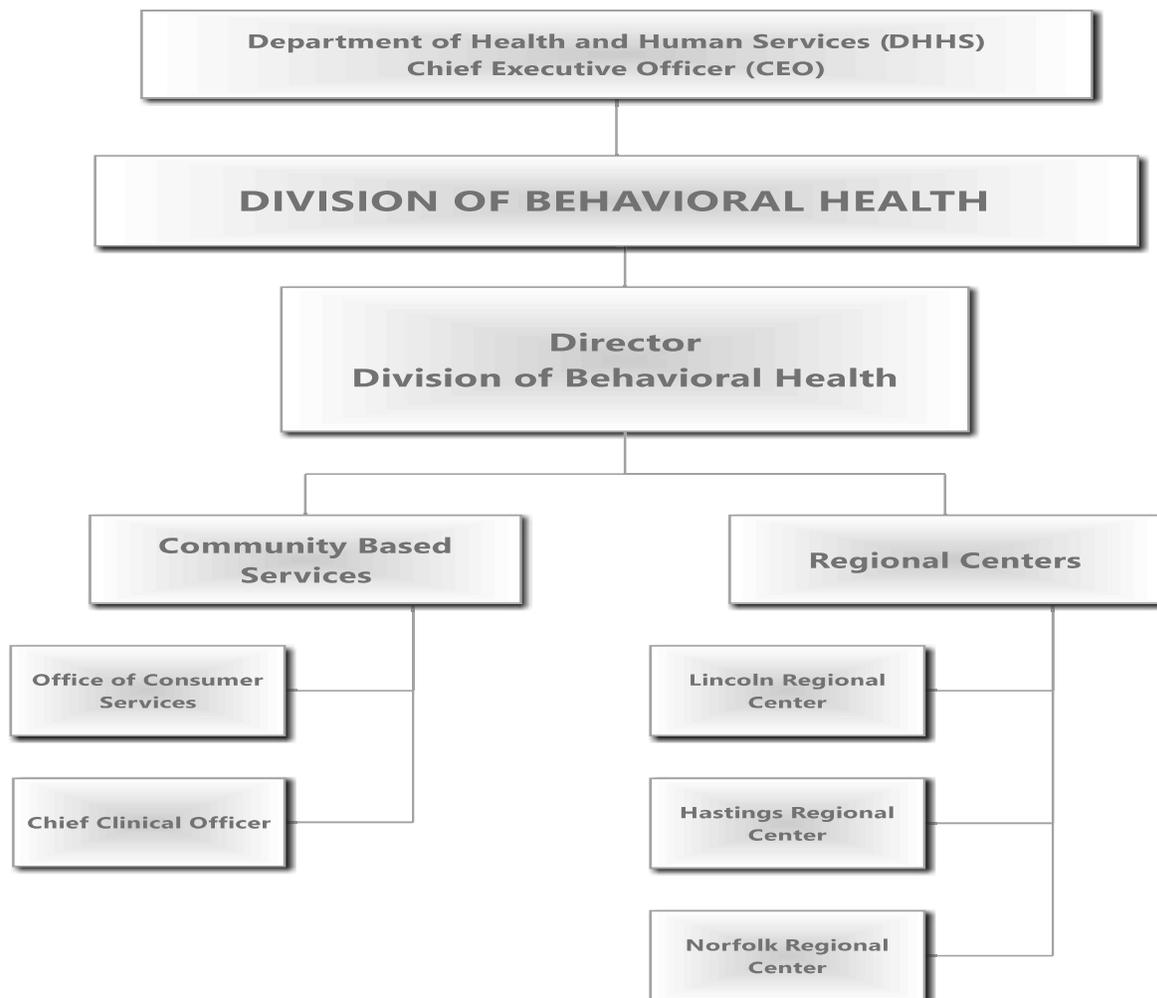
SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40240	Lincoln Regional Center
25C40260	Norfolk Regional Center



CHIEF CLINICAL OFFICER

The Chief Clinical Officer is statutorily (Neb Rev Stat 71-805) required and must be "board-certified psychiatrist and shall serve as the medical director for the division and all facilities and programs operated by the division." This position also serves as the federally designated State Opioid Treatment Authority for Nebraska. The Chief Executive Officer timecodes hours to the Community-Based Services section, the Chief Executive Officer Section, and to the MLTC Medical Director (this position job shares as the MLTC Medical Director) based on hours worked in support of each.



COMMUNITY-BASED SERVICES SECTION

This Program supports the personnel and operating expenses for the administrative staff within the Division of Behavioral Health to implement and monitor Program 038 Community-Based Aid. The office develops policy, regulatory guidance, and contracts, monitors and evaluates treatment, prevention and recovery services provided by regional behavioral health authorities, federally recognized tribes, and private providers. The division provides funding for individuals who are non-Medicaid eligible meeting clinical and financial eligibility for community-based services.

DEPUTY DIRECTOR OF COMMUNITY-BASED SERVICES

25C25010

NATURE AND EXTENT OF SERVICES

This office is responsible for the overall direction and management of the Community-Based Services. There are approximately two FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the other Community-Based cost centers based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40040	Mental Health, Substance Abuse and Addiction Svcs

NURSING HOME RESIDENT MH SCREENING**25C25020 (50%), 25C25030 (75%)**NATURE AND EXTENT OF SERVICES

The Office monitors the Nursing Home preadmission screening and resident review activities required for Medicaid certification. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Mental Health, Substance Abuse and Addiction Services Administration Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

25C25020 – Direct to Medicaid 50%
25C25030 – Direct to Medicaid 75%

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C44140	Medicaid 75%

CHILDRENS HELP LINE**25C25035**NATURE AND EXTENT OF SERVICES

Provides assistandce 24 hours a day, 7 days a week, 365 days a year to parents and caregivers with a youth experiencing behavioral health challenges.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Mental Health, Substance Abuse and Addiction Services Administration Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

To 25C40040 and 25C44160, based on calls received by parents of children covered by Medicaid versus those who are not.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%
25C40040	Mental Health Substance Abuse & Addiction Services

MENTAL HEALTH, SUBSTANCE ABUSE & ADDICTION SERVICES**25C40040**

NATURE AND EXTENT OF SERVICES

This Program supports the personnel and operating expenses for the administrative staff within the Division of Behavioral Health to implement and monitor Program 038 Community-Based Aid. The office develops policy, regulatory guidance, and contracts, monitors and evaluates treatment, prevention and recovery services provided by regional behavioral health authorities, federally recognized tribes, and private providers. The division provides funding for services to individuals who are non-Medicaid eligible meeting clinical and financial eligibility for community-based services.

This Office also contains the Office of Consumer Affairs which focuses on three areas:

- Consumer/Peer Support - consumers helping consumers;
- Peoples Council - build and strengthen consumer involvement in system planning; and
- Advocacy - how to connect consumers with resources.

The Office of Consumer Affairs is staffed by an Administrator, one Consumer Liaison, and one .35 FTE Support Staff. There are approximately 23 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Mental Health (MH), Substance Abuse (SA) and Addiction Services Administration Office, and Operations cost centers.

ALLOCATION METHODOLOGY

Final Cost Objective



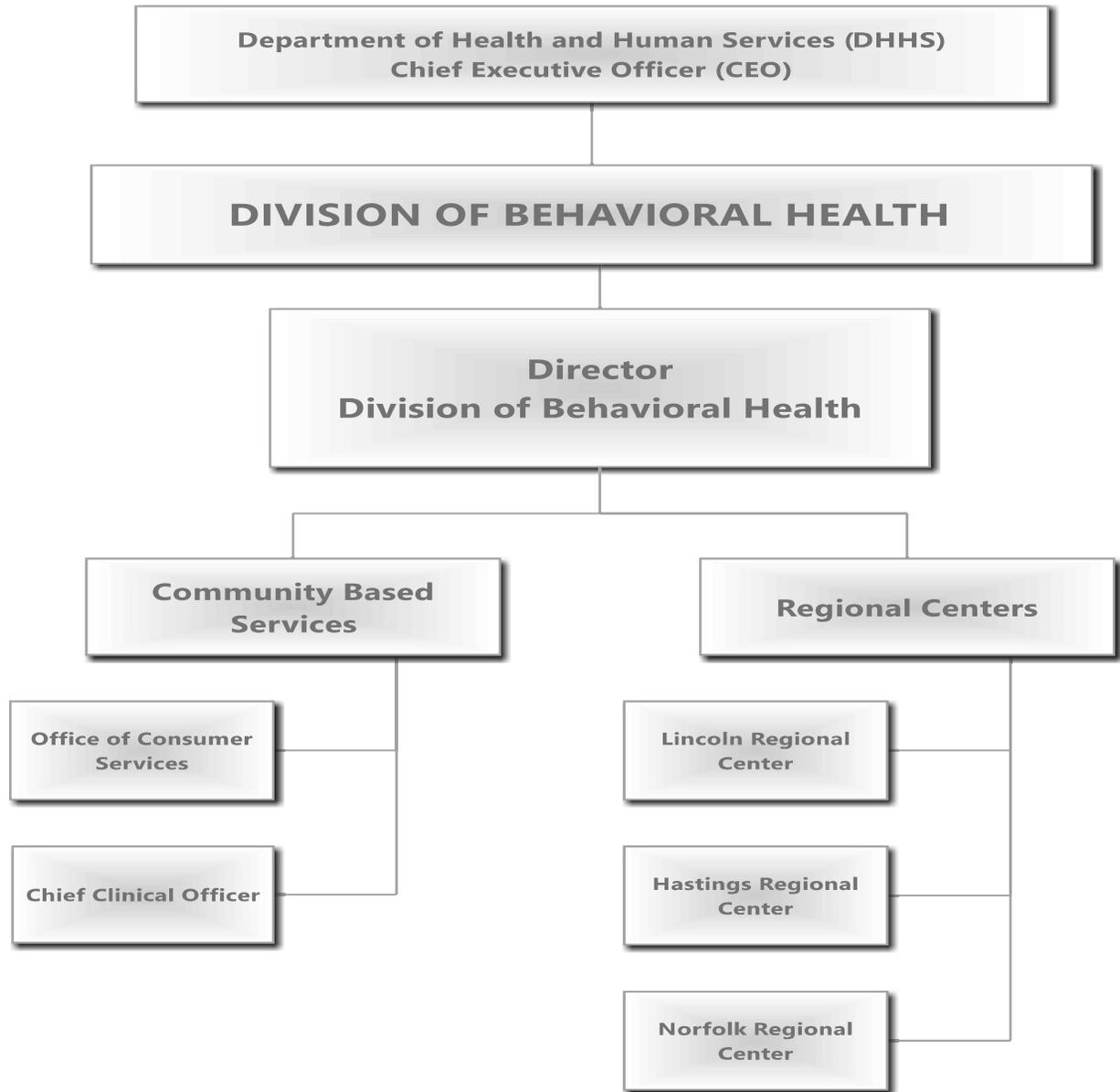
CHIEF EXECUTIVE OFFICER REGIONAL CENTERS

This position is responsible for the overall management and operation of the three DHHS Regional Centers. The Chief Executive Officer timecodes hours to the regional centers based on hours worked in support of each.

REGIONAL CENTER SYSTEMS SECTION

REGIONAL CENTERS 25C40220, 25C40240, 25C40260

NATURE AND EXTENT OF SERVICES



There are three Regional Centers in the State. The facilities in Lincoln and Norfolk meet the standards and licensing criteria for psychiatric hospitals. The Lincoln facility is a 279 bed licensed hospital, accredited by the Joint Commission and recognized by the Joint Commission as a Top Performer. In addition, the Lincoln facility operates a 24 bed psychiatric residential treatment facility. The facility in Hastings is a 24 bed licensed, Joint Commission accredited psychiatric residential treatment facility. The facility in Norfolk is a 95 bed hospital, providing sex offender treatment services. There are approximately 90 FTEs at Hastings, 500 FTEs at Lincoln and 200 FTEs at Norfolk.

COST STRUCTURE

Costs consist of those directly charged to the cost centers and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, and Operations costs centers.

ALLOCATION METHODOLOGY

Direct costs for the Norfolk Center will be paid with state funds. Cost centers include Hastings, Lincoln, and Norfolk.

*DIVISION OF CHILDREN AND FAMILY
SERVICES*

DIVISION OF CHILDREN AND FAMILY SERVICES

The Division of Children and Family Services (CFS) serves thousands of Nebraska children, adults and families every day. CFS plans, coordinates, and provides a wide range of services to, and supports for, children, families, and individuals in Nebraska. The Division's responsibilities include child welfare, adult protective services, economic support programs and the youth rehabilitation and treatment centers. Priorities include continuing to strengthening the state's child welfare and improving the AccessNEBRASKA system. CFS is the largest division within the Department of Health and Human Services.



CHILDREN AND FAMILY SERVICES DIRECTOR'S OFFICE**25C21430**NATURE AND EXTENT OF SERVICES

The Director's Office is responsible for the overall direction and management of the division. This office also includes the Chief Financial Liaison, the Legislative Coordination and Project Development Administrator, and the Research, Planning, and Evaluation Administrator. The Chief Financial Liaison is responsible for the coordination and preparation of Division budgets, ensuring compliance with state and federal financial reporting requirements, monitoring and analyzing the fiscal impact of proposed and enacted legislation, and serves as the primary point of contact for state and federal audits, development and monitoring of contracts, and managing the billing and payment unit. The research, planning, and evaluation administrator is responsible for the development and coordination of a continuous quality improvement process to evaluate the effectiveness and efficiency of services provided across the Division of Children and Family Services; oversees teams to collect, review, update, and correct information on NFOCUS to produce data management reports and provide detailed statistical analysis of data gathered. The legislative coordination and project development administrator is responsible for reviewing draft bills that may impact the Division of Children and Family Services and coordinating legislative bill impact summaries; gathers information for clarity on bills impacting the Division and tracks bills through the legislative process; reviews and tracks new regulations; and manages special projects as assigned by the Director. There are approximately nine FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all other cost centers in the division based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21920	FO Child Protection and Safety Services
25C21960	FO Social Services Casework



ALLOCATION METHODOLOGY

Costs associated with the ICC Administration Section are allocated to all cost centers in this section based on labor hours, LH¹.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C20560	SNAP Electronic Benefits Transfer

SNAP ELECTRONIC BENEFITS TRANSFER**25C20560**

NATURE AND EXTENT OF SERVICES

The staff of the SNAP Electronic Benefit Transfer (EBT) Unit issue EBT cards to SNAP applicants and recipients. EBT cards are used to access their SNAP benefits when the household is found eligible for SNAP benefits. Staff also answers telephone calls related to the EBT card, and calls from individuals receiving payments from DHHS on the US Bank VISA ReliaCard. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to SNAP (50%).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)

SNAP EBT CONTRACT**25C20565**

 NATURE AND EXTENT OF SERVICES

The SNAP EBT Contract includes payments to the contractor for administration of the cards used to provide SNAP benefits. There are no FTEs assigned to this cost center.

 COST STRUCTURE

This cost center consists of direct costs paid on the SNAP EBT contract.

 ALLOCATION METHODOLOGY

Direct to SNAP (50%).

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)

FS SNAP OUTREACH
25C21575

 NATURE AND EXTENT OF SERVICES

Activities to inform low income households about the availability, eligibility requirements, application procedures and the benefits of SNAP.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Chief Operating Officer, Central Services and Supplies, Termination Benefits, the FS Administration Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

 ALLOCATION METHODOLOGY

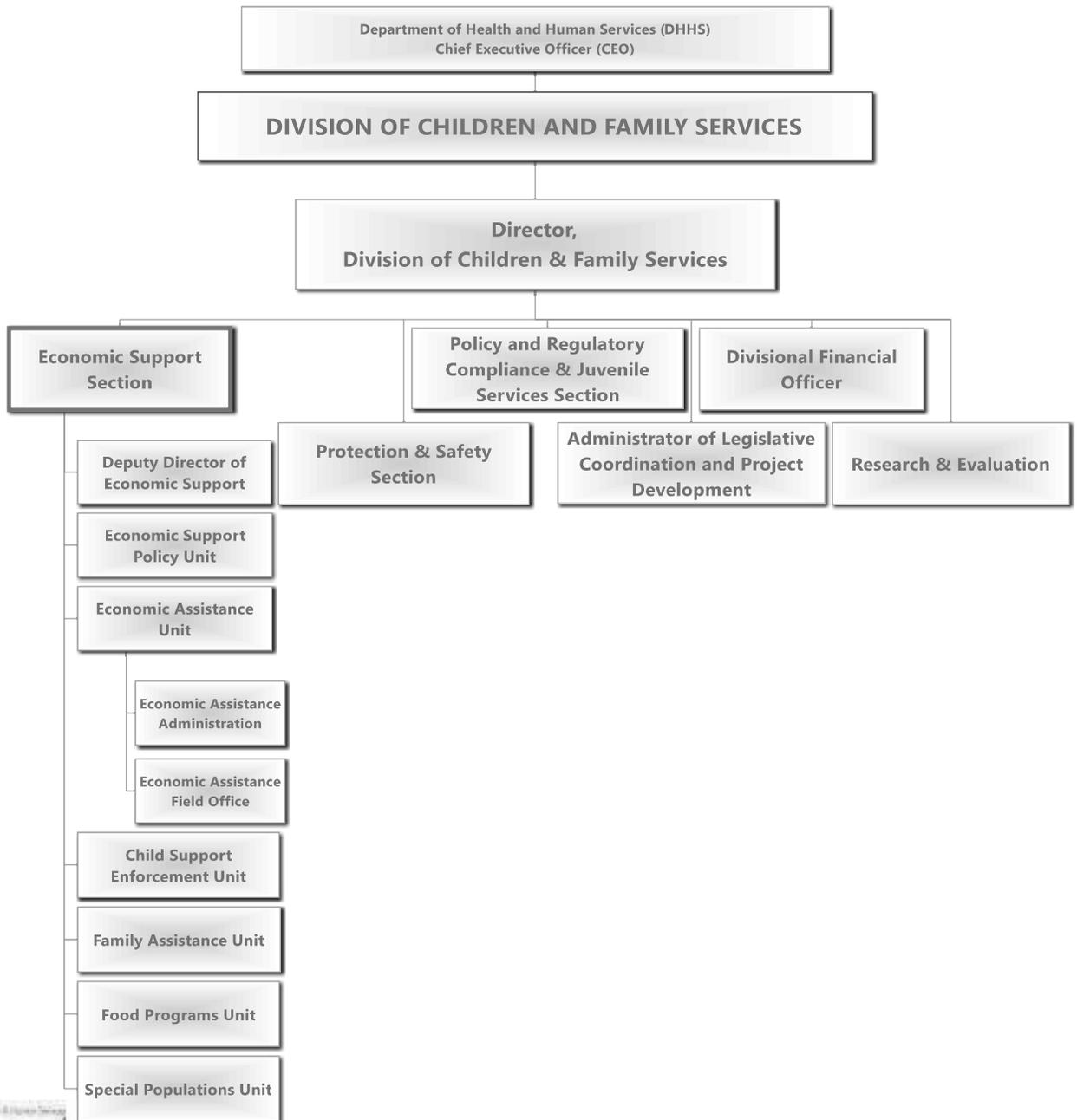
Direct to SNAP (50%).

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)

ECONOMIC SUPPORT SECTION

Economic Support includes Economic Assistance programs and Child Support Enforcement. Economic Assistance programs include Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Social Services Block Grant (SSBG), Refugee Resettlement Program (RRP), Low Income Home Energy Assistance Program (LIHEAP), and Child Care Development Fund (CCDF).



ECONOMIC SUPPORT DEPUTY DIRECTOR**25C21450**NATURE AND EXTENT OF SERVICES

The Deputy Director is responsible for the overall direction and management of the Economic Support. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all other cost centers in the section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21460	Economic Assistance Policy Chief
25C21570	COA SNAP Program
25C21740	COA NFOCUS Support Office

ECONOMIC SUPPORT POLICY UNIT**ECONOMIC ASSISTANCE POLICY CHIEF****25C21460**NATURE AND EXTENT OF SERVICES

The Economic Assistance (EA) Offices develop policies, procedures and regulations for the direct aid to beneficiaries for Economic Assistance programs. There are approximately four FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to benefiting cost centers based on SSW RMTS results.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C43040	Low Income Home Energy Assistance Program

ECONOMIC ASSISTANCE UNIT

COA LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

25C21480

NATURE AND EXTENT OF SERVICES

The Nebraska Low Income Energy Assistance Program (LIHEAP) helps people with limited incomes offset the cost of heating and cooling their homes. There are approximately 1.5 FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to LIHEAP.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43040	Low Income Home Energy Assistance Program

COA TANF FAMILIES**25C21660**

NATURE AND EXTENT OF SERVICES

There are approximately 10 FTEs in this cost center. This program is tasked with carrying out the following:

- Assisting needy families so that children can be cared for in their own homes;
- Preventative measures for out of wedlock pregnancy;
- The encouragement of two parent families; and
- Job preparation assistance to eligible recipients.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to TANF Families.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43180	TANF Families

TANF FAMILY FOCUSED CASE MANAGEMENT**25C21670**

 NATURE AND EXTENT OF SERVICES

The Family-Focused Case Management pilot in Nebraska is a Two-Generation approach and involves embedding Economic Assistance as well as Protection and Safety Case Workers in the Employment First Office to enhance communication and coordination of an array of services to help clients reach self-sufficiency. The case management team prioritizes potential interventions and supports in a comprehensive case plan and subsequently reach out to community resources and supports to make appropriate referrals and contacts. The case management team will also work with the family to identify activities and/or support groups that will provide positive peer influence and facilitate human capital investment.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

 ALLOCATION METHODOLOGY

Direct to TANF Work Activities.

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43200	TANF Work Activities

COA NFOCUS SUPPORT OFFICE
25C21740

 NATURE AND EXTENT OF SERVICES

The Economic Assistance NFOCUS Support Office provides direction and assistance to the NFOCUS Applications team to support the management of the eligibility, payments and records storage for the programs that utilize NFOCUS. There are approximately nine FTEs in the cost center.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, the Economic Assistance



Administrator's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on the NFOCUS end of quarter count of recipients receiving benefits associated with each program that benefits from the system.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C44160	Medicaid 50%

ACCESS NEBRASKA

25C21860

NATURE AND EXTENT OF SERVICES

This cost center utilizes two call centers and online web applications that allow DHHS staff to administer and manage eligibility for assistance programs. The direct costs in this cost center are predominantly phone charges. There are no FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on SSW RMTS results.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C43040	Low Income Home Energy Assistance Program



ECONOMIC ASSISTANCE FIELD OFFICE

The Division of Children and Family Services is organized into five Field Offices (FO) that are aligned with the Judicial Districts as set forth by the Nebraska Supreme Court. The five Field Offices, with offices located in over 50 communities across the state, work with clients to determine eligibility for Economic Assistance programs. The Field Offices and Central Office in Lincoln collaborate on eligibility determination processes, client communication and how to best meet the needs of low income individuals and families.

Field Office Rent (for informational purposes only): The Field Office Rent for the Economic Assistance Field Offices is accumulated into one cost center (25C20936) in the Support Services Section of DHHS. This cost center holds the rental agreements for the Field Office and Developmental Disability Service Offices located across the state. The cost center will be allocated to the benefiting programs based on the labor hours, LH⁴, which are hours for those workers only located in the Field Office offices. The costs will then be allocated to the section cost centers according to the allocation methodology for that cost center.

CHILD SUPPORT ENFORCEMENT UNIT

COA CHILD SUPPORT OPERATIONS

25C21750

NATURE AND EXTENT OF SERVICES

Child Support Operations is a family first program intended to ensure families self-sufficiency. The program goals are to ensure that children have the financial and medical support of both their parents; to foster responsible behavior towards children and to emphasize that children need both parents involved in their lives. There are approximately 95 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, and other Operations cost centers.



The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Child Support Enforcement.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43060	Child Support Enforcement

CHILD SUPPORT OPERATIONS INCENTIVE

25C21755

NATURE AND EXTENT OF SERVICES

Incentive payments charged directly to grants for the purpose of improving the Child Support Enforcement Program. Incentive payments are given to states based on their ability to meet standards in five areas: establishment of paternity, establishment of support orders, current collections, collection in arrears, and collection cost effectiveness. There are no FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Child Support Enforcement.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43060	Child Support Enforcement

CHILD SUPPORT ENFORCEMENT COUNTY OFFICES/COURTS**25C21760**

NATURE AND EXTENT OF SERVICES

The cost center includes interagency agreements with county attorneys, clerks of the district court and the state court system to carry out their roles in the Child Support Enforcement system, including but not limited to child support orders and wage withholdings.

COST STRUCTURE

Costs consist of the direct disbursements of FFP and the appropriate in-kind contribution provided by the participating public offices.

ALLOCATION METHODOLOGY

Direct to Child Support Enforcement.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43060	Child Support Enforcement

FAMILY ASSISTANCE UNIT**COA CHILD CARE****25C21680**

NATURE AND EXTENT OF SERVICES

This cost center is responsible for the administration of the Child Care Subsidy Program to assist eligible participants with the cost of child care. The program also provides quality funds to programs in Nebraska such as Nebraska Early Childhood Development and Step Up to Quality. The program also provides funding for the monitoring of childcare providers' licensure. There are approximately 51 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's



Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Child Care Development.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43080	Child Care Development

COA REFUGEE SCHOOL IMPACT PROGRAM

25C21700

NATURE AND EXTENT OF SERVICES

This cost center provides support to local school systems that are affected by significant numbers of refugee children. There are no FTEs in the cost center.

COST STRUCTURE

The direct and indirect cost of the cost center will be charged directly to the Refugee School Impact Grant.

ALLOCATION METHODOLOGY

Direct to Miscellaneous Federal Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41240	Miscellaneous Federal Program

COA MEDICALLY HANDICAPPED CHILDREN PROGRAM

25C21990

NATURE AND EXTENT OF SERVICES

This cost center is related to the Medically Handicapped Children's Program. There are approximately nine FTEs in the cost center.



COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medically Handicapped Children.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C42040	Medically Handicapped Children

COA SOCIAL SERVICES BLOCK GRANT ADMIN**25C24190**

NATURE AND EXTENT OF SERVICES

This cost center is responsible for the overall direction and management of the Social Services Block Grant. There is approximately one FTE assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Social Services Block Grant (Title XX).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
24C43240	SSBG (Title XX)

COA REFUGEE PROGRAM**25C21690**NATURE AND EXTENT OF SERVICES

This cost center is responsible for the administration of the Refugee Resettlement programs, including the Cash and Medical Assistance Program. The program assists refugees to establish a new life that is founded on the dignity of economic self-support and encompasses full participation in opportunities which Americans enjoy. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Refugee Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43020	Refugee Program

COA REFUGEE TAG**25C21695**NATURE AND EXTENT OF SERVICES

This cost center is the Targeted Assistance Formula Program (TAG-F). The program helps refugees attain employment within one year's participation in the program in order to achieve self-sufficiency. There are no FTEs in the cost center.

COST STRUCTURE

The direct charges paid through subgrants.

ALLOCATION METHODOLOGY

Direct to Refugee Program.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43020	Refugee Program

FOOD PROGRAMS UNIT

FO USDA EMP AND TRAINING

25C22050

NATURE AND EXTENT OF SERVICES

This cost center provides services to prepare SNAP recipients with interviewing skills, job search skills, and gas vouchers in the Kearney, Grand Island surrounding areas. There is approximately one FTE in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all other cost centers in this section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41920	Food Stamps Emp and Training

COA SNAP PROGRAM MANAGER

25C21550

NATURE AND EXTENT OF SERVICES

The FST Manager is responsible for the administrative oversight of the federal Supplemental Nutrition Assistance Program which helps eligible applicants based on income to purchase food.



Additionally, the FST Manager monitors and coordinates and the Nutrition Education program. There are approximately five FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Directly to COA SNAP Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21570	COA SNAP Program

SNAP STATE EXCHANGE

25C21560

NATURE AND EXTENT OF SERVICES

The purpose of this cost center is to record and reimburse travel expenses approved by the USDA to benefit all SNAP programs. There are no FTEs assigned to this cost center.

COST STRUCTURE

This cost center is a direct reimbursement cost center only, and does not receive any allocation of overhead.

ALLOCATION METHODOLOGY

Direct to Miscellaneous Federal Programs

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41240	Miscellaneous Federal Programs

SNAP WORKNUMBER**25C21565**

NATURE AND EXTENT OF SERVICES

This cost center contains costs for the utilization of a web-based service through Equifax called “The Work Number” that is used to verify employment when processing SNAP applications. There are no FTEs assigned to this cost center.

COST STRUCTURE

This cost center receives direct payments only, and does not receive any allocation of overhead.

ALLOCATION METHODOLOGY

Direct to SNAP (50%).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)

COA SNAP PROGRAM**25C21570**

NATURE AND EXTENT OF SERVICES

This cost center is managed by the SNAP Program Manager to coordinate and monitor employment and training benefits paid on behalf of eligible recipients. There are no FTEs in the cost center. The direct and indirect cost for the cost center will be charged directly to SNAP.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director’s Office, the Economic Support Deputy’s Office, Economic Assistance Policy Chief’s Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to SNAP (50%).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)



SNAP NUTRITION EDUCATION**25C21580**NATURE AND EXTENT OF SERVICES

This cost center is managed by the SNAP Program Manager. This program helps families on a limited budget improve the quality of their diet. Services are provided through subawards. There are no FTEs assigned to this cost center. The direct costs for the cost center will be charged to directly to the SNAP Nutrition Education Grant.

COST STRUCTURE

This cost center does not receive any allocation of overhead.

ALLOCATION METHODOLOGY

Direct to SNAP (50%).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)

COA FOOD DISTRIBUTION PROGRAM**25C21730**NATURE AND EXTENT OF SERVICES

The Food Distribution Office manages the distribution of USDA donated food commodities to participating agencies: schools, child care agencies, charitable organizations, summer food service programs, soup kitchens, food pantries, and food banks. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Miscellaneous Federal Programs



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41240	Miscellaneous Federal Programs

SPECIAL POPULATION UNIT

COA COMMUNITY SERVICES BLOCK PROGRAM

25C21710

NATURE AND EXTENT OF SERVICES

This cost center is responsible for the administration of the Community Services Block Grant, which provides federal funding for nine local community action agencies. The nine agencies create, coordinate, and deliver programs and services to low income families in all 93 counties in Nebraska. Services include: food and nutrition programs, housing services, abuse prevention and intervention, family parenting classes, as well as health programs. There are approximately three FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Community Services Block Grant (CSBG).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41880	Community Services Block Grant



COA SPECIAL POPULATIONS ADMIN**25C21715**

NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall management and operation of the Family Assistance Section. There are approximately four FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Miscellaneous State Programs

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41200	Miscellaneous State Programs

COA HOMELESS SHELTER**25C21720**

NATURE AND EXTENT OF SERVICES

This cost center is responsible for the administration of the Nebraska Homeless Assistance Program comprised of the Nebraska Homeless Assistance Trust Fund and the Department of Housing in Urban Development Emergency Solutions Grant. This program provides an overall continuum of care approach to address the needs of people who are homeless or near homeless by providing temporary or permanent housing and encouraging the development of projects that link housing assistance with efforts to promote self-sufficiency. There is approximately one FTE in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Direct to Homeless Shelter Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41840	Homeless Shelter Program

COA LIFESPAN RESPITE**25C24200**

NATURE AND EXTENT OF SERVICES

DPFS provides up to \$300 a month of funding for services to individuals with disabilities to help them continue to live independently or help families stay together. Eligible individuals can include employed adults with disabilities, adults with disabilities who live independently, or families who have a family member with disabilities living with them at home. The needs of the clients determine which services can be funded through DPFS. Some of the funded services include attendant/personal care, home health care, housekeeping, transportation, special equipment, and home modifications. There are approximately three FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Miscellaneous State Programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41200	Miscellaneous State Programs

COA DISABLED CHILDREN AND FAMILY SUPPORT

25C24205

NATURE AND EXTENT OF SERVICES

DPFS provides up to \$300 a month of funding for services to individuals with disabilities to help them continue to live independently or help families stay together. Eligible individuals can include employed adults with disabilities, adults with disabilities who live independently, or families who have a family member with disabilities living with them at home. The needs of the clients determine which services can be funded through DPFS. Some of the funded services include attendant/personal care, home health care, housekeeping, transportation, special equipment, and home modifications. There are approximately three FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

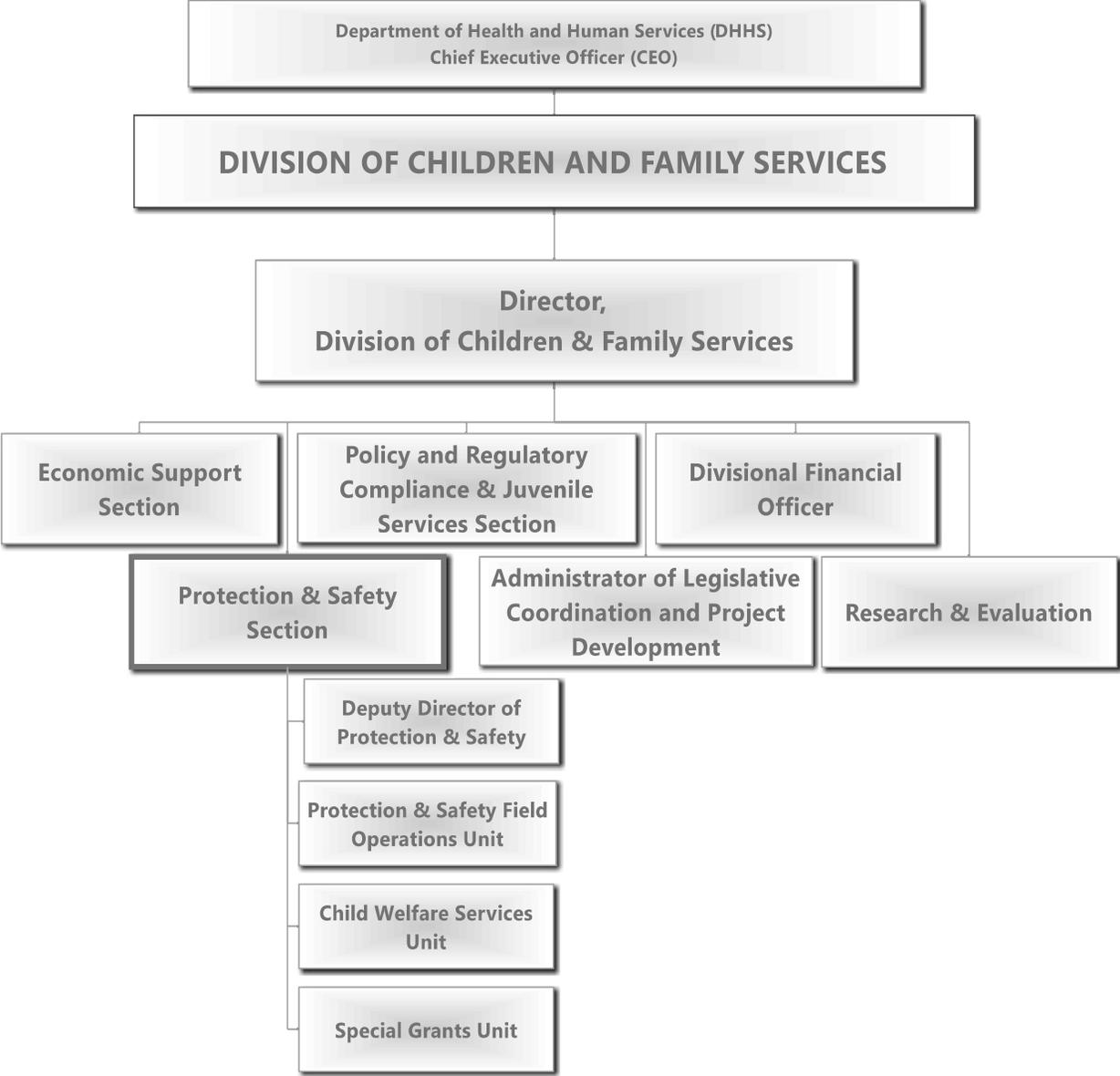
ALLOCATION METHODOLOGY

Direct to Miscellaneous State Programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41200	Miscellaneous State Programs

PROTECTION AND SAFETY SECTION



PROTECTION AND SAFETY DEPUTY DIRECTOR**25C21775**

NATURE AND EXTENT OF SERVICES

The Protection and Safety Deputy Director is responsible for the overall direction and management of the Protection and Safety Unit. There is approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the other cost centers in the unit based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21780	Protection and Safety Policy Chief
25C21840	Adult Protective Services Office

PROTECTION AND SAFETY FIELD OPERATIONS UNIT

The Division of Children and Family Services is organized into five Field Offices (FO) that are aligned with the Judicial Districts as set forth by the Nebraska Supreme Court. The five Field Offices, with offices located in over 50 communities across the state, work with clients to determine eligibility for Economic Assistance programs. The Field Offices and Central Office in Lincoln collaborate on eligibility determination processes, client communication and how to best meet the needs of low income individuals and families.

Field Office Rent (for informational purposes only): The Field Office Rent for the Protection and Safety Field Offices is accumulated into one cost center (25C20936) in the Support Services



Section of DHHS. This cost center holds the rental agreements for the Field Office and Developmental Disability Field Offices located across the state. The cost center will be allocated to the benefiting programs based on the labor hours, LH⁴, which are hours for those workers only located in the Field Offices. The costs will then be allocated to the section cost centers according to the allocation methodology for that cost center.

FO Administration (for informational purposes only): The Field Office Administration for the Protection and Safety staff is accumulated into one cost center (25C21910) within CFS. This cost center includes the administration for all Field Offices across Nebraska and is allocated to the benefiting programs based on the labor hours, LH⁴, in each center.

Resource Development (for informational purposes only): The Resource Development for the Protection and Safety staff is accumulated into one cost center (25C21940) within CFS. This cost center is responsible for entering into service provider agreements and monitoring the delivery of services in accordance with the agreements. This cost center will be allocated to the benefitting programs based on Time and Effort Reports prepared by the DHHS Resource Developers in the cost center.

PROTECTION AND SAFETY NEW WORKER TRAINING

25C21795

NATURE AND EXTENT OF SERVICES

This cost center contains training costs for CFSS staff during their training period of the first six months of service. There are approximately 70 trainees in the Children and Family Services Training Program at any one time. The cost center also includes the interagency agreement with the University of Nebraska to manage and deliver the training program.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, FO County Space Reimbursement, FO Administration, CCFL payments, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The indirect and direct costs in this cost center will be allocated based on the CFSS RMTS results.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (Title IV-E) 50%
25C43160	Child Welfare Services

FO ADMINISTRATION**25C21910**

NATURE AND EXTENT OF SERVICES

This cost center includes administration for all Field Offices across Nebraska. Field Offices provide services for Economic Assistance, Children and Family Services, Medicaid, and Developmental Disabilities.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, and Operations cost centers. This cost center also receives allocations from Field Office Rent and FO County Space Reimbursement. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

To benefiting programs based on labor hours, LH⁴.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%
25C21960	FO Social Services Casework
25C21920	FO Child Protection and Safety Services

FO CHILD PROTECTION AND SAFETY SERVICES**25C21920**

NATURE AND EXTENT OF SERVICES

The Child Welfare and Adult Protective and Safety Services include prevention activities and coordination, child and adult protective services, foster care and independent living, adoption, domestic violence, safety and treatment services, and educational initiatives. There are approximately 334 FTEs in the cost center.



 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, FO County Space Reimbursement, FO Administration, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

 ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on the CFSS RMTS results.

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (Title IV-E) 50%
25C43160	Child Welfare Services

FO SOCIAL SERVICES CASEWORK
25C21960

 NATURE AND EXTENT OF SERVICES

This cost center holds the costs for the Social Services Workers who determine eligibility for the Economic Assistance programs. There are approximately 388 FTEs in the cost center.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, Economic Assistance Policy Chief's Office, NFOCUS Support Office, Social Services Case Work, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

 ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on the SSW RMTS results.

 SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C43040	LIHEAP



CHILD WELFARE UNIT

PROTECTION AND SAFETY POLICY CHIEF

25C21780

NATURE AND EXTENT OF SERVICES

This Office develops policy and contracts for community services to provide for intervention and permanency to the living settings for neglected and abused children. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, the Child Welfare Unit Administrator's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the all applicable programs based on the CFSS RMTS results.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (Title IV-E) 50%
25C43160	Child Welfare Services

GUARDIANSHIP ASSISTANCE NONRECURRING

25C21805

NATURE AND EXTENT OF SERVICES

The services in this cost center are provided under Guardianship Assistance agreements for nonrecurring legal fee expenses incurred for the guardianship of a child with special needs and eligible for the IV-E Sub-Guardianship program.

COST STRUCTURE

Costs consist of those direct and indirect costs charged to the cost center.



ALLOCATION METHODOLOGY

Direct to Guardianship Assistance 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43150	Guardianship Assistance (50%)

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS PROGRAM**25C21806**

NATURE AND EXTENT OF SERVICES

The Adoption and Legal Guardianship Incentive Payments Program recognizes improved performance in helping children and youth in foster care find permanent homes through adoption and legal guardianship. The program was originally established as part of the Adoption and Safe Families Act of 1997 and has been reauthorized and revised several times since, most recently as part of the Preventing Sex Trafficking and Strengthening Families Act, signed into law in September 2014. A key change in this reauthorization is the renaming of the program to reflect that incentives will be paid to jurisdictions for improved performance in both adoptions and legal guardianship of children in foster care.

COST STRUCTURE

Direct charges only.

ALLOCATION METHODOLOGY

Direct to Miscellaneous Federal Programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41240	Miscellaneous Federal Programs

ADOPTION ASSISTANCE NON-RECURRING EXPENSES**25C21810**

NATURE AND EXTENT OF SERVICES

The services in this cost center are provided under Adoption Assistance agreements for nonrecurring adoption expenses incurred for the adoption of a child with special needs and eligible for the IV-E Adoption Program.



COST STRUCTURE

Costs consist of those paid as part of the adoption agreement and are reported as non-recurring legal fees.

ALLOCATION METHODOLOGY

Direct to Adoption Assistance 50% program as non-recurring fees.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43100	Adoption Assistance 50%

ADULT PROTECTIVE SERVICES OFFICE**25C21840**

NATURE AND EXTENT OF SERVICES

This Office is responsible for the operation and monitoring of programs and client eligibility for Adult Protective Services. There is approximately one FTE assigned to the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Protection and Safety Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Social Service Block Grant Program.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43240	SSBG (Title XX)

FOSTER CARE IV-E ALTERNATIVE RESPONSE ADMIN**25C21820**

NATURE AND EXTENT OF SERVICES

The Alternative Response Program helps families with less severe reports of child abuse and/or neglect, connect with the supports and services they need in order to enhance the parent's ability to keep their children safe and healthy. There are approximately 15 FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Protection and Safety Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Foster Care (TITLE IV-E) 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (TITLE IV-E) 50%

FOSTER CARE IV-E ALTERNATIVE RESPONSE AID**25C21821**

NATURE AND EXTENT OF SERVICES

The Alternative Response program helps families with less severe reports of child abuse and/or neglect, connect with the supports and services they need in order to enhance the parent's ability to keep their children safe and healthy. There are no FTEs assigned to this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Foster Care (TITLE IV-E) 50%.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (TITLE IV-E) 50%

FAMILY FIRST PREVENTION SERVICES ACT**25C21823**

NATURE AND EXTENT OF SERVICES

Education Stipend Program to develop a stable and highly skilled child welfare workforce by supporting higher learning for individuals committed to working in child welfare through obtaining social work degrees; and, to develop a strong partnership with participating public universities.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Protection and Safety Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Foster Care (TITLE IV-E) 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (TITLE IV-E) 50%

BSW/MSW IV-E EDUCATION STIPEND**25C21822**

NATURE AND EXTENT OF SERVICES

Education Stipend Program to develop a stable and highly skilled child welfare workforce by supporting higher learning for individuals committed to working in child welfare through obtaining social work degrees; and, to develop a strong partnership with participating public universities.

COST STRUCTURE



Direct costs only.

ALLOCATION METHODOLOGY

Direct to Foster Care (TITLE IV-E) 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43120	Foster Care (TITLE IV-E) 75%

FO PROTECTION AND SAFETY HOTLINE

25C21930

NATURE AND EXTENT OF SERVICES

The Nebraska Child and Adult Abuse and Neglect Hotline accepts reports 24 hours a day and 7 days a week related to allegations of abuse and/or neglect to children and vulnerable adult. The Hotline staff are trained CFS Specialist and use the Structured Decision Making (SDM) Intake Screening Tool to determine whether a report is accepted for an investigation and the response priority assigned to the investigation. The hotline staff frequently makes collateral contacts with other entities such as schools, medical and mental health professionals, law enforcement agencies, probation and other divisions within Health and Human Services to gather and communicate information. The hotline staff also serve as an after hour contact to approve emergency medical treatment, after hour notification to the Field Offices to respond to an investigation, safety and placement needs, conduct immediate background checks and collaborate with other programs that may be able to assist a family on a report that may not be accepted for investigation. There are approximately 30 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, FO County Space Reimbursement, FO Administration, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Child Welfare Services.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
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25C43160

Child Welfare Services

FO RESOURCE DEVELOPMENT**25C21940**

NATURE AND EXTENT OF SERVICES

This cost center is responsible for entering into service provider agreements and monitoring the delivery of services in accordance with the agreements. There are approximately 59 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Economic Support Deputy's Office, FO County Space Reimbursement, FO Administration, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on Time and Effort Reports prepared by the DHHS Resource Developers in the cost center. The costs identified for MLTC activities will be further split into Medicaid 50% and Children's Health Insurance Program (CHIP) based on eligibility status.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (Title IV-E) 50%
25C43080	Child Care Development
25C44160	Medicaid 50%

CASE MANAGEMENT TRAINING (CCFL 75%)**25C21950**

NATURE AND EXTENT OF SERVICES

This cost center includes the interagency agreement with the University of Nebraska to manage and deliver the Children and Family Services Employee Training Program allowable at 75%. There are no FTEs assigned to this cost center.

COST STRUCTURE



Costs consist of direct costs paid to the University of Nebraska as well as the match provided by the University of Nebraska.

ALLOCATION METHODOLOGY

Direct to Foster Care (TITLE IV-E) 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43120	Foster Care (TITLE IV-E) 75%

CASE MANAGEMENT TRAINING (CCFL 50%)

25C21970

NATURE AND EXTENT OF SERVICES

This cost center includes the interagency agreement with the University of Nebraska to manage and deliver the Children and Family Services Employee Training Program allowable at 50%.

There are no FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of direct costs paid to the University of Nebraska as well as the match provided by the University of Nebraska.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on IV-E CFSS RMTS results.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43140	Foster Care (TITLE IV-E) 50%
25C43160	Child Welfare Services

SPECIAL GRANTS UNIT



SYSTEMATIC ALIENAGE VERIFICATION FOR ENTITLEMENTS (TITLE XIX)**25C21470**NATURE AND EXTENT OF SERVICES

The U.S. Department of Homeland Security Systematic Alienage Verification for Entitlements (SAVE) Verification Information System is used for verifying the status of an alien in order to determine eligibility for Medicaid, Work First, Special Assistance, Food Stamps, and Energy programs. This section describes how to access and use the web-based verification system. There are no FTEs in this cost center.

COST STRUCTURE

Costs consist of direct charges only. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

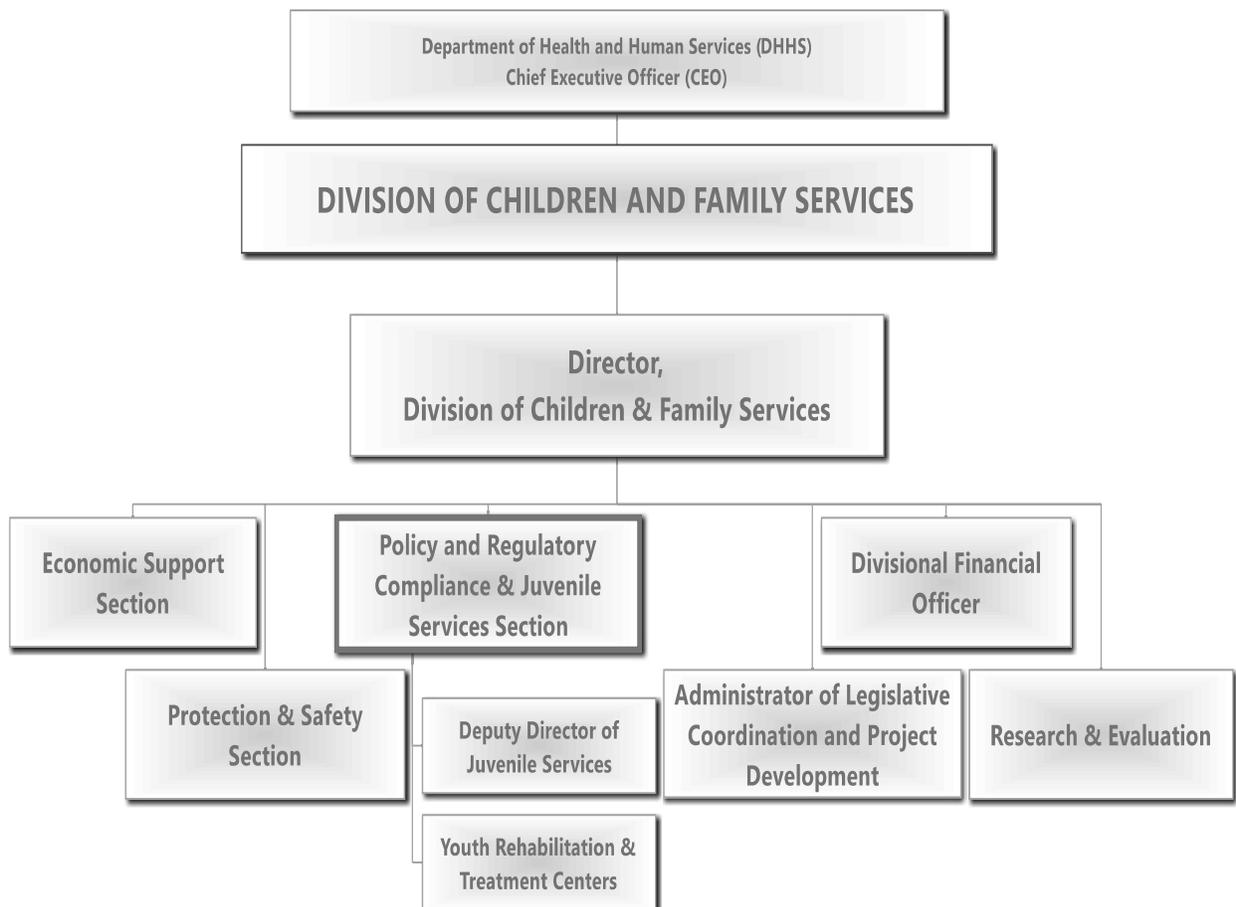
The cost center will be allocated to benefitting programs based on the quarterly SAVE Usage Report.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C21960	FO Social Services Casework

POLICY AND REGULATORY COMPLIANCE AND JUVENILE SERVICES SECTION

This Section contains the Policy and Regulatory Compliance Unit and the Juvenile Services Unit. The Policy and Regulatory Compliance unit is responsible for program policy and regulatory compliance across all Division of Children and Family Services programs, including Child Protection and Safety, Adult Protection and Safety, Office of Juvenile Services (OJS), Child Support Enforcement, and Economic Support. The Juvenile Services Section includes administration of the two Youth Rehabilitation and Treatment Centers located in Geneva and Kearney. OJS develops policies and procedures and provides services for youth adjudicated as delinquent by the various courts of Nebraska and committed to the state supervision.



OFFICE OF JUVENILE SERVICES DEPUTY DIRECTOR**25C21850**NATURE AND EXTENT OF SERVICES

This Office develops policies and procedures and contracts for community-based juvenile services, such as, foster care group homes, in home services or with electronic monitoring. Clients may be in a secured or non-secured living center and/or supervised by child and family services specialists. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The direct costs of the cost center will be evenly divided among the Juvenile Community Services and the two Youth Rehabilitation Centers.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40360	Geneva Youth R&T Center
25C40380	Kearney Youth R&T Center
25C40460	Juvenile Community-Based Services

YOUTH REHABILITATION AND TREATMENT CENTERS**25C40360, 25C40380**NATURE AND EXTENT OF SERVICES

The Youth Rehabilitation and Treatment Centers in Geneva and Kearney, provide treatment programs for youth adjudicated as delinquent by the various courts of Nebraska and committed to one of the centers for an indeterminate stay. A complete testing regimen is administered and programs designed to fit each individual's needs and individual profile. There are approximately 250 FTEs in the 24-hour operating cost centers, 100 at Geneva and 150 at Kearney.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, the Juvenile Services Deputy Director's Office, and Operations cost centers.

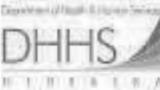
ALLOCATION METHODOLOGY

Direct to Juvenile Services Program.

DIVISION OF DEVELOPMENTAL DISABILITIES

DIVISION OF DEVELOPMENTAL DISABILITIES

The Developmental Disabilities System is charged by state statute with the responsibility for carrying out the Developmental Disabilities Services Act. Responsibilities include technical assistance, regulation and payment to providers of community-based developmental disability services, and operation of state-operated intermediate care facilities and centers for developmental disabilities (i.e. BSDC and the Bridges Program), and operation of the State Operated Services.



Field Office Rent (for informational purposes only): The Field Office Rent for the Developmental Disabilities staff located in the Field Offices is accumulated into one cost center (25C20936) in the Support Services Section of DHHS. This cost center holds the rental agreements for the Field Office and Developmental Disability Field offices located across the state. The cost center will be allocated to the benefiting programs based on the labor hours, LH⁴, which are hours for those workers only located in the Field Offices. The costs will then be allocated to the section cost centers according to the allocation methodology for that cost center.

FO Administration (for informational purposes only): The Field Office Administration for the Developmental Disability staff is accumulated into one cost center (25C21910) within CFS. This cost center includes the administration for all Field Offices across Nebraska and is allocated to the benefiting programs based on the labor hours, LH⁴, in each center.

DIRECTOR OF DEVELOPMENTAL DISABILITIES

25C25040

NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall direction and management of the DHHS Division of Developmental Disabilities. This cost center includes the Director, Financial Officer, and an Administrative Assistant. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

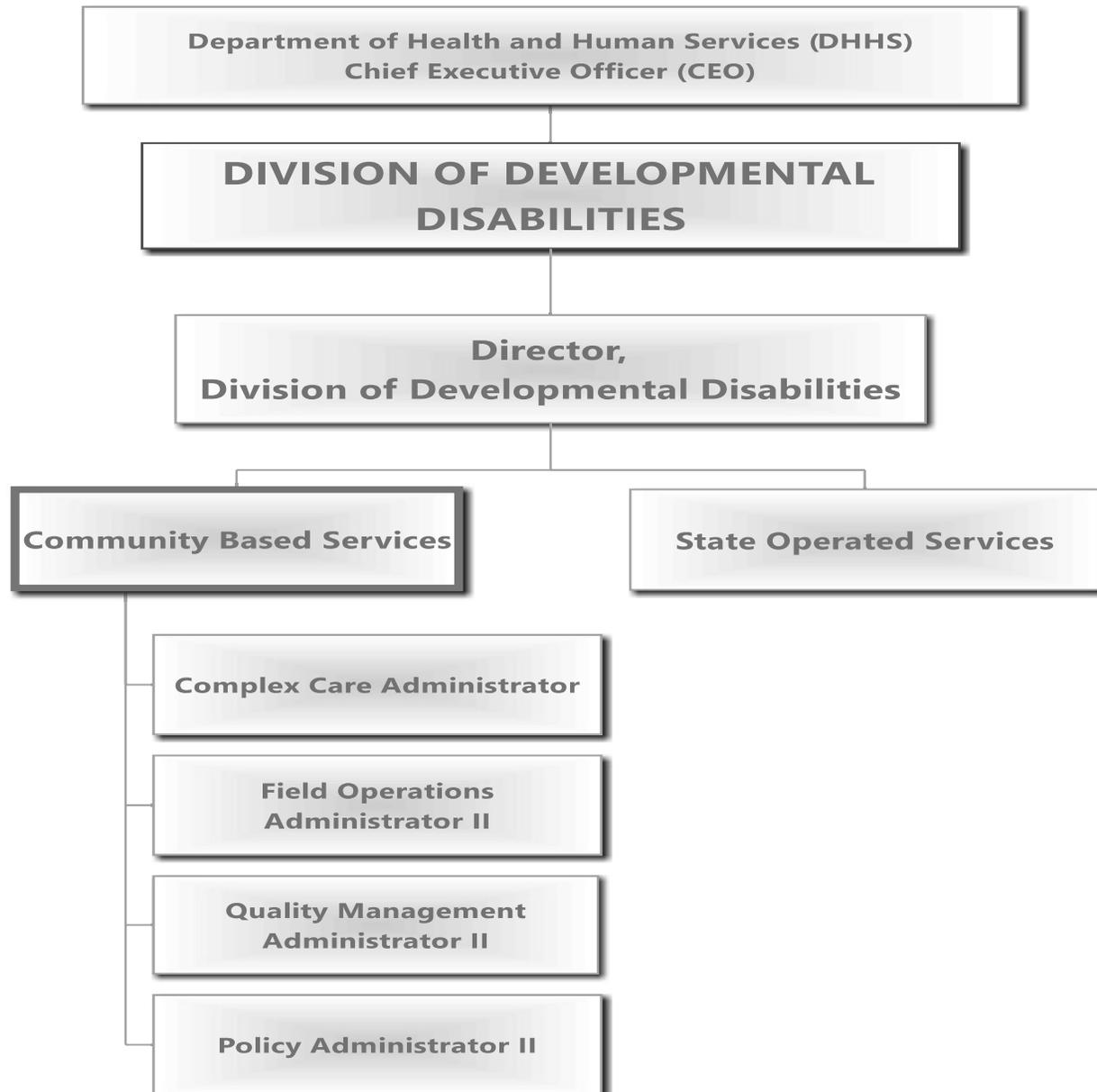
Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

COMMUNITY-BASED SERVICES SECTION

The majority of people receiving services live, work, volunteer and recreate in communities large and small across the state. The division administers three Home and Community-Based Services (HCBS) Medicaid Waivers as well as collaborates with other agencies, providers, families and self-advocates, increasing opportunities for individuals with DD to access the most integrated, least restrictive services and supports.



COMMUNITY DEVELOPMENTAL DISABILITIES SYSTEM**25C25050**

NATURE AND EXTENT OF SERVICES

This Office is responsible for management of the Medicaid waivers, including quality improvement/quality assurance activities necessary to maintain waiver terms and assurances, coordination the program with other programs within and outside of DHHS, and contracting with community providers for delivery of services. The office develops related policies, procedures, standards, and survey criteria and monitors their implementation. There are approximately 30 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

DEVELOPMENTAL DISABILITIES SERVICES COORDINATION**25C40060**

NATURE AND EXTENT OF SERVICES

The Developmental Disabilities Services Coordination Team coordinates community-based services to assist persons with disabilities in living, working and participating in their community. There are approximately 230 FTEs in the cost center.

COST STRUCTURE

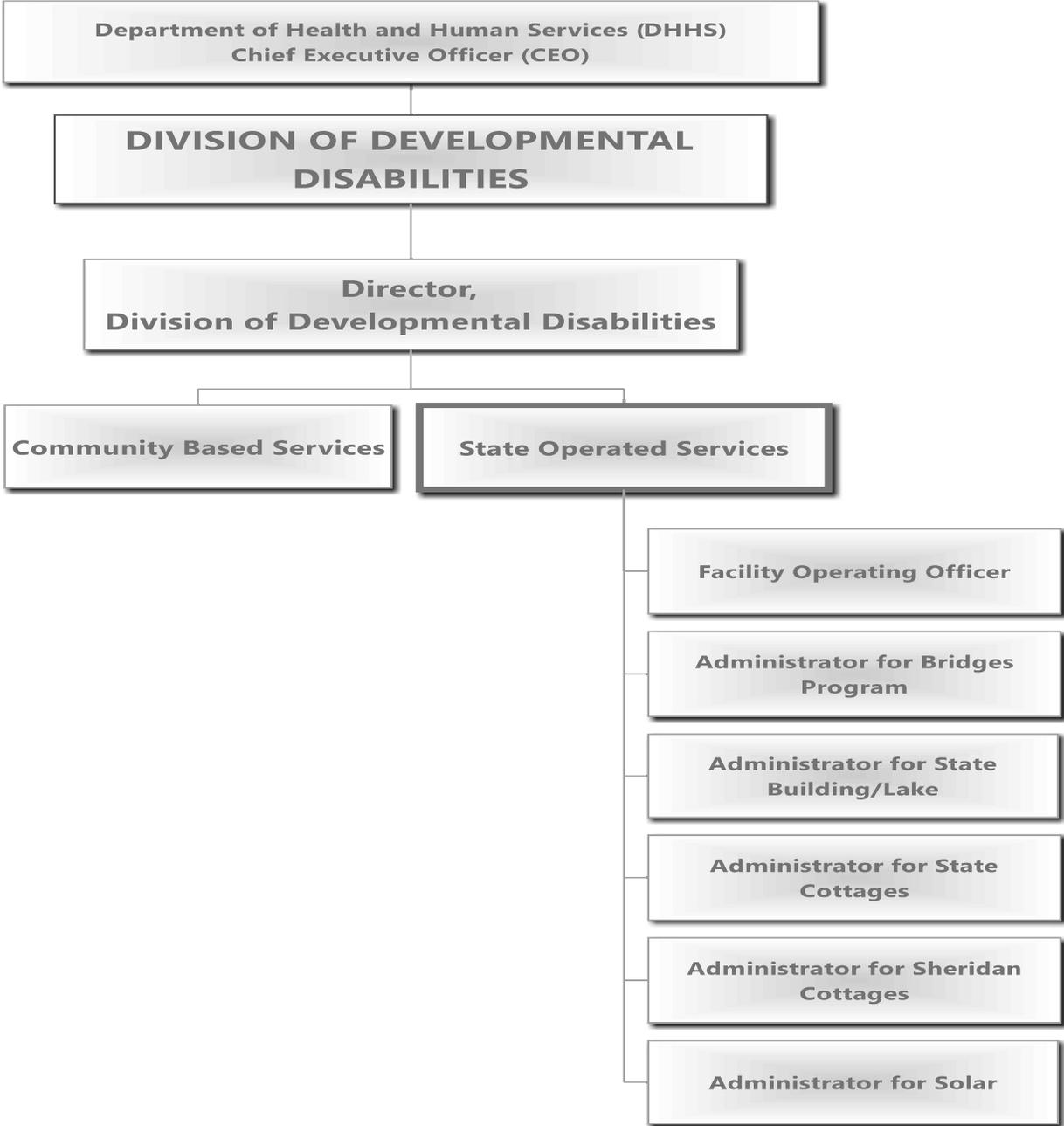
Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Final Cost Objective.



STATE OPERATED SERVICES SECTION



BEATRICE STATE DEVELOPMENT CENTER (BSDC)**25C40200****NATURE AND EXTENT OF SERVICES**

The State-Operated Developmental Disability Services consists of six entities that provide specialized developmental disability services as individually licensed and certified programs. There are five intermediate care facilities located in Beatrice and the Bridges Program located in Hastings (that is licensed as a Center for Developmental Disabilities). There are approximately 656 FTEs in these cost centers.

COST STRUCTURE

Cost consist of those directly charged to the cost center and allocations from the SWCAP, DHHS Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The direct and indirect costs for the cost center will be used to determine the cost of care and charges for various funding sources including Medicaid through the Medicare Cost Report.

*DIVISION OF MEDICAID AND LONG TERM
CARE*

DIVISION OF MEDICAID AND LONG TERM CARE

The Division of Medicaid and Long Term Care encompasses the Medicaid Program, the Children’s Health Insurance Program (CHIP), and the Home and Community-Based Services for Aging and Persons with Disabilities.

The Children’s Health Insurance Program (CHIP) was created in 1997 under Title XXI of the Social Security Act, and was designed to offer insurance coverage for low-income children with family income above Medicaid limits. States administer their CHIP programs in different ways. In Nebraska, with a few exceptions, CHIP operates using the same delivery system, benefit package and regulations as Medicaid.

Medicaid provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children and parents. Additionally, the division administers non-institutional Home and Community-Based Services for individuals qualified for Medicaid waivers, the aged, adults and children with disabilities and infants and toddlers with special needs.

The Division is divided into five sections:

- State Unit on Aging;
- Claims, Operations and Analytics;
- Delivery Systems;
- Finance and Program Integrity; and
- Policy and Communications



MEDICAID AND LONG TERM CARE DIRECTOR**25C23000**

NATURE AND EXTENT OF SERVICES

The Medicaid Director is responsible for the overall direction and management of the Division of Medicaid and Long Term Care. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all other cost centers in the division based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23475	Eligibility Field Ops 50%

MEDICAL DIRECTOR 50%**25C23010**

NATURE AND EXTENT OF SERVICES

The Medical Director is responsible for the overall medical professional direction of the division activities. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%



MEDICAL DIRECTOR 75%**25C23020**

NATURE AND EXTENT OF SERVICES

The Medical Director is responsible for the overall medical professional direction of the division activities. There is approximately one FTE in the cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

MEDICAID EXPANSION 50%**25C23004**

NATURE AND EXTENT OF SERVICES

Medicaid Expansion activities pursuant to State of Nebraska initiative 427. This cost center contains expansion activities claimable at 50%.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23475	Eligibility Field Operations 50%

MEDICAID EXPANSION 75%**25C23003**

NATURE AND EXTENT OF SERVICES

Medicaid Expansion activities pursuant to State of Nebraska initiative 427. This cost center contains expansion activities claimable at 75%.



COST STRUCTURE

Direct costs only.

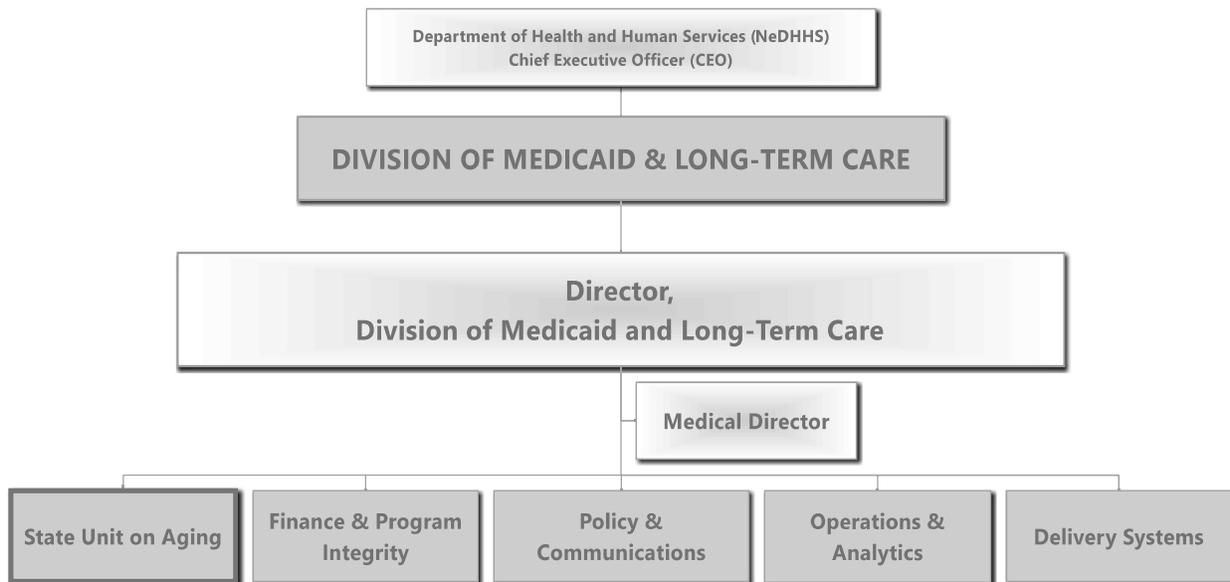
ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23475	Eligibility Field Operations 50%

STATE UNIT ON AGING SECTION



COA STATE UNIT ON AGING**25C24260**NATURE AND EXTENT OF SERVICES

The State Unit on Aging Section is responsible for the management of programs governed by the Older Americans Act, covered in Titles III-B, III-C, III-D, III-E, and VII. Additional competitive grants are funded through Title IV, and the US Department of Labor. Funds are allocated, based on a formula, to Nebraska from the Administration for Community Living / Administration on Aging. State general funds are appropriated through the Community Aging Services Act (CASA, Program 571), and the Nebraska Care Management Act (Program 559). The State Unit on Aging issues subgrants to Area Agencies on aging and other providers for services to carry out aging programs across the state. This section develops policies, procedures, standards, review criteria, and monitors programs by providers. There are approximately nine FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Section Administrator's Office and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

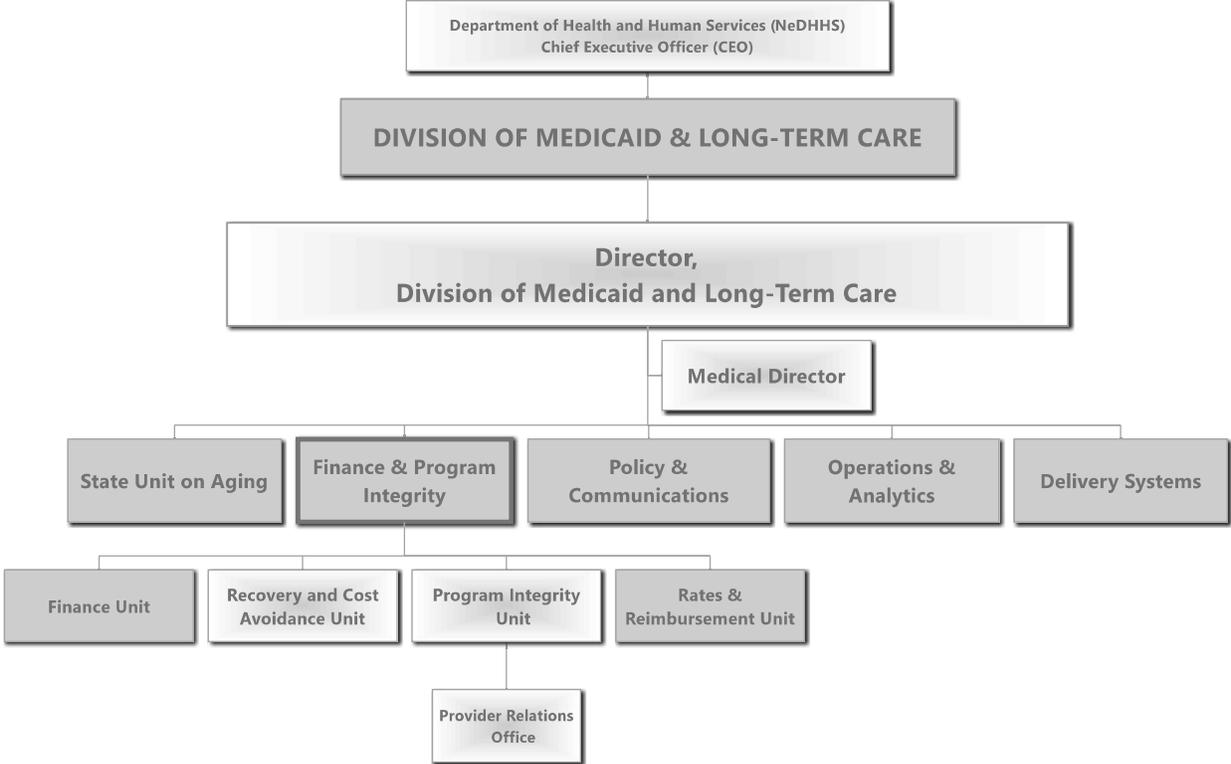
ALLOCATION METHODOLOGY

Direct to Aging Programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C41800	Aging Programs

FINANCE AND PROGRAM INTEGRITY SECTION



DEPUTY DIRECTOR FINANCE AND PROGRAM INTEGRITY**25C23545**NATURE AND EXTENT OF SERVICES

The Deputy Director Finance and Program Integrity Section is responsible for the overall direction and management of the Finance and Program Integrity Section. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Deputy Director Finance and Program Integrity Section will be allocated to all other cost centers in the Finance and Program Integrity Section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23750	Rates and Reimbursement Unit

FINANCE UNIT

Staff throughout the MLTC Finance Unit record their time on all Medicaid related activities or to the other programs based on the labor hours, LH¹, reported for each activity. All staff record time for their activities in the following manner:

- Medicaid activities reimbursed at 50% are charged directly to the Medicaid 50% Program with time charged to the various 50/50 cost centers listed within this unit;
- Medicaid activities reimbursed at 75% are charged directly to the Medicaid 75% Program with time charged to the various 75/25 cost centers listed within this unit;

- Medicaid activities related to MMIS advanced planning documents (APD) are charged directly to the Medicaid 90% Program with time charged to the various Medicaid APD cost centers listed later in this chapter;
- Medicaid activities reimbursed at 100% are charged directly to 100% Medicaid Activities with time charged to the Medicaid IT Initiatives cost center - 25C23320.

PROGRAM INTEGRITY UNIT

PROGRAM INTEGRITY UNIT 50%

25C23380

NATURE AND EXTENT OF SERVICES

The Program Integrity Unit is responsible for preventing/detecting Medicaid provider fraud, waste, and abuse. Activities 50/50 include (but not limited to) reviews upon referral, investigations, audits, data analysis and reporting, etc. Sanction/Terminate provider per regulations and prescribed procedures and processes. Implementation/Operations of ACA related initiatives (i.e. provider screening and enrollment, RAC). Work with SIU, MCCU, law enforcement, etc. to complete investigations. There are approximately 18 FTEs in this office.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director Finance and Program Integrity Office, other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%



PROGRAM INTEGRITY UNIT 75%**25C23390**

NATURE AND EXTENT OF SERVICES

The Program Integrity Unit 75% is to prevent/detect Medicaid provider fraud, waste, and abuse. Activities include (but not limited to) reviews upon referral, investigations, audits, data analysis and reporting, etc. Sanction/Terminate provider per regulations and prescribed procedures and processes. Implementation/Operations of ACA related initiatives (i.e. provider screening and enrollment, RAC). Work with SIU, MCCU, law enforcement, etc. to complete investigations. There no FTEs in this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

RECOVERY AND COST AVOIDANCE UNIT**RECOVERY AND COST AVOIDANCE 50%****25C23350**

NATURE AND EXTENT OF SERVICES

The Recovery and Cost Avoidance Program provides recovery and cost avoidance services to the MLTC Coordination of Benefits, Third Party Liability, and Health Insurance Premium Payment programs. There are approximately 17 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division



Director's Office, the Deputy Director Finance and Program Integrity Office, other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

RECOVERY AND COST AVOIDANCE 75%

25C23351

NATURE AND EXTENT OF SERVICES

The Recovery and Cost Avoidance Program provides recovery and cost avoidance services to the MLTC Coordination of Benefits, Third Party Liability, and Health Insurance Premium Payment programs. There are approximately 17 FTEs in this cost center. These are the same FTEs that are listed in cost center Recovery and Cost Avoidance 50% from staff that time-code to activities claimable at a 75% match rate.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

RATES AND REIMBURSEMENT UNIT

RATES AND REIMBURSEMENT UNIT

25C23750



NATURE AND EXTENT OF SERVICES

The Rates and Reimbursement Unit is responsible for setting rates for several MLTC fee-for-service programs. The Rates and Reimbursement Unit is also involved in other financial topic areas such as DSH audit, Upper Payment Limit (UPL) demonstration, rebasing, supplemental payments, Diagnosis-Related Group (DRG) component updates, Managed Care Direct and Indirect Medical Education (DME/IME) payments, cost settlements, Disproportionate Share Hospital (DSH) payments, and 304B Drug Rebate Program. There are approximately seven FTEs in this unit.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director Finance and Program Integrity Office, other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

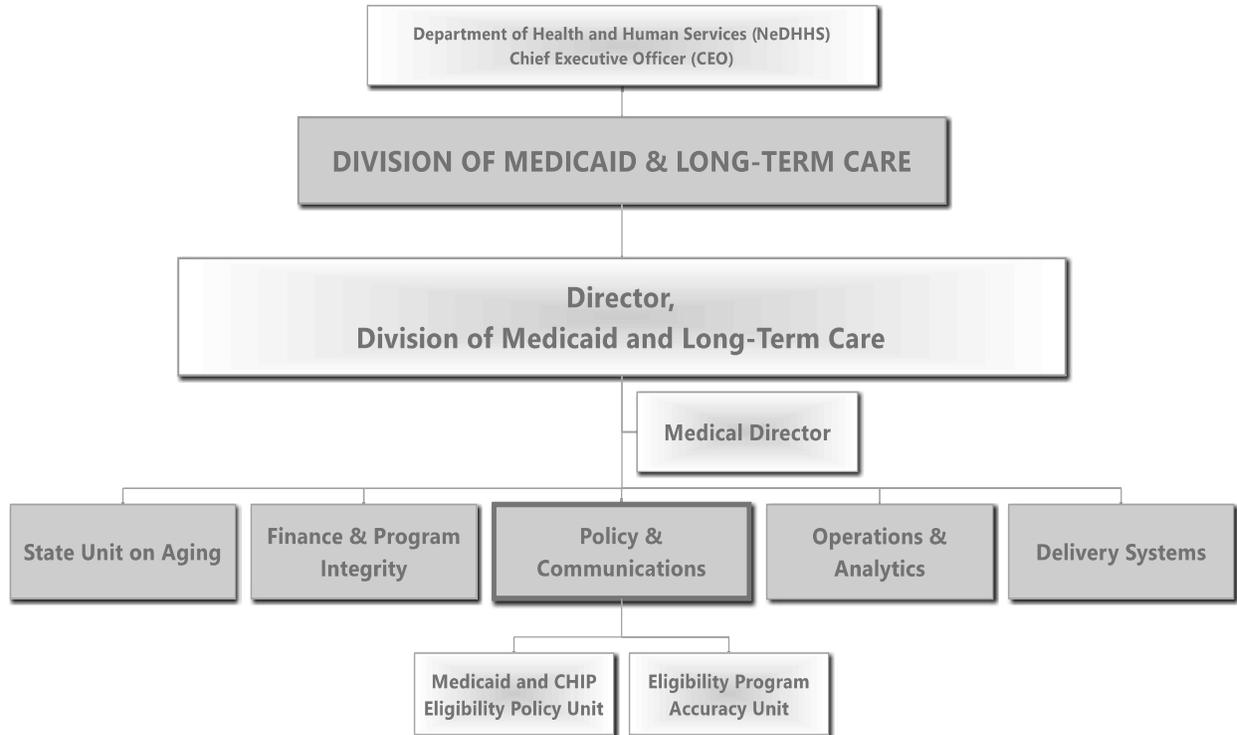
SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

POLICY AND COMMUNICATIONS SECTION

The Medicaid and CHIP Eligibility Policy Section is comprised of three distinct sections. The **Medicaid and CHIP Eligibility Policy team** is responsible for reviewing and analyzing all federal and state laws and regulations to formulate the eligibility policy for Nebraska Medicaid. They also complete State Plan Amendments (SPA), legislative and budgetary impact analysis and support the business operations and field staff. The **Eligibility Program Accuracy team** is responsible for completing quality assurance reviews on eligibility case files, completing data review and root cause analysis, and determining corrective action plans. They also provide targeted training and support for the field staff. The **Community Support Specialists** are responsible for supporting over 200 community partners and providers with understanding and navigating the eligibility process. They also attend health fairs to provide presentations and education across the state. This unit consists of approximately 17 FTEs.





POLICY AND COMMUNICATIONS DEPUTY DIRECTOR

25C23445

NATURE AND EXTENT OF SERVICES

The Policy and Communications Deputy Director Section is responsible for the overall direction and management of the Policy and Communications Unit. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director’s Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Cost associated with the Policy and Communications Deputy Director Section will be allocated all cost centers within this section based on the labor hours, LH¹, in each cost center.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C24255	Eligibility Program Accuracy Unit

MEDICAID AND CHIP ELIGIBILITY POLICY UNIT

CHIP ELIGIBILITY POLICY UNIT

25C23530

NATURE AND EXTENT OF SERVICES

The CHIP Eligibility Policy Unit is responsible for creating policy and carrying out the functions of the Children's Health Insurance Program (CHIP), which is an expansion of Medicaid as health care coverage for qualified children who are without other health insurance and who do not qualify for Medicaid. There are approximately seven FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost centers and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, Operations, and Division Director cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Children's Health Insurance (Title XXI).

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44100	CHIP (Title XXI)

ELIGIBILITY PROGRAM ACCURACY UNIT

ELIGIBILITY PROGRAM ACCURACY UNIT

25C24255

NATURE AND EXTENT OF SERVICES

The Eligibility Program Accuracy Unit oversees the eligibility accuracy for Nebraska's Medicaid programs. The unit samples all Medicaid cases monthly to see if correct actions were taken. This unit analyzes and reports monthly to the field and to administration. Additionally, this unit performs audits on programs as needed, and follows up with training in the field in order to prevent any audit findings from occurring again.

COST STRUCTURE

Costs consist of those directly charged to the cost centers and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, Operations, and Division Director cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

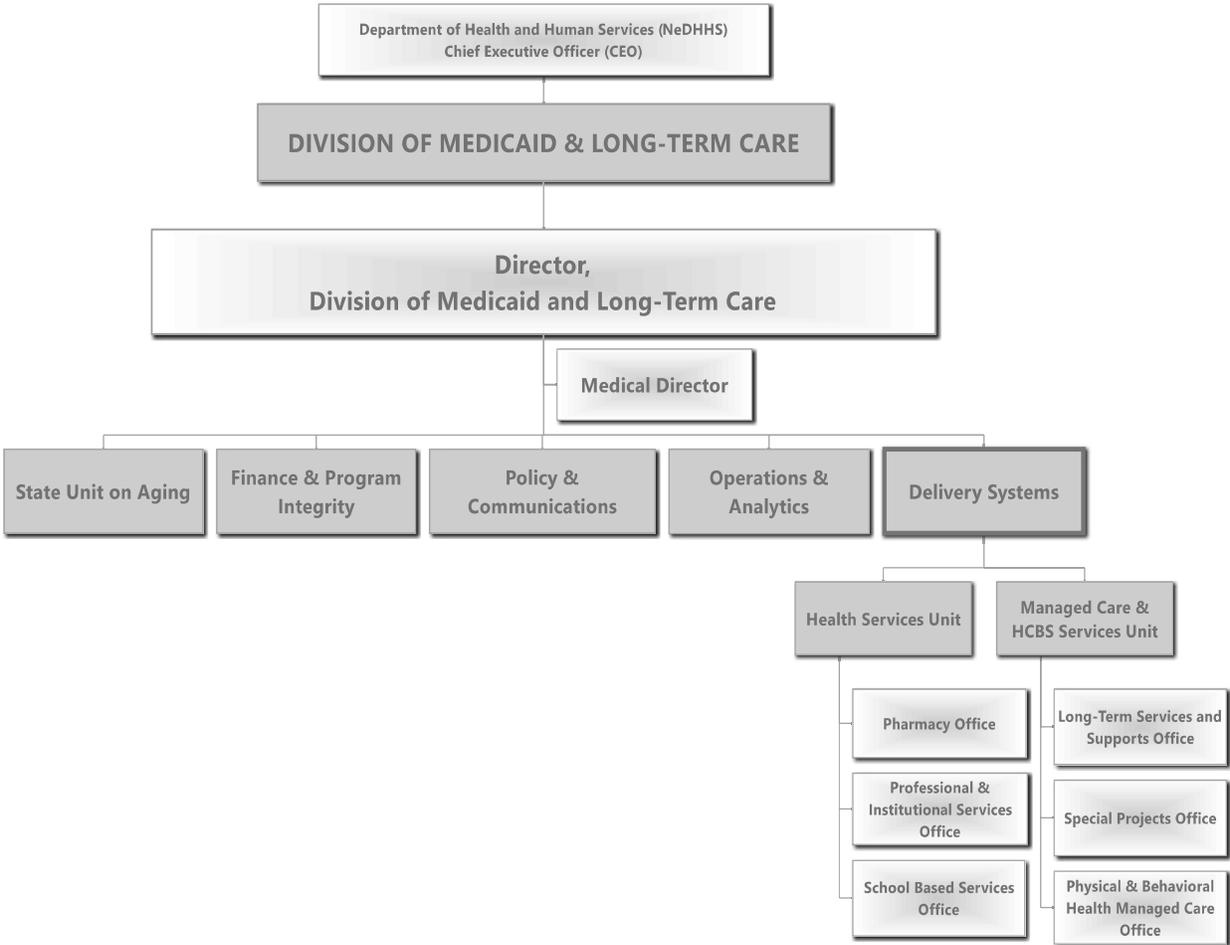
ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

DELIVERY SYSTEMS SECTION



DEPUTY DIRECTOR DELIVERY SYSTEMS **25C23710**

NATURE AND EXTENT OF SERVICES

The Deputy Director Delivery Systems is responsible for the overall direction and management of the Delivery Systems Section. There is approximately are approximately two FTEs in the cost center.



COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Deputy Director Delivery Systems Section will be allocated to all cost centers within this section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23720	Home and Community-Based Services 50%
25C23910	Long-Term Care Institutional Services 50%
25C24260	COA State Unit on Aging

HEALTH SERVICES UNIT

The Health Services Unit performs administrative and consultant services related to practitioner, institutional, pharmaceutical, school-based services, and ancillary service matters. It develops programs, policies and procedures in the area of health care in the fee-for-service delivery system. The office interprets policy and procedures to providers, staff, clients, and other health care professionals, monitors utilization patterns, and reviews claims for medical services.

PHARMACY OFFICE

PHARMACY SERVICES 50%**25C23100**

NATURE AND EXTENT OF SERVICES

The Pharmacy Office is responsible for the following activities:

- Pharmacy policy and POS contract monitoring activities;
- PDL; and
- DUR

There are approximately six FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

PHARMACY SERVICES 75%**25C23110**

NATURE AND EXTENT OF SERVICES

The Pharmacy Services 75% Office is responsible for the following activities:

- Pharmacy policy and POS contract monitoring activities;
- PDL;
- DUR; and
- Drug Rebate Program

There are approximately six FTEs assigned to this cost center.

COST STRUCTURE

Direct costs only.



ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

PROFESSIONAL AND INSTITUTIONAL SERVICES OFFICE

HOSPICE, HOME HEALTH AND PERSONAL DUTY NURSES 50%**25C23850**

NATURE AND EXTENT OF SERVICES

The Hospice, Home Health and Personal Duty Nurses 50% is responsible for the management and overall operation of the DHHS Hospice, Home Health and Personal Duty Nurses Section of the Medicaid Program Division. There are approximately three FTEs in this office.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

HOSPICE, HOME HEALTH AND PERSONAL DUTY NURSES 75%**25C23860**

NATURE AND EXTENT OF SERVICES

The Hospice, Home Health and Personal Duty Nurses 75% is responsible for those activities claimable at the 75% match rate for the DHHS Hospice, Home Health and Personal Duty Nurses Section of the Medicaid Program Division. There are approximately three FTEs in this office.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

NURSE AIDE TRAINING**25C24160**

NATURE AND EXTENT OF SERVICES

Staff of the Nurse Aide Training provide Nurse Aide training and competency evaluations for aides who are employed by a nursing facility, have an offer of employment from a facility, or become employed or have an offer of employment within twelve months after completing training. There are approximately four FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

MANAGED CARE AND HOME AND COMMUNITY-BASED (HCBS) SERVICES UNIT

This Unit performs administrative and consultant services related to the managed care delivery system, long term services and supports, and HCBS waiver program service matters. It



develops programs, policies and procedures in the areas of health care. The office interprets policy and procedure to provider, staff, clients, and other health care professionals, monitors utilization patterns, and reviews medical claims.

LONG TERM SERVICES AND SUPPORTS OFFICE

The Long Term Services and Supports Office is responsible for the following activities:

- Money follows the person;
- State plan personal assistance service;
- PACE; and
- Home and Community-Based Services

COA MONEY FOLLOWS THE PERSON

25C23970

NATURE AND EXTENT OF SERVICES

The COA Money Follows the Person is a federal program giving the state the ability to get people out of the nursing home/ICFIID into their own home. Take the cost of nursing home and have those same resources available to the client to live independently. Once out of the nursing home/ICFIID, the clients go onto the waiver and the state gets a higher match rate, but the higher match rate must be invested into infrastructure to enable the program to grow. There are approximately four FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Section Administrators Office and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The staff associated with this program charge their time directly to the grant. The indirect costs are also charged to the grant based on the labor hours, LH¹, reported for each.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C42000	Money Follows the Person

HOME AND COMMUNITY-BASED SERVICES 50%**25C23720**

NATURE AND EXTENT OF SERVICES

The Home and Community-Based Services 50% is responsible for the overall direction and implementation, policy analysis, service coordination contract monitoring activities, and review of Home and Community-Based waiver services (HCBS) delivery system that services individuals that meet institutional level of care and live in the community. This unit also manages the Senior Care Options contract monitoring activities for the aged population handled by the Area Agencies on Aging. There are approximately 11 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Section Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

HOME AND COMMUNITY-BASED SERVICES 75%**25C23725**

NATURE AND EXTENT OF SERVICES

The Home and Community-Based Services 75% is responsible for the activities claimable at the 75% match rate for policy analysis, service coordination contract monitoring activities, and review of Home and Community-Based waiver services (HCBS) delivery system that services individuals that meet institutional level of care and live in the community. This unit also



manages the Senior Care Options contract monitoring activities for the aged population handled by the Area Agencies on Aging. There are approximately 11 FTEs in the cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

LONG TERM CARE INSTITUTIONAL SERVICES 50%

25C23910

NATURE AND EXTENT OF SERVICES

The Long Term Care Institutional Services 50% is responsible for the management of DHHS Long Term Care Institutional Services, which includes the operation of the DHHS Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) of the Medicaid Program Division. There are approximately four FTEs in this office.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

LONG TERM CARE INSTITUTIONAL SERVICES 75%**25C23915**

NATURE AND EXTENT OF SERVICES

The Long Term Care Institutional Services 75% is responsible for the management of DHHS Long Term Care Institutional Services, which includes the operation of the DHHS Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) of the Medicaid Program Division. This cost center contains costs that are claimable at the 75% Medicaid rate. There are approximately two FTEs in this office.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

SCHOOL-BASED ADMIN CLAIMING 50%**25C24310**

NATURE AND EXTENT OF SERVICES

This cost center is for the interagency agreements with public schools for the Administrative Outreach and Case Management Program. The division enters into the agreements with schools wishing to participate as an administrative arm of the Medicaid Agency to accomplish the objectives of the program. There are no FTEs in these cost centers.

COST STRUCTURE

Costs consist of the direct disbursements to schools and the appropriate contribution provided by the participating schools. Disbursements to schools and school funded contributions are determined based on the methodology outlined in the approved Nebraska Medicaid Administrative Claiming Guide. As a contracted service, additional DHHS administrative costs are not included in the cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

SCHOOL-BASED ADMIN CLAIMING 75%**25C24320**

NATURE AND EXTENT OF SERVICES

The School-Based Admin Claiming 75% is the interagency agreements with public schools for Administrative Outreach and Case Management Program. The division enters into the agreements with schools wishing to participate as an administrative arm of the Medicaid Agency to accomplish the objectives of the program. There are no FTEs in these cost centers.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

PHYSICAL AND BEHAVIORAL HEALTH MANAGED CARE OFFICE**PHYSICAL AND BEHAVIORAL HEALTH MANAGED CARE****25C23130**

NATURE AND EXTENT OF SERVICES

The office is responsible for the planning and implementation of the state's managed care delivery system including review of the and state plan services, policy analysis, capitation rate



setting, managed care enrollment, and health plan contract compliance monitoring activities. There are approximately 10 FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

NEBMAC ADMINISTRATION

25C23140

NATURE AND EXTENT OF SERVICES

The office is responsible for the administering the Nebraska Education-Based Medicaid Administration Claiming (NEBMAC) Program, which allows for claiming reimbursement for the costs of Medicaid administrative activities performed in the school setting. There is approximately one FTE in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%



WAIVER MANAGED CARE OFFICE**25C23590**

NATURE AND EXTENT OF SERVICES

The office is responsible for the planning and implementation of the of the 1915(b) waiver for Managed Care services. There are approximately five FTEs assigned to this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

MANAGED CARE EXTERNAL REVIEW CONTRACTUAL SERVICES 75%**25C23816**

NATURE AND EXTENT OF SERVICES

The office is responsible for the external review of Managed Care services. There are approximately 15 FTEs assigned to this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

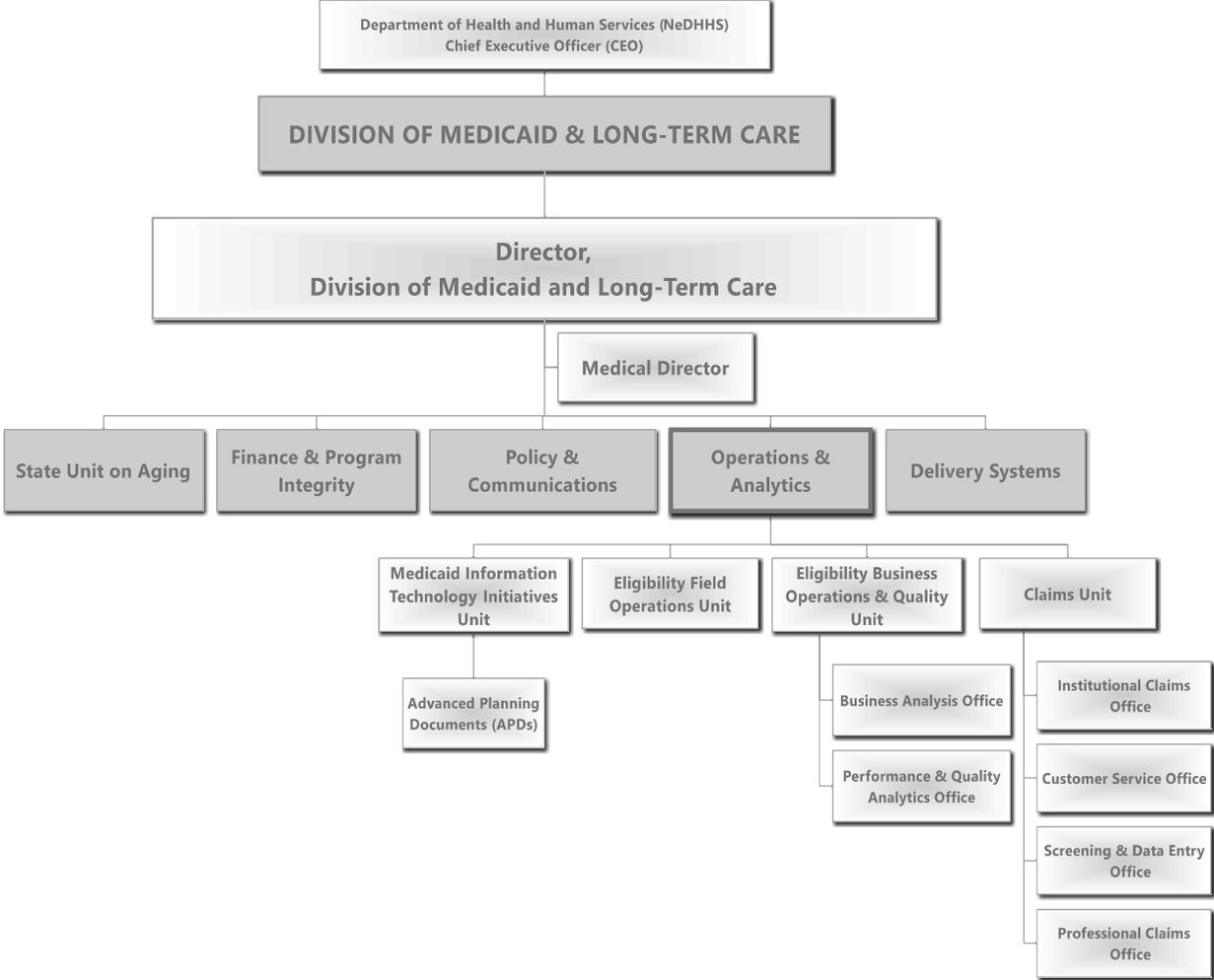
Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%



OPERATIONS AND ANALYTICS SECTION



DEPUTY DIRECTOR OPERATIONS AND ANALYTICS**25C23040**NATURE AND EXTENT OF SERVICES

The Office of the Deputy Director Operations and Analytics is responsible for the overall direction and management of the Claims, Initiatives and Eligibility. There are approximately three FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Costs associated with the Office of the Deputy Director, Operations and Analytics will be allocated to all other Units in the Claims, Initiatives and Eligibility Section based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C23475	Eligibility Field Ops 50%

MEDICAID INFORMATION TECHNOLOGY INITIATIVES UNIT**MEDICAID IT INITIATIVES 50%****25C23320**NATURE AND EXTENT OF SERVICES

The Medicaid IT Initiatives Unit is responsible for administering the Medicaid Electronic Health Records (EHR) Incentive Program (MIP). Incentive payments made through the MIP are 100% federally funded. In addition to the supervisor, there are three FTEs who work full time on the MIP as well as one FTE who works part time on the MIP and part time supporting other projects. MIP staff analyzes federal regulations, implement system changes and coordinate all



activities relating to the MIP. In addition to the MIP staff, there are four FTEs who support other work in the division (such as ICD-10), Administrative Simplification, and MMIS Replacement). This unit consists of approximately nine FTEs.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

MEDICAID IT INITIATIVES 75%

25C23045

NATURE AND EXTENT OF SERVICES

The Medicaid IT Initiatives Unit is responsible for administering the Medicaid Electronic Health Records (EHR) Incentive Program (MIP). Incentive payments made through the MIP are 100% federally funded. In addition to the supervisor, there are three FTEs who work full time on the MIP as well as one FTE who works part time on the MIP and part time supporting other projects. MIP staff analyzes federal regulations, implement system changes and coordinate all activities relating to the MIP. In addition to the MIP staff, there are four FTEs who support other work in the division (such as ICD-10), Administrative Simplification, and MMIS Replacement). This unit consists of approximately nine FTEs.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%



ADVANCED PLANNING DOCUMENT COST CENTERS
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DSS APD 75**25C23774**

Data warehouse and decision support MMIS subsystem contract with Truven Health Analytics.

EDI PLATFORM MIGRATION 50-H959**25C23779**

Migration of EDI subsystem from Sybase software to Edifecs software.

**ADMINISTRATION SIMPLIFICATION-COMMITTEE ON OPERATING RULES EXCHANGE
(CORE) AND HEALTH PLAN IDENTIFIER (HPID) APD ICD10 90-H942**
25C23800

Transformation of Nebraska's (MMIS) for the design, development and implementation activities to align systems and infrastructure to ensure full compliance with the operating rules for ICD-10 for diagnosis and procedure coding.

APD POINT OF SALE DRUG CLAIM PROCESSING 50%**25C23801**

Drug claim processing for pharmacy point of sale purchases claimable at 50% match.

APD POINT OF SALE DRUG CLAIM PROCESSING 75%**25C23802**

Drug claim processing for pharmacy point of sale purchases claimable at 75% match.

APD EES III 90-H964**25C23804**

Modification of a Commercial Off the Shelf (COTS) system to modernize Nebraska's Eligibility and Enrollment System.

APD EES III 50-H964**25C23805**

Modification of a Commercial Off the Shelf (COTS) system to modernize Nebraska's Eligibility and Enrollment System.

APD HIT IMPLEMENTATION 90-H938**25C23807**

Design, development, implementation, maintenance, and operation of the Nebraska Medicaid Incentive Payment Program (MIP). MIP is for those Nebraska eligible hospitals (EHs) and



eligible professionals (EPs) (collectively Providers) that have completed adoption, implementation, or upgrade (AIU), or become Meaningful Users of a certified electronic health record (EHR) system.

APD EES III 75-H964

25C23809

Modification of a Commercial Off the Shelf (COTS) system to modernize Nebraska's Eligibility and Enrollment System.

MGD CR EXPN IT 50-H944

25C23815

Planning the business requirements, analysis and MMIS design activities required to support Nebraska's pursuit of an integrated Managed Long Term Services and Supports (MLTSS) program.

CHIP PAY ERROR 90%

25C23821

Enhanced payments for expenditures related to the administration of the payment error rate measurement (PERM) requirements applicable to the State child health plan in accordance with the Improper Payments Information Act of 2002.

APD T-MSIS PAPD 90-H948

25C23825

The Transformed Medicaid Statistical Information System (T-MSIS) Implementation project is part of the larger Medicaid and Children's Health Insurance Programs (CHIP) Business Information Solutions (MACBIS) enterprise-wide initiative to ensure the agency's infrastructure and technology are proportionate to its role in the evolving health care marketplace. The Centers for Medicare and Medicaid Services (CMS) have developed a new set of requirements to enhance the current Medicaid Statistical Information Systems (MSIS) transfer of data. In an effort to receive more timely and complete data, the T-MSIS initiative was created.

APD T-MSIS PAPD 50-H948

25C23826

The Transformed Medicaid Statistical Information System (T-MSIS) Implementation project is part of the larger Medicaid and Children's Health Insurance Programs (CHIP) Business Information Solutions (MACBIS) enterprise-wide initiative to ensure the agency's infrastructure and technology are proportionate to its role in the evolving health care marketplace. The Centers for Medicare and Medicaid Services (CMS) have developed a new set of requirements

to enhance the current Medicaid Statistical Information Systems (MSIS) transfer of data. In an effort to receive more timely and complete data, the T-MSIS initiative was created.

APD ACA E&E IMPL 90-H949

25C23827

Implementation of a Commercial Off the Shelf (COTS) system to modernize Nebraska's Eligibility and Enrollment System.

APD ACA E&E IMPL 50-H949

25C23828

Implementation of a Commercial Off the Shelf (COTS) system to modernize Nebraska's Eligibility and Enrollment System.

APD ACA PS&E 90-H950

25C23829

Implementation of MMIS modifications and enhancements to ensure the state's Provider Screening and Enrollment solution is in compliance with the various provisions of the ACA.

APD ACA PS&E 75-H950

25C23830

Implementation of MMIS modifications and enhancements to ensure the state's Provider Screening and Enrollment solution is in compliance with the various provisions of the ACA.

APD ACA PS&E 50-H950

25C23831

Implementation of MMIS modifications and enhancements to ensure the state's Provider Screening and Enrollment solution is in compliance with the various provisions of the ACA.

APD MITA/MMIS PLAN 90-H956

25C23832

Planning efforts to secure an MMIS replacement solution.

APD MMIS SYSTEM INTEGRATION 90-H968

25C23833

System integration services in support of MMIS transformation.

APD MITA/MMIS PLAN 50-H951

25C23834

Planning efforts to secure an MMIS replacement solution.

APD MMIS DATA MANAGEMENT AND ANALYTICS 90-H963

25C23835



Implementation of the Data Management and Analytics (DMA) solution which includes data warehouse, decision support, reporting, case management and enhanced analytic capabilities.

APD HIT IMPLEMENTATION 50-H938

25C23836

Design, development, implementation, maintenance, and operation of the Nebraska Medicaid Incentive Payment Program (MIP). MIP is for those Nebraska eligible hospitals (EHs) and eligible professionals (EPs) (collectively Providers) that have completed adoption, implementation, or upgrade (AIU), or become Meaningful Users of a certified electronic health record (EHR) system.

APD AS-EFT/ERA 90-H933

25C23840

Simplification of electronic fund transfers for Nebraska's Affordable Healthcare Act.

APD AS-EFT/ERA 75-H933

25C23843

Simplification of electronic fund transfers for Nebraska's Affordable Healthcare Act.

APD AS-EFT/ERA 50-H933

25C23844

Simplification of electronic fund transfers for Nebraska's Affordable Healthcare Act.

APD MMIS SYSTEM INTEGRATION 50-H968

25C23845

System integration services in support of MMIS transformation.

APD MMIS DATA MANAGEMENT AND ANALYTICS 50-H963

25C23846

Implementation of the Data Management and Analytics (DMA) solution which includes data warehouse, decision support, reporting, case management and enhance analytic capabilities.

APD ACA PS&E CONTRACTUAL SERVICES 50-H950

25C23851

Implementation of MMIS modifications and enhancements to ensure the state's Provider Screening and Enrollment solution is in compliance with the various provisions of the ACA.

ENROLLMENT BROKER IMPLEMENTATION 90-H960

25C23852

Implementation of automated plan enrollment, automated primary care provider selection and automated capitation processing.



ENROLLMENT BROKER IMPLEMENTATION 50-H960**25C23853**

Implementation of automated plan enrollment, automated primary care provider selection and automated capitation processing.

SSNRI 50-H965**25C23856**

Project to update MMIS and remove social security numbers from member records. The project will: receive, store, process and transmit both the HICN and the MBI during the SSNRI transition period; utilize CMS translation services to cross reference HICN and MBI numbers during the transition period; and receive and process the MBI correctly after the transition period.

SSNRI 90-H965**25C23855**

Project to update MMIS and remove social security numbers from member records. The project will: receive, store, process and transmit both the HICN and the MBI during the SSNRI transition period; utilize CMS translation services to cross reference HICN and MBI numbers during the transition period; and receive and process the MBI correctly after the transition period.

APD ELECTRONIC VISIT VERIFICATION 90**25C23857**

Electronic Visit Verification (EVV), as mandated through the 21st Century CURES Act, Section 12006, will implement a system and vendor for EVV for personal care services requiring an in-home visit by a provider that are provided through the State Plan or through a waiver. Enhanced FFP was approved for the Initiation and Planning activities.

APD ELECTRONIC VISIT VERIFICATION 50**25C23858**

EVV, as mandated through the 21st Century CURES Act, Section 12006, will implement a system and vendor for EVV for personal care services requiring an in-home visit by a provider that are provided through the State Plan or through a waiver. Enhanced FFP was approved for the Initiation and Planning activities.

ELIGIBILITY BUSINESS OPERATIONS AND QUALITY UNIT

ELIGIBILITY BUSINESS OPERATIONS AND QUALITY ADMIN

25C23460

NATURE AND EXTENT OF SERVICES

The Eligibility Business Operations and Quality Admin Unit is responsible for the overall direction and management of the Eligibility Business Operations and Quality Units. There is approximately one FTE in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

BUSINESS ANALYSIS OFFICE

BUSINESS ANALYSIS

25C23450

NATURE AND EXTENT OF SERVICES

The Business Analysis team provides support to the Medicaid Eligibility which includes: N-FOCUS (eligibility system), Customer Service Center Phone System, Document Management System, ACCESS Nebraska web services, and Federally Facilitated Marketplace (Healthcare Data



Hub and Applications). The Business Analysis team is also working on the development of NTRAC, a new eligibility system and is also responsible for all reporting and analytics related to Medicaid eligibility as a part of ACCESS Nebraska. There are approximately seven FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director’s Office, Central Services and Supplies, Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

PERFORMANCE AND QUALITY ANALYTICS OFFICE

PERFORMANCE AND QUALITY ANALYTICS 25C23455

NATURE AND EXTENT OF SERVICES

The Performance and Quality Analytics team is responsible for CMS reporting such as CARTS and T-MSIS as well as other Medicaid reports and data analysis. The Performance and Quality Analytics team also is involved in assessing the Nebraska Medicaid Quality of Care which includes reporting on the CMS Child and Adult Core Quality Measures. The Performance and Quality Analytics team also provides data validation, analytic and reporting support on the Managed Health Care Contracts. There is approximately seven FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director’s Office, Central Services and Supplies,



Termination Benefits, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

ELIGIBILITY FIELD OPERATIONS UNIT

The Medicaid and Long Term Care (MLTC) Field Operations section is responsible for Medicaid/CHIP eligibility determinations and the service coordination of Aged and Disabled Waiver services for children 0 - 19 years of age. MLTC Field Operations staff ensures that federal and state requirements are met to ensure an accurate categorical eligibility determination from application through the appeals process. Eligibility staffs offer ongoing support and services to nearly 240,000 Nebraskans, including children, pregnant women, parents, seniors and individuals with disabilities. The MLTC Field Operations management team reviews the quality of the work, handles customer complaints, and coordinates responsiveness to requests from the agency, legislature, and public interest groups. There are approximately 419.75 FTEs field operations staffs that are located in local offices across the state, Customer Service Centers in Lincoln and Omaha, and the Lincoln ANDI center.

Field Office Rent (for informational purposes only): The Field Office Rent for the Medicaid Eligibility Field Staff Field Offices is accumulated into one cost center (25C20936) in the Support Services Section of DHHS. This cost center holds the rental agreements for the Field Office and Developmental Disability Service offices located across the state. The cost center will be allocated to the benefiting programs based on the labor hours, LH⁴, which are hours for those workers only located in the field office offices. The costs will then be allocated to the section cost centers according to the allocation methodology for that cost center.

Field Office Administration (for informational purposes only): The Field Office Administration for the Medicaid Eligibility staff is accumulated into one cost center (25C21910) within CFS. This



cost center includes the administration for all field offices across Nebraska and is allocated to the benefiting programs based on the labor hours, LH⁴, in each center.

ELIGIBILITY OPERATIONS ADMINISTRATOR

25C23470

NATURE AND EXTENT OF SERVICES

The Field Operations Administrator has responsibility for quality customer service delivery and ensuring that eligibility determinations are accurate and issued in a timely manner. The Field Operations Administrator supervises the Administrator I and the Staff Assistant II positions. The Field Operations Administrator works with the Policy and Business Operations Administrator to review system functionality and identify areas of system improvement as well as system effectiveness. This cost center also includes time-coded hours of staff in the customer service centers that perform activities claimable at 50%. There are approximately five FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Section Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

ELIGIBILITY FIELD OPERATIONS 50%

25C23475

NATURE AND EXTENT OF SERVICES

This cost center contains the overhead earned from Eligibility Field Ops 75%, which is not claimable at the 75% match rate. There are no FTEs in this cost center.



COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Section Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

ELIGIBILITY FIELD OPS 75%**25C23477**

NATURE AND EXTENT OF SERVICES

This cost center consists of the customer service centers, Lincoln, Lexington and Regional Offices. There are approximately 374.5 FTEs in this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

OMAHA / LINCOLN ANDI CENTERS**25C21870**

NATURE AND EXTENT OF SERVICES

ANDI centers perform document imaging and document management. Omaha primarily scans eligibility documents to support Economic Support Programs. Lincoln primarily scans eligibility documents to support Medicaid/CHIP and Long Term Care. As needed, this center can scan any



eligibility documentation or other documents upon request. There are approximately 40 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Section Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

ANDI Center costs are allocated between Medicaid/CHIP (E&E APD) and Economic Assistance based on client count by program as contained in the NFOCUS Monthly Benefit Clients Summary Report and may be further reallocated to the applicable cost centers based on the allocation methodology for those cost centers to their respective programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%
25C21960	FO Social Services Casework

CLAIMS UNIT

INSTITUTIONAL CLAIMS OFFICE

INSTITUTIONAL CLAIMS OFFICE 50%

25C23190

NATURE AND EXTENT OF SERVICES

The Institutional Claims 50% Office utilizes the MMIS, responsible for processing Medicaid fee-for-service (FFS) claims and adjustments for institutional claims. It also handles calls from



providers regarding claims, policies and procedures. There are approximately seven FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director Claims and Program Integrity, the Claims Section Administrator, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

INSTITUTIONAL CLAIMS OFFICE 75%

25C23200

NATURE AND EXTENT OF SERVICES

The Institutional Claim 75% Office utilizes the MMIS, responsible for processing Medicaid fee-for-service claims and adjustments for institutional claims. It also handles calls from providers regarding claims, policies and procedures. There are approximately seven FTEs in this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

CUSTOMER SERVICE OFFICE

CUSTOMER SERVICE 50%**25C23205**NATURE AND EXTENT OF SERVICES

The Customer Service 50% Office answers/handles calls from providers, clients, etc. with questions on Medicaid fee-for-service (FFS) claims payment process, claim, and payment status, remittance advice, claims submission instructions, schedule of benefits, regulations, etc. Additionally, this unit will enroll providers and clearing houses as trading partners for EDI transactions with NE Medicaid. They review and update X12 transactions, authorizations or other information as needed by trading partners as well as take calls/answer questions, troubleshoots and resolves issues with EDI submissions, electronic claims, activity reports etc. This unit works with providers and vendors on connectivity issues, EDI testing, and EDI system/submission requirements. There are approximately 11 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director Claims and Program Integrity, the Claims Section Administrator, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

CUSTOMER SERVICE 75%**25C23206**NATURE AND EXTENT OF SERVICES

This Office answers/handles calls from providers, clients, etc. with questions on Medicaid FFS claims payment process, claim, and payment status, remittance advice, claims submission instructions, schedule of benefits, regulations, etc. Additionally, this unit will enroll providers



and clearing houses as trading partners for EDI transactions with NE Medicaid. They review and update X12 transactions, authorizations or other information as needed by trading partners as well as take calls/answer questions, troubleshoots and resolves issues with EDI submissions, electronic claims, activity reports etc. This unit works with providers and vendors on connectivity issues, EDI testing, and EDI system/submission requirements. There are approximately 11 FTEs in this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

SCREENING AND DATA ENTRY OFFICE

SCREENING AND DATA ENTRY UNIT 50%

25C23310

NATURE AND EXTENT OF SERVICES

The Screening and Data Entry 50% Unit screens FFS paper claims (Medicaid) for submission compliance, prep and scan. Returns non-compliance claims, sorts/mails RA's and deleted claim reports. They also review SOC documents, update system with SOC info, and returns non-compliance documentation. Additionally, this unit performs the data entry of Medicaid paper claims (FFS) and cost reports. The data entry of non-Medicaid claims (CFS child care and state ward claims), DD waiver and NF claims (PAS/CHORE) is also performed by this unit. There are approximately 14 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director Claims and Program Integrity, the Claims Section



Administrator, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

SCREENING AND DATA ENTRY UNIT 75%

25C23315

NATURE AND EXTENT OF SERVICES

The Screening and Data Entry 75% Unit prescreens FFS paper claims (Medicaid) for submission compliance, prep and scan. Returns non-compliance claims, sorts/mails RA's and deleted claim reports. They also review SOC documents, update system with SOC info, and returns non-compliance documentation. Additionally, this unit performs the data entry of Medicaid paper claims (FFS) and cost reports. The data entry of non-Medicaid claims (CFS child care and state ward claims), DD waiver and NF claims (PAS/CHORE) is also performed by this unit. There are approximately 14 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center based on Kronos timecoding. The indirect costs associated with the direct costs in this cost center are included Screening and Data Entry Unit at 50%.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

PROFESSIONAL CLAIMS OFFICE

PROFESSIONAL CLAIMS UNIT 75%**25C23195**

NATURE AND EXTENT OF SERVICES

The Professional Claims 75% Unit utilizes the MMIS, responsible for processing Medicaid fee-for-service (FFS) claims and adjustments for professional and practitioner claims. Handles calls from providers regarding claims, policies and procedures. There are approximately 11 FTEs in this cost center.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

PROFESSIONAL CLAIMS UNIT 50%**25C23196**

NATURE AND EXTENT OF SERVICES

The Professional Claims 50% Unit utilizes the MMIS, responsible for processing Medicaid fee-for-service (FFS) claims and adjustments for professional and practitioner claims. Handles calls from providers regarding claims, policies and procedures. There are approximately 11 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director Claims and Program Integrity, the Claims Section Administrator, and other Operations cost centers.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

MLTC CONTRACTUAL SERVICES 50%**25C23001**

NATURE AND EXTENT OF SERVICES

This cost center contains payments for MLTC Contractual Services claimable at the 50% match.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

MLTC CONTRACTUAL SERVICES 75%**25C23002**

NATURE AND EXTENT OF SERVICES

This cost center contains payments for MLTC Contractual Services claimable at the 75% match.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

MANAGED CARE EXTERNAL REVIEW CONTRACTUAL SERVICES 50%**25C23221**

NATURE AND EXTENT OF SERVICES

This cost center contains payments for Managed Care (MC) External Review contractual services.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

MANAGED CARE EXTERNAL REVIEW CONTRACTUAL SERVICES 75%**25C23220**

NATURE AND EXTENT OF SERVICES

This cost center contains payments for Managed Care (MC) External Review contractual services.

COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 75%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44140	Medicaid 75%

MANAGED CARE ENROLLMENT BROKER CONTRACTUAL SERVICES**25C23610**

NATURE AND EXTENT OF SERVICES

This cost center contains payments for Managed Care (MC) Enrollment Broker contractual services.



COST STRUCTURE

Direct costs only.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%



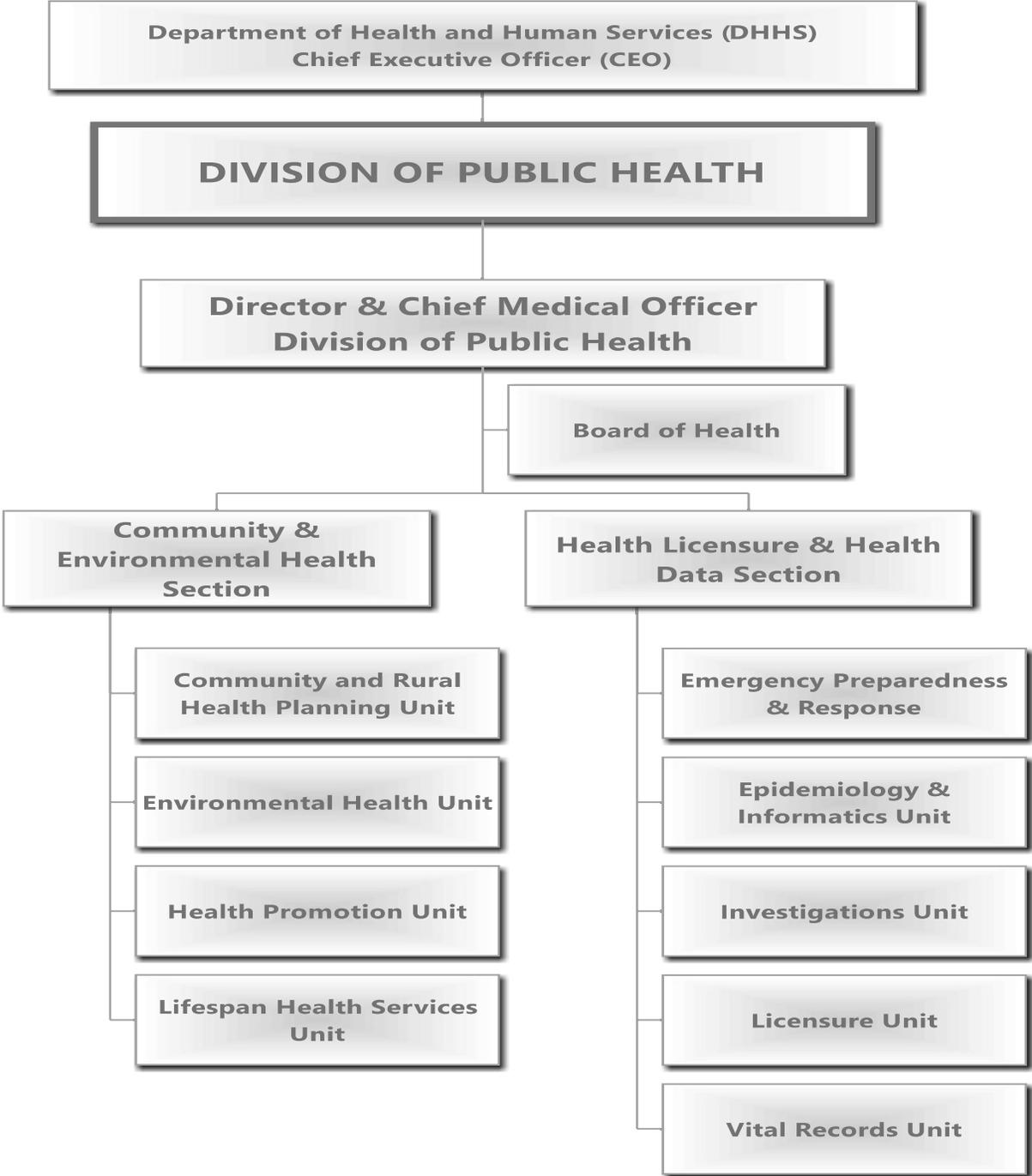
DIVISION OF PUBLIC HEALTH

DIVISION OF PUBLIC HEALTH

The Division of Public Health is responsible for providing several key public health functions including administering a wide range of categorical and population-based public health programs and activities including, but not limited to, WIC, Tobacco Free Nebraska and WISEWOMAN; credentialing health, health-related and environmental professions and occupations; credentialing health facilities and services; credentialing child-care facilities; evaluating programs and services to determine compliance with state and federal requirements; coordinating development and promulgation of regulations; assessing the environment to guard against toxic substances, contamination and diseases which present human health hazards; collecting and evaluating statewide health data; performing epidemiological studies; strengthening the state's public health infrastructure; performing effective preparedness and emergency response activities; collecting, maintaining, and issuing vital records documents; encouraging health professionals to practice in state-designated shortage areas; and coordinating statewide emergency medical services.

The Division is headed by the Chief Medical Officer for the State and is divided into two sections: the Health Licensure and Health Data Section and the Community and Environmental Health Section. The Health Licensure and Health Data Section contains five units: the Epidemiology and Informatics Unit, Investigations Unit, Licensure Unit, Public Health Emergency Response and Preparedness Unit, and Vital Records Unit. The Community and Environmental Health Section contain four units: the Community and Rural Health Planning Unit, the Health Promotion Unit, the Lifespan Health Services Unit, and the Environmental Health Unit.

The objectives of the Division of Public Health are to: 1) continue improving health outcomes for all Nebraskans and maximizing access to essential health services; 2) continue to protect the public against acts, behaviors, or practices by credentialed persons that would be unsafe or inappropriate, or would constitute gross incompetence, negligence, or unprofessional conduct; 3) continue to improve the quality of the public health and safety of all Nebraskans; and 4) create a culture of wellness for all Nebraskans, address health disparities, and be the trusted source of state health data.



PUBLIC HEALTH DIRECTOR**25C25110**

NATURE AND EXTENT OF SERVICES

The Director is responsible for the overall direction and management of the Division of Public Health. This office also provides the Public Health Chief Medical Officer. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to all other cost centers in the division based on the labor hours, LH¹, in each benefiting cost center.

SIGNIFICANT COST RECEIVERS

No receiver over 15% individually.

BOARD OF HEALTH**25C40620**

NATURE AND EXTENT OF SERVICES

This Office includes the Board of Health, a legislatively established board which reviews applications from organizations seeking credentialing status from the state and coordinates other health administration programs. There are approximately five FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

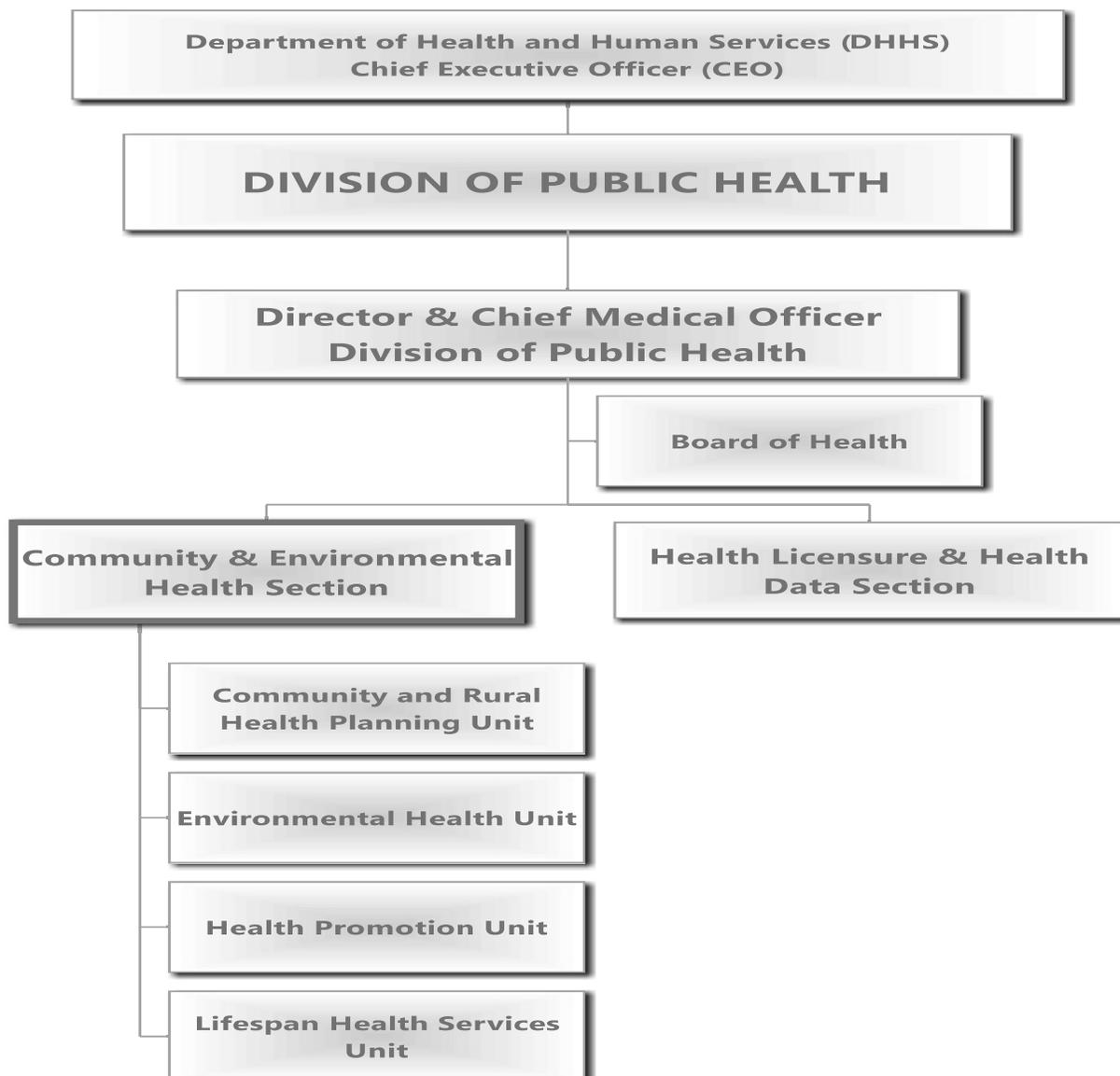
ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.



COMMUNITY AND ENVIRONMENTAL HEALTH SECTION

Community Health strengthens the public health system in Nebraska by working with local public health departments and other community-based public health organizations. It also coordinates public health policies and activities at the state level. Major responsibilities include providing technical assistance to local public health departments and monitoring funds distributed to local health departments under the Health Care Funding Act. The Community and Environmental Health Section contain four units: the Community and Rural Health Planning Unit, the Health Promotion Unit, the Lifespan Health Services Unit, and the Environmental Health Unit.



COMMUNITY AND RURAL HEALTH PLANNING UNIT

COMMUNITY AND RURAL HEALTH PLANNING ADMINISTRATION

25C25140

NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall direction and management of the following offices: 1) Community Health and Performance Management; 2) Planning Council on Developmental Disabilities; 3) Emergency Medical Services; 4) Health Disparities and Health Equity; and 5) Rural Health. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Chief Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be directly charged to the Community and Rural Health Planning Programs based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40520	Community Health Planning Programs

COMMUNITY AND RURAL HEALTH PLANNING PROGRAMS

25C40520

NATURE AND EXTENT OF SERVICES

The programs under Community and Rural Health Planning are as follows:

Office of Community Health and Performance Management - Six FTEs; one to two interns at various times:

- Distributes funds to the local health departments and provide technical assistance;
- Coordinates efforts within the Division of Public Health to achieve national accreditation for the division;



- Coordinates the development and implementation of the Division of Public Health strategic plan;
- Coordinates the development and implementation of the state health improvement plan;
- Provides a state public health needs assessment; and
- Collaborates with partners to improve the public health system in Nebraska.

Planning Council on Developmental Disabilities - Three FTEs - The Nebraska Planning Council on Developmental Disabilities does the following:

- Awards grants to address gaps and barriers in the system;
- Identifies legislation introduced and educates policymakers on the impact of these bills on persons with developmental disabilities;
- Presents testimony at relevant hearings and follows applicable regulation development;
- Funds six regional councils; and
- Serve on committees to ensure discussions include the needs of persons with developmental disabilities.

Emergency Medical Services and Trauma Systems - 13 FTEs; one contractor FTE - Strengthen emergency care by providing services, training and technical support to:

- Ambulance Services (paid and volunteer);
- Out of Hospital Providers;
- Trauma Centers;
- Percutaneous Coronary Intervention (PCI) Hospitals;
- Urban and Rural Hospitals;
- Local Ambulance Boards, Municipal and County Governments; and
- Emergency Medical Services Licensed Training Agencies.

Office of Health Disparities and Health Equity - 11 FTEs; five SOS temporary full-time staff - works to improve health outcomes for Nebraska's culturally diverse populations with a vision of health equity for all Nebraskans. Priority populations include racial ethnic minorities, Native Americans, refugees, and immigrants. Provide training, statistical data, awareness, identify needs, and collaborate with Division and community partners.

Office of Rural Health - Six FTEs; one intern - The mission of the Nebraska Office of Rural Health is to define and promote the development of a health care system that assures the availability and accessibility of quality health care services to meet the needs of people living in rural Nebraska:

- Administer five federal grants;
- Keep current on new legislative and federal changes impacting rural healthcare;

- Provide information and training to the rural communities regarding workforce issues, access to care, new cooperative ventures, mergers, hospital closures and healthcare network formations;
- Work with other Nebraska healthcare organizations to achieve positive changes in the healthcare delivery model;
- Identify shortage areas in the various healthcare professions and connect students and healthcare providers with funding available; and
- Provides administrative support to the Rural Health Advisory Commission.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Community and Environmental Health Section, Community and Rural Health Planning Administration, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The direct and indirect costs of this cost center will be used to determine the DHHS indirect cost rate.

ENVIRONMENTAL HEALTH UNIT

ENVIRONMENTAL HEALTH ADMINISTRATION

25C25180

NATURE AND EXTENT OF SERVICES

This Office is responsible for the management and direction of the following Offices: 1) Drinking Water and Environmental Health; 2) Environmental Hazards and Indoor Air; 3) Environmental Public Health Laboratory; and 4) Radiological Health. There are approximately two FTEs in the cost center.



COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers.

ALLOCATION METHODOLOGY

The cost center will be allocated to the Environmental Health Programs including the State Health Laboratory based on the labor hours, LH¹, for each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40580	Environmental Health Programs
25C40600	Public Health Laboratory

ENVIRONMENTAL HEALTH PROGRAMS

25C40580

NATURE AND EXTENT OF SERVICES

The programs within the Environmental Health unit are as follows:

Drinking Water and Environmental Health - 47 FTEs; one SOS:

- Safety and Sanitary Inspections of Day Care Facilities and Senior Centers;
- Food Inspections by MOU with Department of Agriculture;
- Mobile Home Parks and Engineering (license and inspect mobile home parks for safety and sanitation);
- Public Drinking Water Engineering ;
- Public Drinking Water Field Inspections (conduct field inspections of public water systems to determine compliance);
- Public Drinking Water Monitoring and Compliance (monitor and enforce drinking water standards);
- Public Drinking Water Operator Training;
- Public Swimming Pools Engineering, Licensing, and Inspection;
- Public Water System Capacity Development (assist public water systems to develop or improve infrastructure);
- Public Water System Water Security (assist public water systems with security measures at their plants, well fields, and other critical infrastructure to ensure safe drinking water)
- Recreational Camps;
- School Food Facilities Inspections (inspect Nebraska's schools at the request of the Nebraska Department of Education for compliance with the Nebraska Food Code); and
- Well Driller/Pump Installer Program.



Environmental Hazards and Indoor Air - Six FTEs; two SOS:

- Adult Blood Lead Surveillance;
- Asbestos Control (accredit training providers, licenses businesses, approves project notifications and enforces regulations through onsite inspections and audits);
- Childhood Lead Poison Prevention (monitor and evaluate blood lead levels of children, provide outreach to families);
- Clean Indoor Air (provide compliance and enforcement assistance for implementation of Nebraska Clean Indoor Air Act);
- Lead-Based Paint Program;
- Mercury Program;
- Mold Program (Provide information about mold prevention, health effects, and cleanup); and
- Radon Program (License radon mitigation and measurement businesses and enforce regulations through onsite inspections and audits).

Environmental Public Health Laboratory - 14 FTEs; one SOS:

- Provide certified water testing on various types of water for public water systems, private well owners, and other state, county and local agencies. Areas include Bacteriological Water, Biosafety, Inorganic Chemistry, Organic Chemistry, Radiological Chemistry, Metals and Air Particulate Matter 2.5 Testing; and
- Blood Alcohol Testing for Legal purposes.

Radiological Health - Nine FTEs; one SOS:

- High Level Radioactive Waste Program (Ensure that costs incurred by the State of Nebraska attributable to the shipment of high-level radioactive waste and transuranic waste in or through the state and borne by the shipper);
- Low Level Radioactive Waste Program (License the operation of a low level radioactive waste disposal facility should one be built);
- Radioactive Materials Program (License and inspect radioactive material users, including hospitals, universities, industrial facilities, and doctors);
- Radiological Emergency Response Program (Prepare for and respond to radiological emergencies in the State involving radioactive material or around Nebraska's two nuclear power plants); and
- X-Ray Program (Maintain a register of x-ray machines in the state and conduct inspections of the x-ray units and facilities).

Methamphetamine Clean Up Program - 0.25 FTE:

- Provide technical assistance to local health departments and citizens on how to identify and clean up clandestine methamphetamine houses.

Human Health and Ecological Risk Assessment Program - 0.75 FTE:

- Provide a consistent process for evaluating and documenting public health hazards associated with exposure to environmental contamination; and



- A risk assessor also determines levels of contaminants that can remain in environmental media such as water, soil, or air, and still be adequately protective of public health, as it is oftentimes not feasible to completely remove these contaminants.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Community and Environmental Health Section, the Environmental Health Administrator, and Operations cost centers.

ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.

PUBLIC HEALTH LABORATORY

25C40600

NATURE AND EXTENT OF SERVICES

This section administers the Health Laboratory Services. Trained qualified chemists, laboratory scientists, and laboratory technicians, under supervision of a management team, perform all testing. The laboratory employs 17 FTEs.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director, the Deputy Director of Health Licensure and Data, the Environmental Health Administrator, and Operations cost centers.

ALLOCATION METHODOLOGY

The direct and indirect costs allocated to the cost center will be used to evaluate the fee structure for the Public Health Laboratory activities.

HEALTH PROMOTION UNIT



HEALTH PROMOTION ADMIN**25C25130**

NATURE AND EXTENT OF SERVICES

Health Promotion Admin is responsible for the overall direction and management of the following offices/programs: Chronic Disease Prevention and Control; 2) Infectious Disease; 3) Preventive Health Services, Comprehensive Cancer, and Injury Prevention; 4) Tobacco Free Nebraska; 5) Chronic Renal, Cancer Research, and Organ/Tissue Donor; and 6) Office of Oral Health and Dentistry. There are approximately four FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Community and Environmental Health Section, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be directly charged to the Health Promotion Programs based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40500	Health Promotions Programs

HEALTH PROMOTION PROGRAMS**25C40500**

NATURE AND EXTENT OF SERVICES

The programs under Health Promotion are as follows:

Chronic Disease Prevention and Control Program - 10 FTEs; one additional FTE is funded by this program, but is supervised by the Epidemiology and Informatics unit:

- Works to reduce or prevent complications and premature death for Nebraskans with diabetes;
- Strives to educate persons with diabetes, their families, and health professionals;
- Updates information and training materials to ensure application of current knowledge and treatment of diabetes;



- Promotes cardiovascular disease prevention and control by focusing on high blood pressure, cholesterol, and heart attack and stroke;
- Develops a comprehensive approach to cardiovascular disease, through population-based strategies;
- Focuses on an identified population or area rather than on individual behavior change;
- Stresses interventions which promote physical activity and proper nutrition as key components in the prevention and treatment of chronic diseases and obesity; and
- Coordinates statewide efforts aimed to improve nutrition and physical activity behaviors of all Nebraskans.

Infectious Disease Prevention - 16 FTEs:

- Hepatitis - education and information regarding Hepatitis;
- HIV Prevention - to lower HIV infection, illness and death rates;
- HIV Surveillance - to collect and analyze data on HIV and AIDS;
- HOPWA - Housing Opportunities for Persons with AIDS;
- Ryan White - provides HIV related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payers;
- STD Prevention - assists state, local, and community efforts to help prevent the spread of chlamydia, gonorrhea, syphilis, hepatitis, and other STDs;
- Tuberculosis - provides area surveillance, case management, bacteriology services through Nebraska; and
- Public Health Laboratory (NPHL), TB education, medical consultation, and technical assistance.

Preventive Health and Health Services Block Grant, Comprehensive Cancer, and Injury

Prevention - Six FTEs:

- Reduces cancer deaths in Nebraska through the collaboration of public and private partnerships to eliminate cancer disparities; reduce cancer risks, increase early detection and screening, increase access to cancer treatment, improve the quality of life for those living with cancer, and provide training and education to increase Nebraskan's knowledge about cancer;
- PHHS - Allows Nebraska the flexibility to identify key health problems and determine how to address them;
- PHHS - Funds internal and external projects that address a variety of priority health issues aligning with Healthy People 2020;
- PHHS - Helps to reach the objectives set out in *Healthy People 2020 National Health Promotion and Disease Prevention Objectives*;
- Injury Prevention - Priority areas include prescription drug overdose; motor vehicle crashes; concussions/traumatic brain injuries; and older adult falls;

- Safe Kids Nebraska - Prevention of unintentional injuries; and
- Reduce the incidence and/or severity of injuries to Nebraskans.

Chronic Renal Disease, Cancer Research, and Organ/Tissue Donor Programs - One FTE; one SOS (temp) staff:

- Provide assistance for persons with chronic renal disease who meet income requirements by payment to medical providers for renal related prescription medications and dialysis services;
- Manage cancer research grants to the University of Nebraska Medical Center and Creighton University pursuant to state statute; and
- Oversee procurement, contract, and program review for the organ/tissue donor program.

Tobacco Free Nebraska - Six FTEs:

- Statewide comprehensive tobacco prevention program that works to help people quit using tobacco; eliminate exposure to secondhand smoke; keep youth from starting to use tobacco; and reach underserved populations;
- Manage federal and state funding and disperse it to local communities for coalition and youth related activities;
- Manage statewide quit line service contract to assist interested persons in smoking cessation; and
- Manage statewide media campaign to educate on tobacco use and cessation.

Office of Oral Health and Dentistry - Two FTEs:

- Ensure optimum health and well-being by promoting oral health and preventing dental disease;
- Increase the proportion of children who have received dental sealants on their molar teeth;
- Increase the proportion of low-income children who received any prevention dental service in the past year; and
- Increase the proportion of local health departments and community health centers that have an oral health component.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Community and Environmental Health Section, Health Promotion, and Operations cost centers.

ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.



LIFESPAN HEALTH SERVICES UNIT

LIFESPAN HEALTH SERVICES ADMIN

25C25160

NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall direction and management of the Lifespan Health Services Programs. This office performs planning, program development and implementation, monitoring, and evaluation of a range of programs and initiatives for the populations of women of child bearing age, infants, children and adolescents, and older women and men. There are approximately 2.2 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Lifespan Health Services Programs.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40560	Lifespan Health Services Programs

LIFESPAN HEALTH SERVICES PROGRAMS

25C40560

NATURE AND EXTENT OF SERVICES

The 12 programs under Lifespan Health Services are as follows:

Commodity Supplemental Food Program (CSFP) - One FTE - Program provides foods purchased and distributed by the USDA:

- To seniors who are 60 years or older and low income; and
- Through eight local agencies with distribution sites across the state.



Immunization Program - Eight FTEs - The goal of the program is to ensure that communities have what they need to fully vaccinate Nebraskans. To meet this goal, the program:

- Provides funding, vaccines, education and training to immunization clinics and private providers;
- Administers the federal Vaccines for Children Program and 317 Grant;
- Oversees statutory immunization requirements for schools and child care through rules and regulations; and
- Supports the Nebraska State Immunization Information System (NESIIS).

Maternal Child Adolescent Health - Seven FTEs - This team supports a number of programs, activities and initiatives, including:

- Administering the federal Abstinence Education and Personal Responsibility Education Program (PREP) grants;
- Carrying out adolescent health initiatives, including Positive Youth Development;
- Maintaining the Healthy Mothers and Healthy Babies Helpline;
- Providing consultation and training services to schools, school health professionals, and agencies serving children and families;
- Administering the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program and State General Funds appropriated for evidence-based home visiting;
- Planning and programming through the federal Early Childhood Comprehensive Services Grant; and
- Delivering evidence-based educational events and resources to health care and community providers in order to advance quality practices in maternal and infant care.

Maternal and Child Health Epidemiology - Four FTEs; three staff via contract with UNMC; one temporary FTE via SOS - This team provides data support to the unit and the agency for program planning, monitoring and evaluation. Major data related activities include:

- Supporting the work of Child and Maternal Death Review Team;
- Administering the Pregnancy Risk Assessment Monitoring System (PRAMS); and
- Collecting and analyzing data to meet the needs assessment and reporting requirements of the Title V/Maternal and Child Health Block Grant and the State Systems Development Initiative Grant.

Newborn Screening Programs - Six FTEs; 0.9 temporary FTE via SOS; one FTE via master contract for IT personnel - Included are two screening programs established in Nebraska statutes (71-519 for the Screening of Metabolic and Other Inherited Disorders; 71-4734 to 71-4744 for Newborn Hearing Screening). These programs are responsible for:

- Establishing and overseeing screening protocols, including the promulgation of regulations for the Screening of Metabolic and Other Inherited Disorders;
- Tracking screening results and facilitation of follow-up testing and treatment;
- Quality assurance and management of the laboratory contract; and
- Overseeing the provision of special formulas and foods to qualified individuals.

Planning and Support - One FTE - This area is responsible for:

- Administering the federal Title V / Maternal and Child Health (MCH) Block Grant;
- Assessing, modifying, and implementing recommendations, procedures, and policies to address statewide priorities identified through a comprehensive needs assessment;
- Providing technical assistance to program managers and subrecipients related to grants management;
- Monitoring MCH federal funds compliance; and
- Coordinating federal funds management for Lifespan Health Services Unit.

Reproductive Health - 2.8 FTEs; one consultant via contract - This program administers the federal Title X Family Planning Grant by:

- Subgranting funds to Title X delegate clinics that provide reproductive health education and comprehensive medical services; and
- Providing training and technical assistance to these delegates to assure high quality, accessible services.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) - 10 FTEs; two FTEs via master contract for IT personnel; and one part-time SOS temporary - This program provides healthy food at no cost, breastfeeding support and nutrition information to more than 38,000 women, infants and children across the state each month. Program services are delivered through:

- Subawards of WIC federal funds to local public and private nonprofit organizations;
- More than 110 clinic sites across the state; and
- Over 400 authorized retail stores.

Women's and Men's Health Programs - 17 FTEs; two temporary FTEs via SOS - Included are the following programs and initiatives:

- Every Woman Matters, which provides breast and cervical cancer screening and heart disease and diabetes screening to eligible women supported by both federal and state funds;
- Nebraska Colon Cancer Screening Program, which offers preventive colon cancer screening and education to Nebraska men and women between the ages of 50 and 74 (both federal and state funded);
- Community Health Worker / Health Navigation Training; and

- Men's health information and resources.

Women's Health Initiatives - Three FTEs - NRS 71-701 created the Women's Health Initiative of Nebraska. Staffs carry out the duties established in this statute, including:

- Serving as a clearinghouse for information on women's health issues;
- Performing strategic planning for women's health;
- Conducting department-wide policy analysis on women's health issues;
- Coordinating pilot and planning projects;
- Communicating information and performing a liaison function; and
- Providing technical assistance to communities and public and private entities.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Chief Administrator's Office, the Lifespan Health Services Administrator's Office, and Operations cost centers.

ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.

HEALTH LICENSURE AND HEALTH DATA SECTION

Health Licensure and Health Data Section - This section is responsible for licenses of health related professions and occupations as well as health care facilities and services and child care programs. The mission of this section is to assure that public health related practices provided by individuals, facilities, and programs are safe, of acceptable quality, and that the cost of expanded services is justified by the need. The Health Licensure and Health Data Section contains five units: the Epidemiology and Informatics Unit, Investigations Unit, Licensure Unit, and Vital Records Unit.



DEPUTY DIRECTOR HEALTH LICENSURE AND HEALTH DATA**25C25170**

NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall direction and management of the Health Licensure and Health Data Section. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the other cost centers in the section based on labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40580	Environmental Health Programs
25C40700	Health Facility Licensing

EMERGENCY RESPONSE AND PREPAREDNESS**25C40530**

NATURE AND EXTENT OF SERVICES

The Office of Public Health Preparedness and Emergency Response includes programs that seek to prepare the healthcare and public health systems to respond to public health and other emergencies. This Office collaborates with State, county, and private agencies to prepare and test Nebraska's capacity to respond to bioterroristic threats and events and other public health emergencies. The programs in this Office include: Public Health Emergency Preparedness, the Hospital Preparedness Program, Cities Readiness Initiative, as well as Zika Public Health Response and several Ebola Virus Disease projects.

COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Chief Administrator's Office, and Operations cost centers. The costs will



then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be used to determine the DHHS indirect cost rate.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40580	Environmental Health Programs
25C40700	Health Facility Licensing

EPIDEMIOLOGY AND INFORMATICS UNIT

EPIDEMIOLOGY AND INFORMATICS

25C25150

NATURE AND EXTENT OF SERVICES

This Office is responsible for State Epidemiology which advises, consults, and provides strategic direction for existing and emergent surveillance, epidemiology, and informatics initiatives.

Communicable Disease Surveillance/Outbreak Control/Epidemiology: Assures the stability and function of our IT systems that track communicable diseases and liaisons with local health departments to support their disease tracking and follow-up, including outbreak investigations.

Occupation Health Epidemiology: Oversees the systems that track occupational health morbidity and mortality, including worker's compensation claims, work-related events in death certificate, hospital discharge, and poison control center databases. Major initiatives to track preventable communicable diseases including: West Nile virus, influenza, food-borne and enteric diseases, vaccine preventable diseases including whooping cough, measles, rabies, pneumonia, meningitis, sexually transmitted diseases including HIV, healthcare-associated infections. Chronic Disease Epidemiology: Provides epidemiologic support for the chronic disease program through development and analysis of registries and surveillance systems that track chronic diseases, including tobacco, obesity/nutrition, physical activity, cancer prevention. There are approximately five FTEs; three CDC Assignees; 4.5 Contractors in the cost center.

COST STRUCTURE



Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Chief Administrator's Office and Vital Statistics, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the Public Health Support programs based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40540	Epidemiology and Informatics Programs
25C40030	Vital Records

EPIDEMIOLOGY AND INFORMATICS PROGRAMS

25C40540

NATURE AND EXTENT OF SERVICES

The programs within Epidemiology and Informatics are as follows:

Crash Outcomes Data Evaluation - One FTE; one contractors: Oversees tracking of motor vehicle, motorcycle, bicycle, pedestrian morbidity and mortality surveillance data.

Geographic Information Systems - One FTE: Serves all of DHHS in mapping data to create maps that link health-related events to location, including the mapping of health data to census data to facilitate the understanding of health risk factors, healthcare consumption, and need for preventive services.

Health Statistics Registry - Eight FTEs; five contractors: Responsible for personnel and financial management of the entire unit of 30 staff. The Health Statistics Administrator oversees a variety of registries and surveillance systems including cancer registry, informatics activities that support vaccination tracking and reportable disease tracking, syndromic surveillance of emergency room and in-patient hospital visits; trauma and E-code registries; vital records data systems (births/deaths/marriages); Parkinson's Disease; behavioral risk factor surveillance system that tracks population-based health risk factors. The unit houses information technologists responsible for building and maintaining interfaces for health data exchange between public health and health care systems around the state.



COST STRUCTURE

Costs consist of those directly charged to this cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Chief Administrator's Office, the Public Health Support Administration Office, and Operations cost centers.

ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.

INVESTIGATIONS UNIT

INVESTIGATIONS ADMINISTRATION

25C25230

NATURE AND EXTENT OF SERVICES

This Office is responsible for the overall direction and management of the Investigations Unit including the three programs of Special Investigations, Health Care Professions and Occupations, and Program Evaluation Review. There is approximately one FTE in the office.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Health Licensure and Health Data, and other Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the other cost centers in the unit based on the labor hours, LH¹, in each cost center.



SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C25240	Special Investigations
25C40740	Health Care Professions and Occupations Investigations
25C25250	Program Evaluation and Review

SPECIAL INVESTIGATIONS**25C25240**

NATURE AND EXTENT OF SERVICES

Special Investigations is responsible for the investigation of recipient fraud in Medicaid, Energy Assistance, Assistance to the Aged, Blind and Disabled (AABD), Temporary Assistance to Needy Families (TANF), Social Service Block Grants (Title XX) and the SNAP programs; internal and special fraud investigations. There are approximately nine FTEs in this cost center.

COST STRUCTURE

The costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Health Licensure and Health Data, the Investigation Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on daily Time and Effort Reports maintained by the investigators.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)

PROGRAM EVALUATION AND REVIEW**25C25250**

NATURE AND EXTENT OF SERVICES

This Office is responsible for the assessment of the accuracy and timeliness of SNAP determinations, the assessment of the accuracy of Medicaid client determinations, and the



assessment of the accuracy and timeliness of processing of child support determinations. There are approximately 15 FTEs in the cost center.

COST STRUCTURE

The costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Health Licensure and Health Data, the Investigation Administrator's Office, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the benefiting programs based on daily Time and Effort Reports maintained by the reviewers.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43220	SNAP (50%)
25C43060	Child Support Enforcement

HEALTH CARE PROFESSIONS AND OCCUPATIONS INVESTIGATIONS

25C40740

NATURE AND EXTENT OF SERVICES

This Office is responsible for the Investigation of licensed, registered or certified health care professionals and professionals in healthcare-related fields; unlicensed healthcare practice and pre-license investigations. There are approximately 15 FTEs in this cost center.

COST STRUCTURE

The costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Health Licensure and Health Data, the Investigation Administrator's Office, and Operations cost centers.

ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.



LICENSURE UNIT

LICENSURE ADMINISTRATION

25C25190

NATURE AND EXTENT OF SERVICES

This office is responsible for the overall direction and management of the Licensure Unit which includes the following program areas: 1) licensure, certification, and registration of persons who provide health and health-related services; 2) licensure and certification (to participate in Medicare/Medicaid) of health care facilities and services; 3) licensure of children's services agencies, facilities, and programs; 4) administration of the State Board of Health and the Nebraska Regulation of Health Professions Act; and 5) administration of the Nebraska Health Care Certificate of Need Act. There are approximately two FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Director's Office, the Deputy Director of Health Licensure and Data, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The cost center will be allocated to the other cost centers in the Licensure Unit based on the labor hours, LH¹, in each cost center.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C40660	Professional and Occupational Licensing Boards
25C25220	Child Care Entity Licensing Program
25C40700	Health Facility Licensing

SURVEY AND CERTIFICATION**25C25200**

NATURE AND EXTENT OF SERVICES

This Office provides initial and ongoing surveys and certifications of public health facilities that fall under the provisions of both Titles XVIII and XIX for NAR/NATCEP. There are approximately 10 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Director's Office, the Deputy Director of Health Licensure and Data, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

DEVELOPMENTAL DISABILITIES SURVEYORS**25C25205**

NATURE AND EXTENT OF SERVICES

This office is responsible for Survey/Inspection and Investigations to determine compliance with applicable regulations for state licensure and/or federal certification of the following facility types: Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF/IID) and Centers For Persons With Developmental Disabilities (CDD). There are approximately 12 FTEs in this cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Director's Office, the Deputy Director Of Health Licensure and Data, and Operations Cost Centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.



ALLOCATION METHODOLOGY

Direct to Medicaid 50%.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C44160	Medicaid 50%

CHILD CARE ENTITY LICENSING PROGRAM**25C25220**

NATURE AND EXTENT OF SERVICES

This Office is responsible for conducting licensing and inspection activities for Family Home I, Family Home II, Child Care Centers, School Age Only Centers and Preschools; providing training to community and facilities; and preparing licensing agreements, corrective action, and disciplinary action of child care facilities. This cost center does not include costs for Residential Child Caring Agencies or Child Placing Agencies - those costs are included in 25C40720 Child Caring Agencies Licensure. There are approximately 34 FTEs in the cost center.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director of Health Licensure and Data, the Licensure Unit Administrator, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

Direct to Child Care Development Fund.

SIGNIFICANT COST RECEIVERS

<u>Cost Center</u>	<u>Description</u>
25C43080	Child Care Development

PROFESSIONAL AND OCCUPATIONAL LICENSING BOARDS**25C40660**

NATURE AND EXTENT OF SERVICES

The offices in this cost center provide the initial and continuing eligibility determinations for licenses or other credentials for various health practitioners as required by state law. There are approximately 50 FTEs in the cost center. There is also a contract with the Nebraska Department of Justice for the performance of duties required in prosecuting disciplinary actions and credential denials under the Uniform Credentialing Act.

Office of Behavioral Health and Consumer Services (550) - 10 FTEs: This office is responsible for oversight and support of nine professional and occupational boards, and performance of licensing, inspection, and testing activities for 13 professions including the following: Alcohol and Drug Testing, Body Art, Cosmetology, Crematories, Electrology, Estheticians, Nail Technicians, Funeral Directing and Embalming, Massage Therapy, Medical Nutrition Therapy, Mental Health Practice, Nursing Home Administration, and Psychology.

Office of Medical and Specialized Health (550) - 10 FTEs: This office is responsible for oversight and support of nine professional and occupational boards/committees, and performance of licensing, inspection, and testing activities for nine professions including the following: Dentistry, Medical Radiography, Medicine and Surgery, Optometry, Perfusionists, Pharmacy personnel and facilities, Physician Assistants, Podiatry, and Veterinary Medicine and Surgery.

Office of Nursing and Nursing Support (550) - 15 FTEs: This office is responsible for oversight and support of the Board of Nursing, Advanced Practice Registered Nurse Board and the Center for Nursing; performance of licensing, registration, and inspection activities for Licensed Practical Nurses, Registered Nurses, Licensed Practical Nurse-Certified, Advanced Practice Registered Nurses, Medication Aides, Nurse Aides and Paid Dining Assistants; conducting site visits and program reviews for all pre-licensure nursing education programs and Nurse Aide training programs; and conducting Nurse Aide and Medication Aide investigations.

Office of Rehabilitation and Community Services (550) - 6.5 FTEs: This office is responsible for oversight and support of nine professional and occupational boards, and performance of licensing, inspection, and testing activities for 15 professions including the following: Athletic Training, Audiology and Speech-Language Pathology, Chiropractic, Environmental Health Specialists, Emergency Medical Services, Hearing Instrument Specialists, Occupational Therapy, Physical Therapy, Respiratory Care, Swimming Pool Operators, Well Drillers, Water Operators, Asbestos, Lead, and Radon.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Termination Benefits, the Division Director's Office, the Deputy Director of Health Licensure and Data the Licensure Administrator's Office, and Operations cost centers.

 ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.

LICENSURE SUPPORT SERVICES
25C40680

 NATURE AND EXTENT OF SERVICES

This Office is responsible for the administration and support of the various boards in the Licensure Unit. There are approximately 14 FTEs in the office.

Office of Research, Policy, Quality Improvement and Compliance Monitoring (550) - Six FTEs:

This office is responsible for administration of the Board of Health, facilitation of the credentialing review process, quality improvement reporting and support for other program areas in the Licensure Unit, and monitoring compliance of Individuals whose credentials are disciplined and placed on probation.

Office of Support Services (550) - Eight FTEs: This office provides support to all of the programs in the Licensure Unit, including reception and switchboard services, open and distribute mail, process financial transactions, make travel arrangements, maintain the website, provide technical support for software and hardware issues, purchase equipment and supplies, assist with statute and regulation updates, and coordinate records management. The Program Manager also administers the Nebraska Health Care Certificate of Need Act, providing guidance and ensuring compliance with the statute; prepares the CMS budget; and works with finance staff regarding funding, grants management, expenditures, and the state budget process.

 COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director of Health Licensure and Data, the Licensure Unit Administrator, and Operations cost centers.

 ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.



HEALTH FACILITY LICENSING**25C40700**

NATURE AND EXTENT OF SERVICES

The offices in this cost center provide initial and ongoing inspections and certifications of various public health facilities and activities including boarding homes, assisted living facilities, health clinics, nursing facilities, hospitals, mental health centers, home health agencies and centers for the developmentally disabled. There are approximately 65 FTEs in the cost center.

Office of Acute Care Health Facilities (550) - 10 FTEs: This office is responsible for survey/inspection and complaint investigations to determine compliance with applicable regulations for state licensure and/or federal certification of the following facility types: Hospitals, Health Clinics, End-Stage Renal Disease Facilities, Ambulatory Surgical Centers, CLIA Laboratories, Rural Health Clinics, Federally Qualified Health Centers, and Organ and Transplant Programs.

Office of Behavioral Health and DD Facilities and Services (550) - 13 FTEs: This office is responsible for survey/inspection and complaint investigations to determine compliance with applicable regulations for state licensure and/or federal certification of the following facility types: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID); Psychiatric Residential Treatment Facilities (PRTF); Community Mental Health Centers (CMHC); Centers for Persons with Developmental Disabilities (CDD); Substance Abuse Treatment Centers (SATC); and Mental Health Centers (MHC).

Office of Long Term Care Facilities (550) - 40 FTEs: This office is responsible for survey/inspection and complaint investigations to determine compliance with applicable regulations for state licensure and/or federal certification of nursing homes and assisted living facilities; processing complaints related to all healthcare facility types, including data entry and triage for investigation; and scheduling and providing training for all surveyors in the health care facilities programs.

Office of Outpatient and In-Home Care Services (550) - Six FTEs: This office is responsible for survey/inspection and complaint investigations to determine compliance with applicable regulations for state licensure and/or federal certification of the following facility types: Home Health Agencies, Hospice Services, End-Stage Renal Disease Facilities, Outpatient Physical Therapy or Speech Pathology Services, Comprehensive Outpatient Rehabilitation Facilities, Portable X-ray Services, Adult Day Services, Children's Day Health Services, Respite Care Services, and Health Maintenance Organizations.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director of Health Licensure and Data, the Licensure Unit Administrator, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The direct and indirect costs of the cost center will be used to determine the DHHS indirect cost rate.

CHILD CARING AGENCIES LICENSING

25C40720

NATURE AND EXTENT OF SERVICES

There is approximately one FTE in the cost center. This cost center is considered a final cost center and costs associated with it are not claimed directly against any federal grant but rather are used with other the costs associated final cost objectives to calculate the indirect cost rate. The direct and indirect cost of the cost center will be used to determine the DHHS indirect cost rate.

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Deputy Director of Health Licensure and Data, the Licensure Unit Administrator, and Operations cost centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

VITAL RECORDS UNIT



VITAL RECORDS**25C40030**

NATURE AND EXTENT OF SERVICES

The Vital Records Office collects, retains and disseminates vital events in paper and electronic form (birth, death, fetal death, abortion, marriage, divorce and adoptive records, etc.). The office especially maintains the state's vital record depository of vital event records, while officially registering, preserving, indexing, and tabulating the information from birth, death, marriage and divorce. The Vital Records office provides a variety of services and reports related to adoption, abortion, missing children, and paternity. The services are fee-based and as such totally cash funded. There are approximately 23 FTEs in the cost center.

Vital Records contains the following programs:

Administration - Two FTEs: The administration section including the Vital Records Administrator and Secretary provide administrative support, legal support and letter writing support. They provide internal customer and external data provider supply support, decision making support, and telephone support.

Registration/Training Coordinator - Eight FTEs: This section is responsible for monitoring the registration department and ensuring that records are approved (queried, or rejected as necessary for proper information) prior to issuance of certified copies. Also, responsibility lies in this section for the creation of new records such as adoptions and delayed birth records. In addition, it is responsible for correction or amendment of records already approved. It is also responsible for maintaining user tables, soliciting new external users of the electronic system and training of those users.

- Provide supervision over:
 - Father Registry;
 - Marriage and Amendments to Marriage Records;
 - Dissolution;
 - Heir Requests;
 - Delayed Birth Records;
 - Death Filing and Amendments (includes Fetal Death);
 - Adoptions and Access Filings; and
 - Amendments to Birth Records (including legitimations, acknowledgement of paternity, court ordered paternities)
- Develop data collection system for reports;
- Comprehend the needs of customers and advise them according to Statutes and regulations;
- Provide notary services;

- Work with law enforcement regarding birth certificate information;
- Work with the retention and disposition of records;
- Review and interpret court orders to determine actions to be taken;
- Recruit, schedule, and provide training for internal and external users of the ERS;
- Provide presentations to various groups, ex: county attorneys associations, funeral directors associations, county clerks associations;
- Create and write instructions for user manuals for electronic processing for the departments supervised, county clerks, funeral directors, physicians, and county attorneys;
- Monitor the EVVE (electronic verification of vital events) and update as necessary; and
- Research, analyze, and provide timely statistical data for SSA grant reporting.

Legal Training Support - One FTE: This area provides administrative support to staff in sensitive customer issues, deals with complex policy areas and seeks upper administrative or legal opinions. Under general supervisions drafts statute proposals, regulations, policies, procedures and revises vital records forms. Additionally, it develops and processes contracts and agreement with data and users and providers at the local, state and federal levels. This area also provides training and training materials to state, local and county vital record providers.

- Monitor and introduce legislation and regulations;
- Work with staff and public on legal issues of interpretation;
- Develop contracts on ERS;
- Member of Vital Records Helpdesk team;
- Train internal and external ERS II users;
- Liaison between Netsmart and Vital Record Vendor;
- Work with federal data requestors such as CPS, SSA, NCHS, etc.;
- Work with state data users SOS, Motor Vehicles;
- Test for ER system changes;
- Retention and Disposition Coordinator;
- Weekly Activity Report;
- Monthly Section Report for Deputy Director;
- Monitor and coordinate invoices;
- Monitor and maintain ERS II agreements;
- Fraud Officer;
- Security Coordinator;
- Work with law enforcement on directing them in obtaining vital records;
- Serve as project managers on new, revised projects; and
- Writer ERS II manual.

Customer/Technical Support - One FTE: This section is responsible for supporting and furthering the use of technology to achieve agency goals. Specific activities include:

- Coordinate Help Desk for users of the web-based Nebraska Vital Records EDRS System;
- Maintain database of users of Nebraska Vital Records EDRS System;
- Computer support for Vital Records Staff;
- Support Vital Records Internet Service for requesting birth certificates online;
- Rescan amended records and images that are in need of cleanup;
- Scan documents and maintain digital adoption access file archives;
- Maintain DHHS Vital Records web pages; and
- Create annual digital image backups of birth, death, marriage, dissolution records and coordinate with Records Management to produce microfilm backup.

Certification/Birth Registration - 11.1 FTEs: The Certification/Birth Registration unit is responsible for receiving incoming vital records request (birth, death, marriage and dissolution of marriage) and corresponding, distribution of documents and receipting funds received. This unit process requests for vital records received in person, through regional offices, over the phone and mail. They locate, print and certify and issue requested certificates. This unit additionally registers home and facility births and files acknowledgement of paternities.

- Open and process incoming correspondence and request for vital records;
- Distribute mail to internal units in office and return mail to customers;
- Certify and issue vital records requests;
- Enter requests into electronic system, account for funds received and search and print records and receipts;
- Process internet birth certificate requests;
- Process emergency telephonic vital records requests;
- Provide state and regulations interpretations to customer related to obtaining vital records;
- Process regional vital records request;
- Provide in-office counter customer service;
- Register in and out of hospital birth following the first year of birth;
- Register acknowledgement of paternity; and
- Missing children program .

COST STRUCTURE

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Office, Central Services and Supplies, Termination Benefits, the Division Director's Office, Deputy Director Health Licensure and Health Data, and other Operations cost

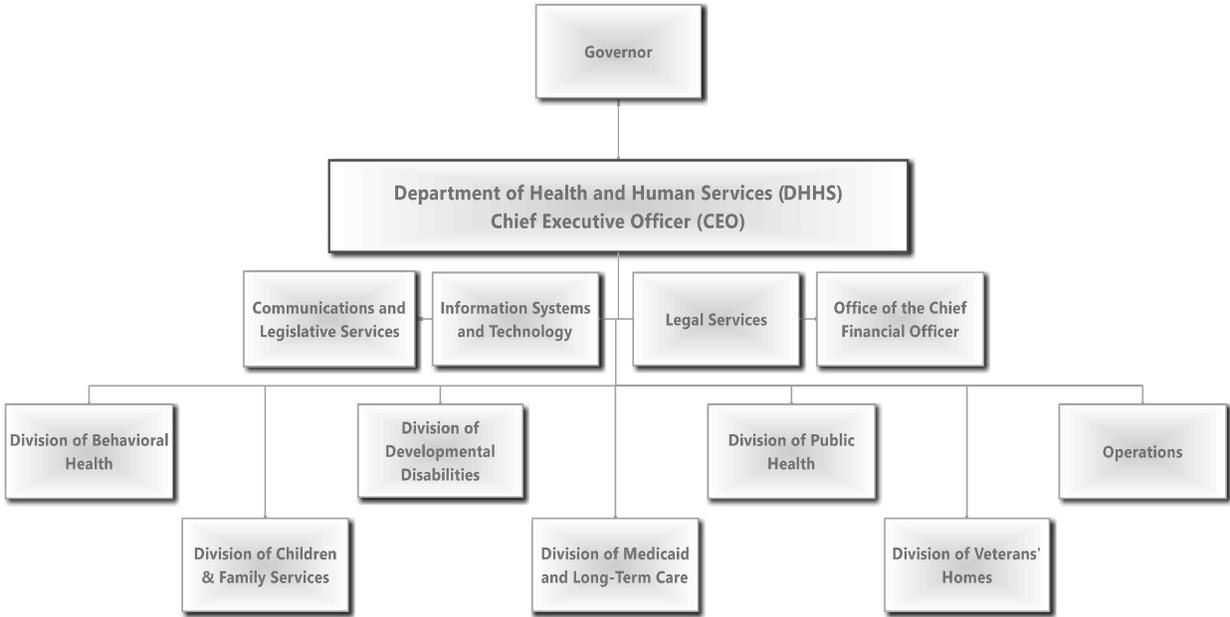


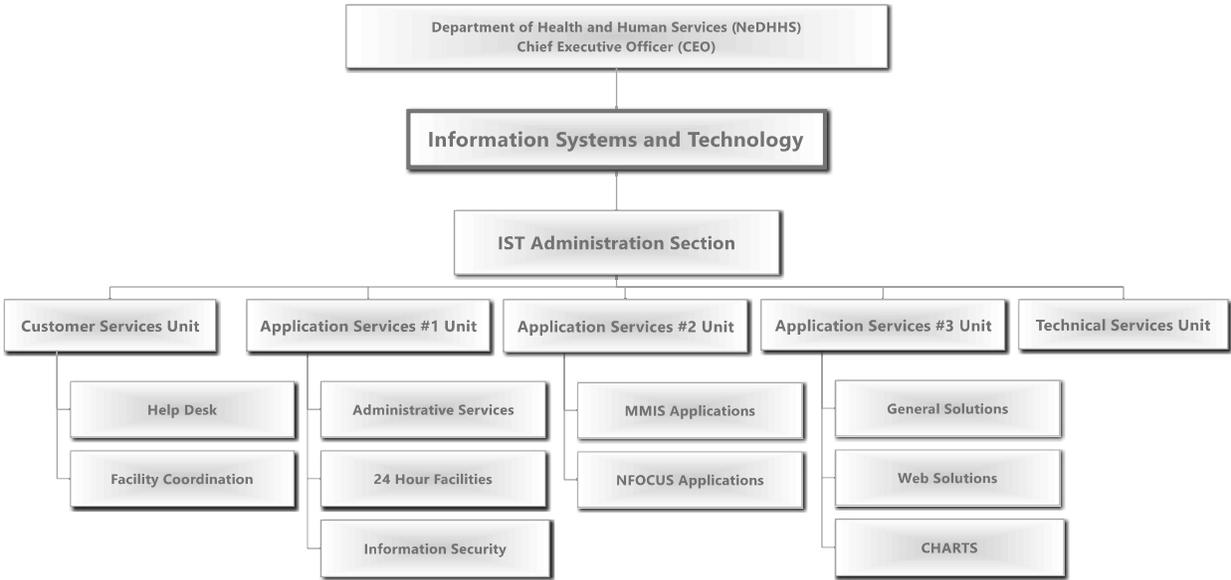
centers. The costs will then be allocated to the benefiting cost centers according to the allocation methodology for that cost center.

ALLOCATION METHODOLOGY

The direct and indirect costs allocated to the cost center will be used to evaluate the fee structure for the Vital Statistics activities.

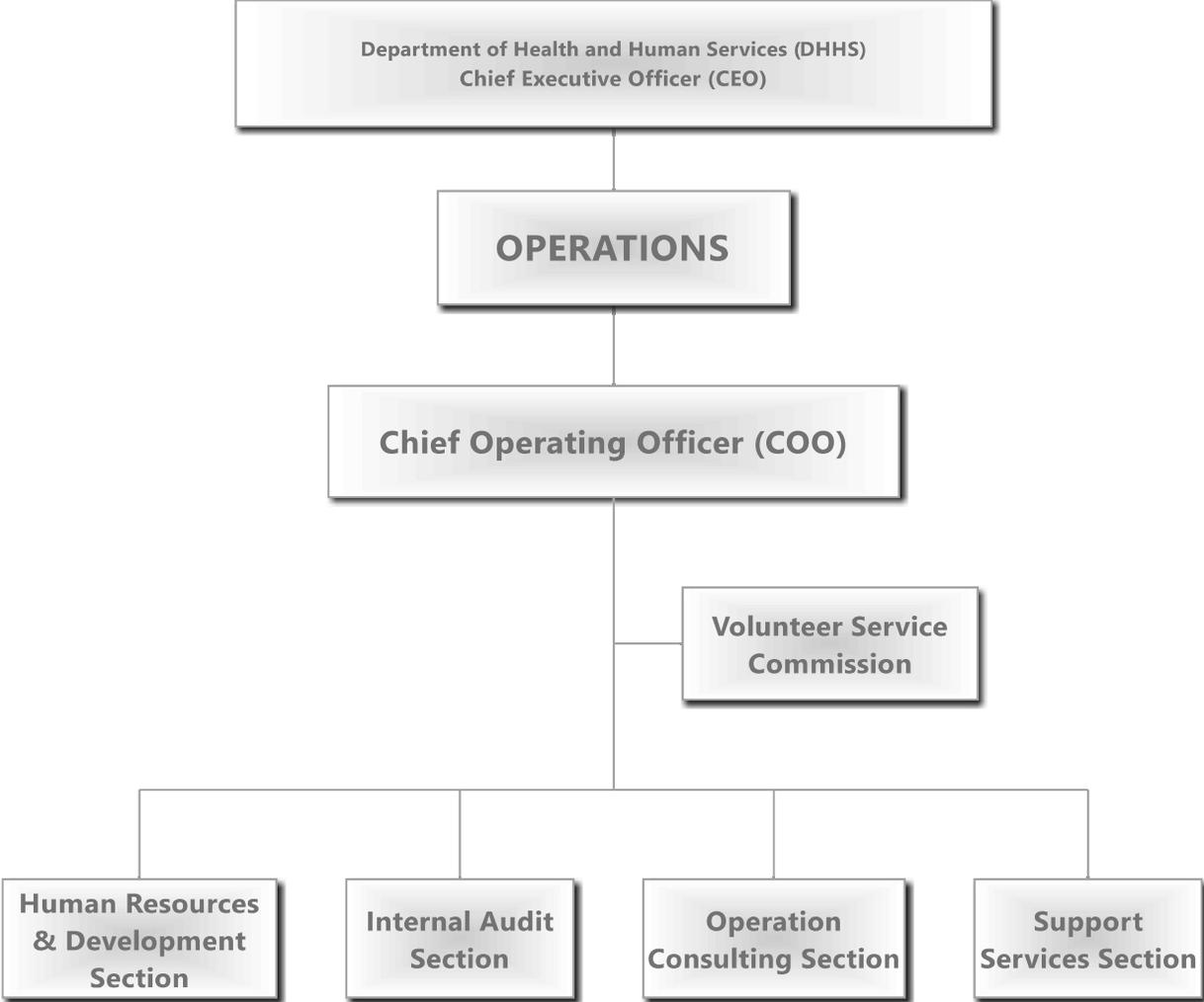
APPENDIX A – ORGANIZATIONAL CHARTS

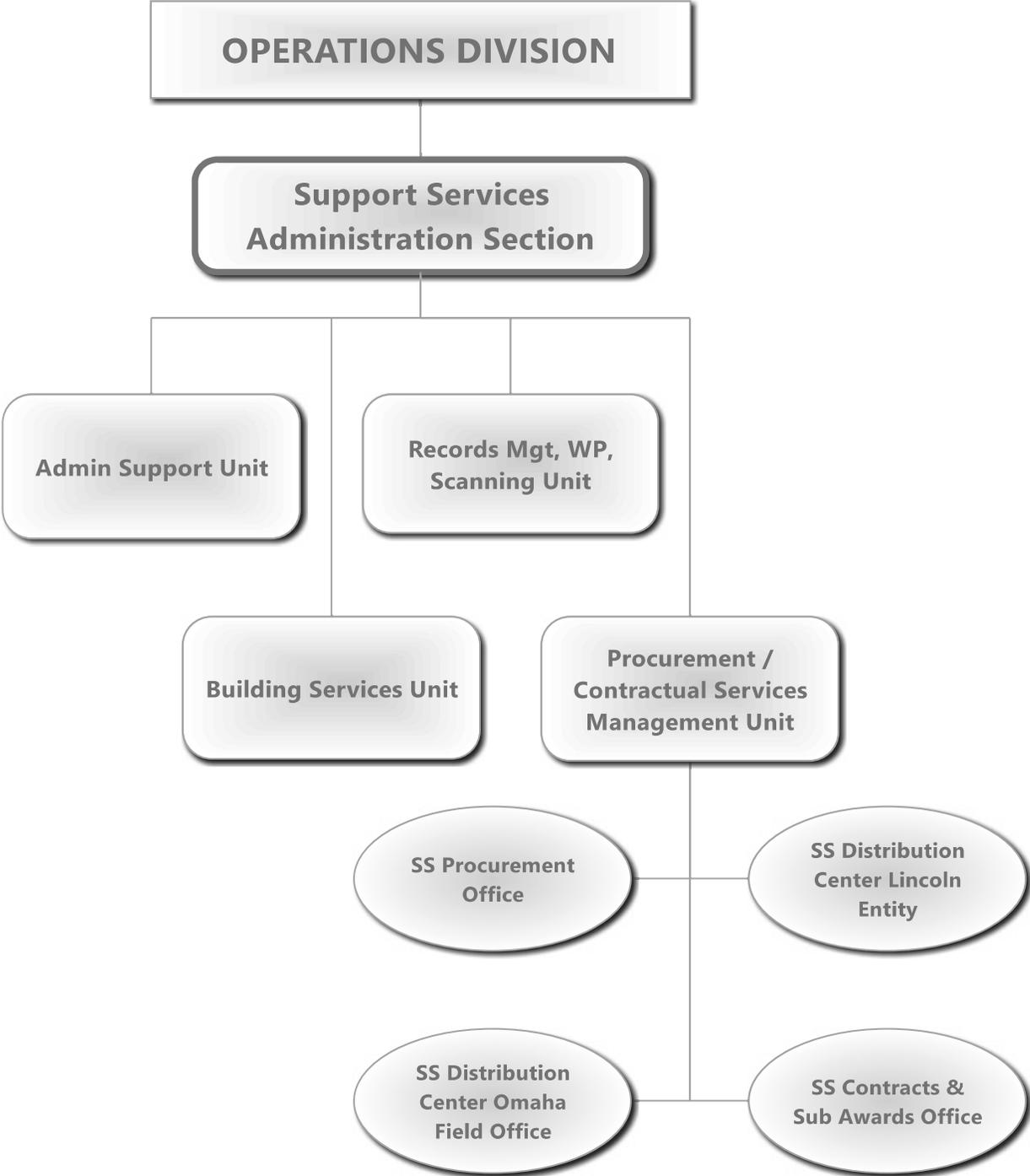


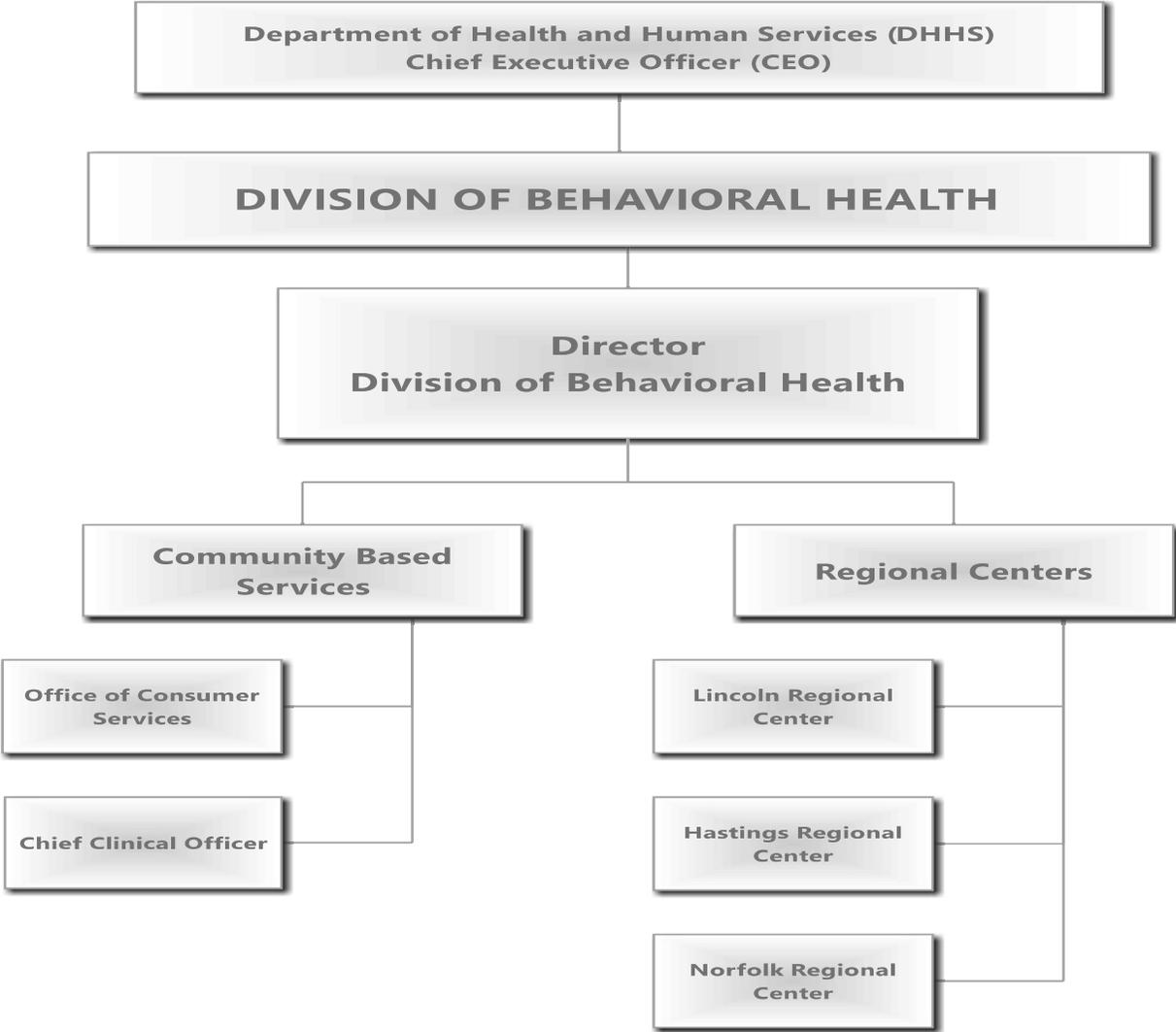


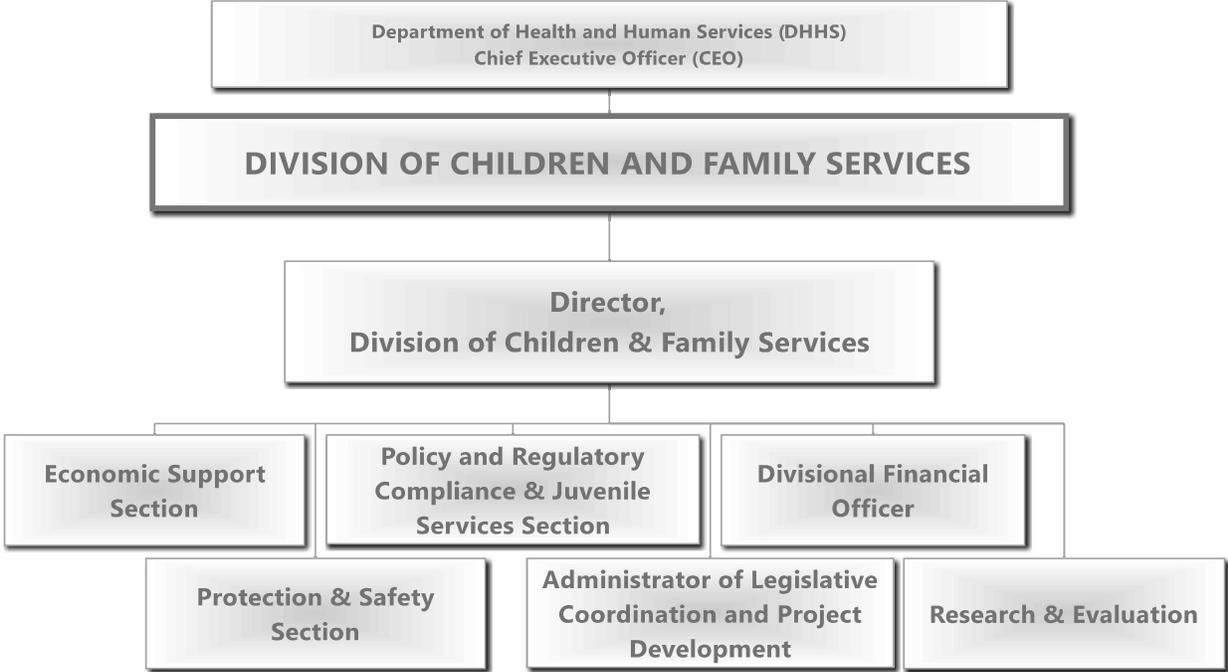


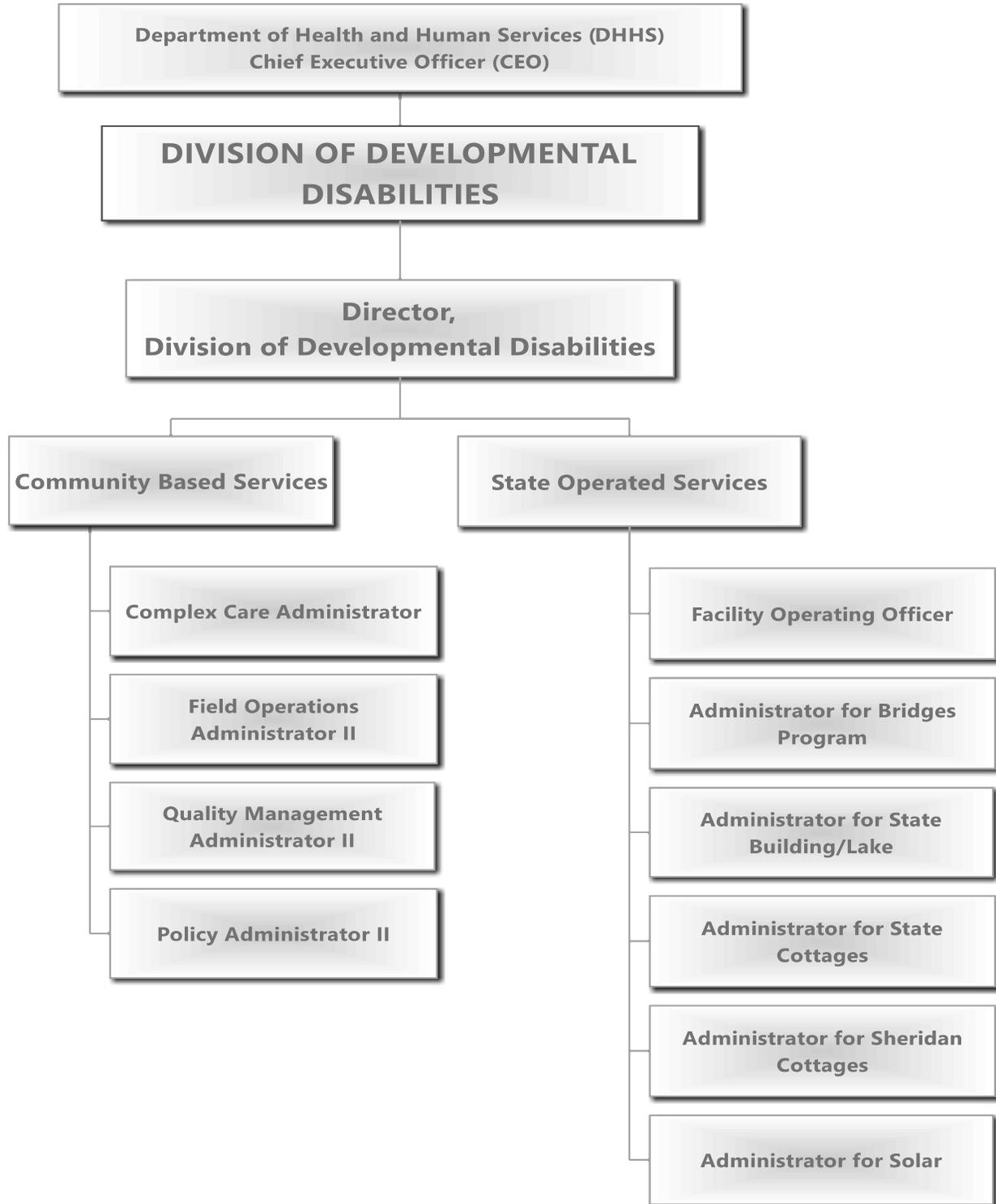


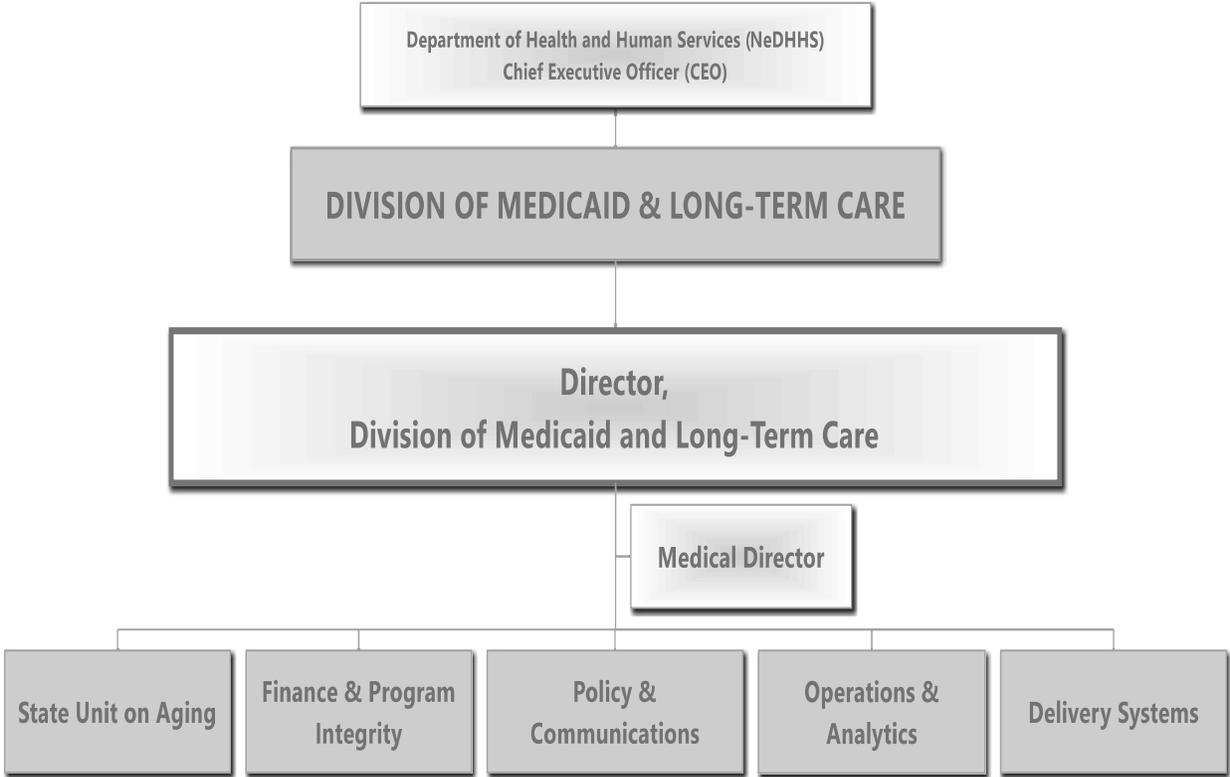


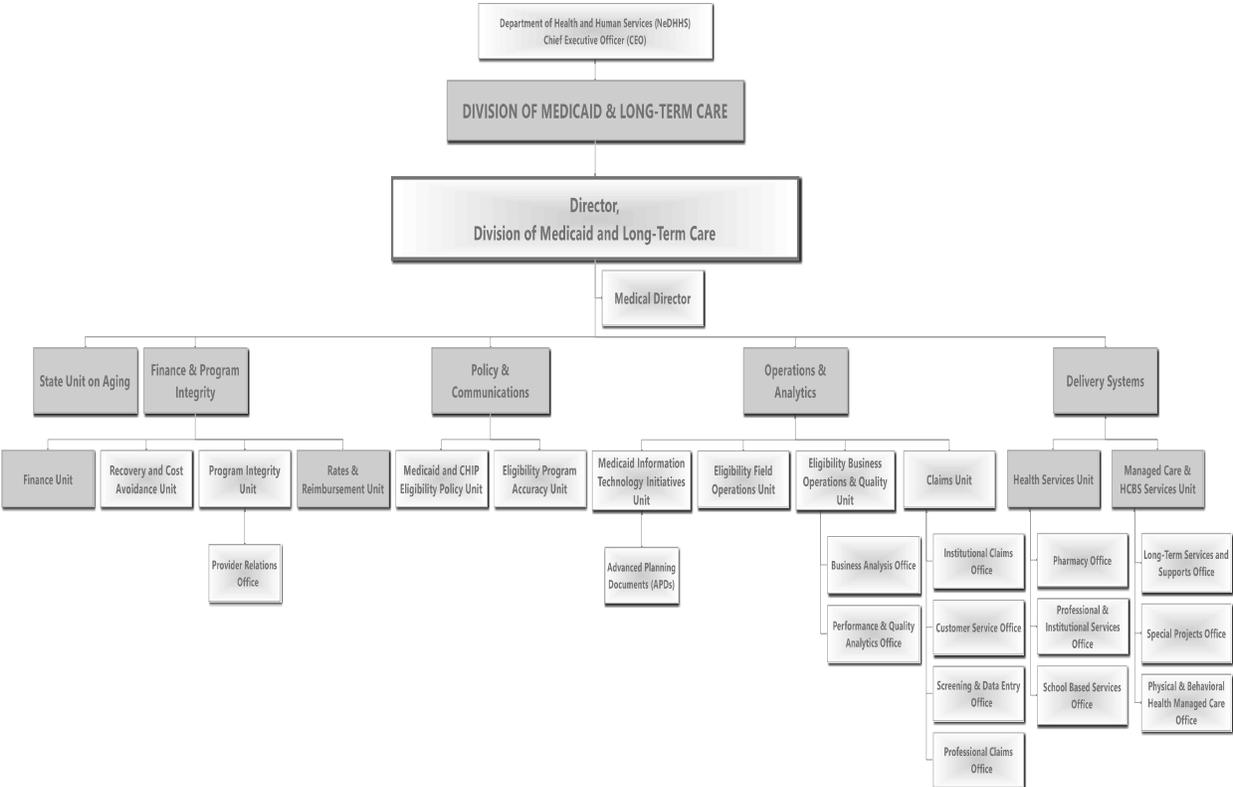


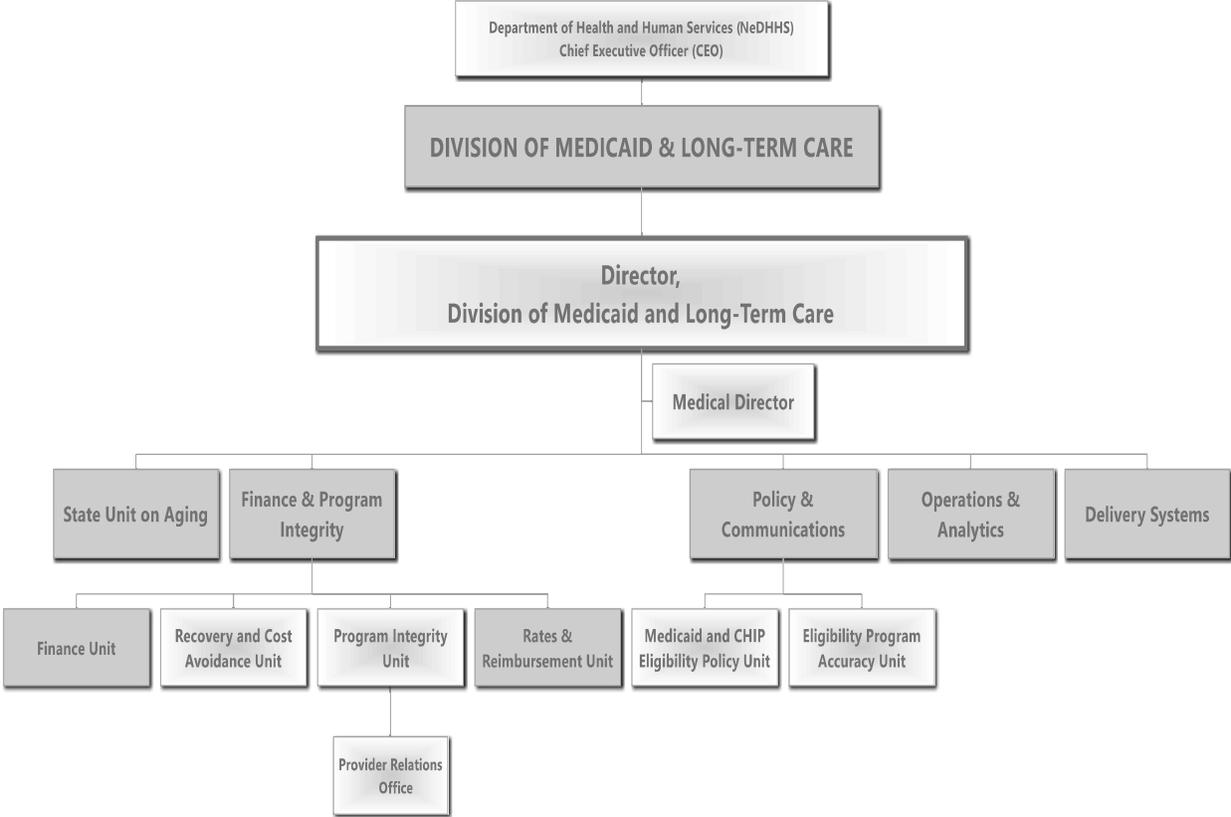


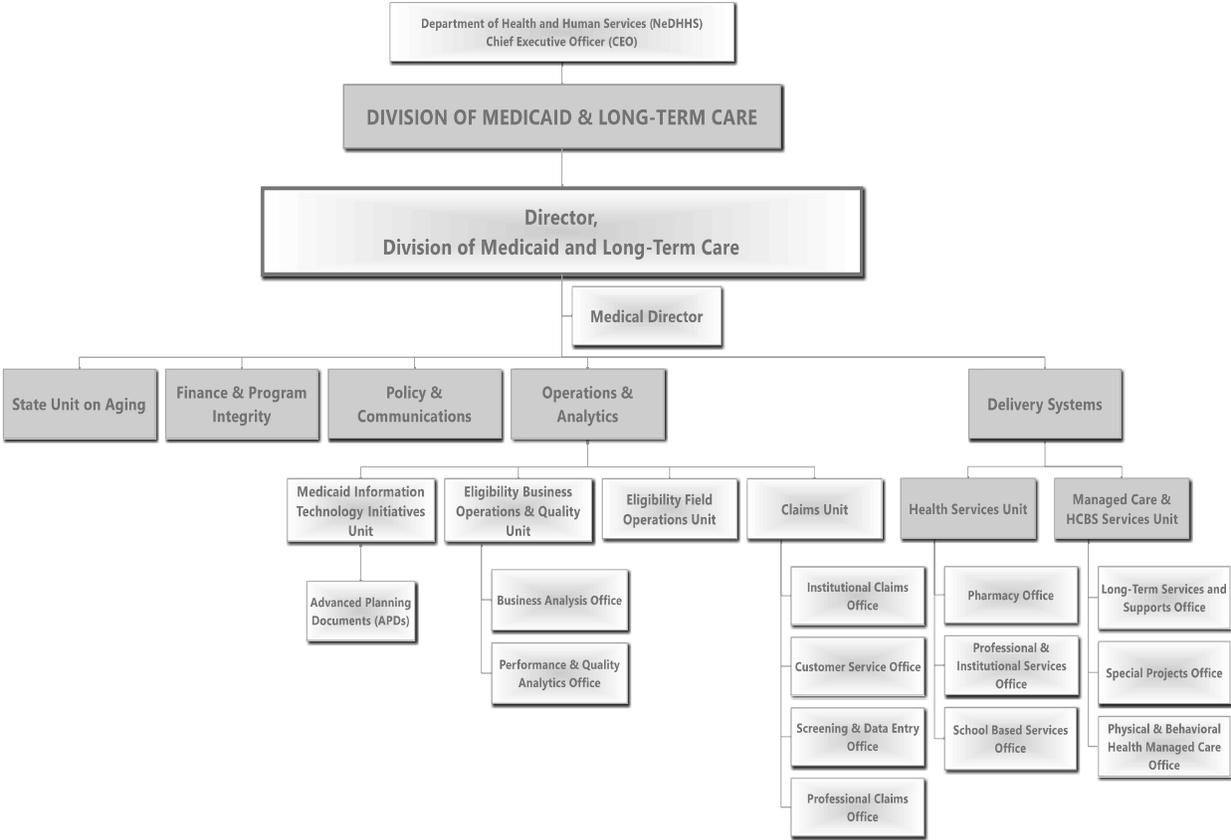


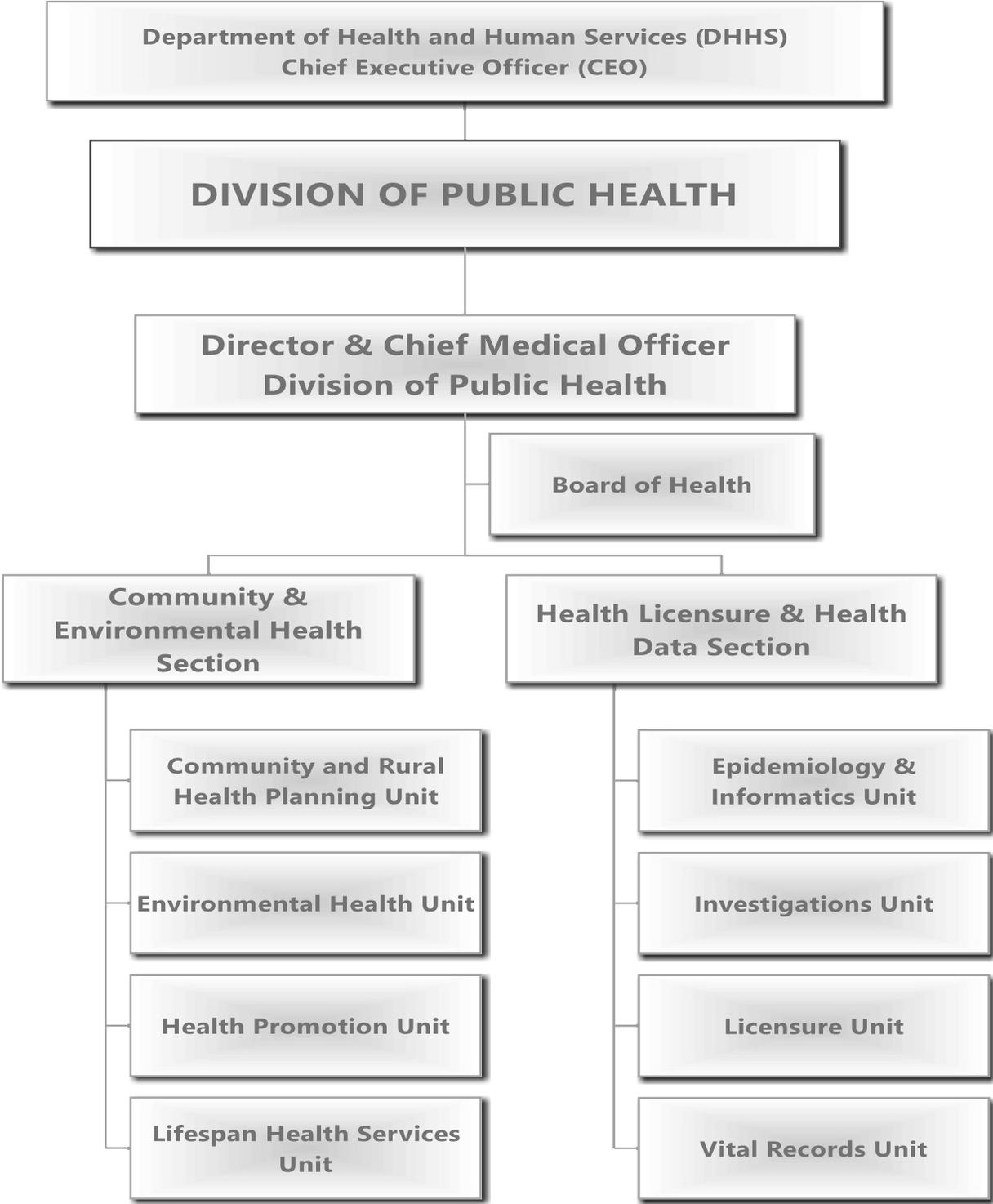












APPENDIX B – DEFINITIONS AND ACRONYMS

DEFINITIONS

<u>Item</u>	<u>Definition</u>
<i>Cost Allocation Plan</i>	A plan for identifying costs associated with programs. The plan describes the programs for which cost data is needed, the methodology for identifying program specific costs, and the techniques used to accumulate cost data.
<i>Cognizant Federal Agency</i>	The Federal agency that awards the preponderance of federal funds to a recipient. At DHHS, the cognizant federal agency is the U.S. Department of Health and Human Services. The cognizant federal agency is responsible for approving cost allocation plans and amendments to the plan.
<i>Full-Time Equivalent (FTE)</i>	A measurement the number of employees based on the cumulative time paid to employees. One FTE = 2,088 labor hours per year or 40 hours per week.
<i>Direct Costs</i>	A cost that can be directly assigned to a final cost objective.
<i>Overhead Costs</i>	Costs that benefit more than one cost objective but not all and are allocated based on some measurable statistic such as labor hours, FTEs, Square Footage, etc.
<i>Indirect Costs</i>	Costs that benefit all cost objectives of the agency. Those associated with discretionary grant programs are captured in an indirect cost pool and distributed to the programs that they benefit through an indirect cost rate.
<i>Labor Hours</i>	A count of hours from the DHHS Payroll records used to measure FTEs on a periodic basis. The hours are paid for hours worked and/or leave time used. Several labor hour counts are utilized in the PACAP for allocation purposes:

<i>Labor Hours (LH)</i>	For all DHHS FTEs including those located at the 24-hour facilities;
<i>Labor Hours 1 (LH¹)</i>	For DHHS FTEs including one-third of those located at the 24-hour facilities (total FTEs at each 24-hour facility divided by three to recognize the three shift environment);
<i>Labor Hours 2 (LH²)</i>	For DHHS FTEs excluding those at 24-hour facilities and Field Offices;
<i>Labor Hours 3 (LH³)</i>	For DHHS FTEs excluding those located at 24-hour facilities;
<i>Labor Hours 4 (LH⁴)</i>	For DHHS FTEs for Field Offices only;
<i>Random Moment Time Study (RMTS)</i>	A method for determining the profile of activities being performed by the workers being sampled. The method is based upon the laws of probability and statistical sampling techniques; and
<i>Time and Effort Reporting</i>	Time and Effort Reporting means employee reporting of the amount of time they expend on specific programs and activities. Reporting is accomplished by coding time to specific programs or activities on the employee's time card.

ACRONYMS

<u>Item</u>	<u>Definition</u>
<i>ADC</i>	Aid for Dependent Children
<i>APS</i>	Adult Protective Services
<i>CHIP</i>	Children's Health Insurance Program
<i>CEO</i>	Chief Executive Officer
<i>CFS</i>	Children and Family Services
<i>CFSS</i>	Children and Family Service Specialist (formerly Protection and Safety Workers)
<i>CHARTS</i>	Children Have a Right to Support (an automated child support system)
<i>CLS</i>	Communications and Legislative Services (a section of the CEO Office)
<i>CMS</i>	Centers for Medicare and Medicaid Services (US DHHS)
<i>COA</i>	Child Care and Other Assistance (an office of the CFS policy section)
<i>COO</i>	Chief Operating Officer
<i>CPS</i>	Child Protective Services
<i>CWS</i>	Child Welfare Services
<i>DEQ</i>	Department of Environmental Quality (Nebraska)
<i>DPFS</i>	Disabled Persons and Family Support
<i>DD</i>	Developmental Disabilities



<i>DHHS</i>	Department of Health and Human Services (Nebraska)
<i>EBT</i>	Electronic Benefit Transfers
<i>EF</i>	Employment First
<i>EMS</i>	Emergency Medical Services
<i>E1</i>	EnterpriseOne
<i>FFP</i>	Federal Financial Participation
<i>FS</i>	Financial Services (a section of the CEO Office)
<i>FTE</i>	Full Time Equivalent
<i>GA</i>	General Assistance
<i>HCBS</i>	Home and Community-Based Services
<i>HRD</i>	Human Resources and Development (a section of the CEO Office)
<i>ICC</i>	Issuance and Collections Center
<i>ICF/IID</i>	Intermediate Care Facility for the Individuals with Intellectual Disabilities
<i>IMS</i>	Information Management Services (the State Data Services)
<i>IST</i>	Information Systems and Technology (a section of the CEO Office)
<i>LAN</i>	Local Area Network
<i>LH</i>	Labor Hours



<i>LIHEAP</i>	Low Income Home Energy Assistance Program
<i>LS</i>	Legal and Regulatory Services (a section of the CEO Office)
<i>LTC</i>	Long Term Care
<i>MCH</i>	Maternal and Child Health
<i>MHCP</i>	Medically Handicapped Children's Program
<i>MMIS</i>	Medicaid Management Information System
<i>NCAP</i>	Nebraska Cost Allocation Program
<i>NFOCUS</i>	Nebraska Family On-line Client User System (an automated eligibility and payment system)
<i>OMB</i>	Office of Management and Budget
<i>ORR</i>	Office of Refugee Resettlement (US DHHS)
<i>PA</i>	Public Assistance (an office in the CFS Policy Section)
<i>PACAP</i>	Public Assistance Cost Allocation Plan
<i>RMTS</i>	Random Moment Time Study
<i>S&T</i>	SNAP and TANF (an office of the CFS Policy Section)
<i>FO</i>	Field Office
<i>SPMP</i>	Skilled Professional Medical Personnel
<i>SS</i>	Support Services (a section of the CEO Office)

<i>SNAP</i>	Supplemental Nutrition Assistance Program
<i>SSBG</i>	Social Services Block Grant
<i>SSW</i>	Social Service Worker
<i>SWCAP</i>	State-Wide Cost Allocation Plan
<i>TANF</i>	Temporary Assistance for Needy Families
<i>USDA</i>	United States Department of Agriculture
<i>VSC</i>	Volunteer Service Commission
<i>WAN</i>	Wide Area Network
<i>YRTC</i>	Youth Rehabilitation and Training Center



*APPENDIX C - RANDOM MOMENT TIME
STUDY*

APPENDIX C-1 - RANDOM MOMENT TIME STUDY METHODOLOGY

PURPOSE

The Nebraska Department of Health and Human Services (DHHS) Random Moment Time Studies (RMTS) are conducted on a continuing basis to provide data for the allocation of direct and indirect costs to various programs. The objective is to identify employee efforts directly related to the programs administered by DHHS. The RMTS is applied to related cost centers for Eligibility and Social Services and Child Welfare, Foster Care, Adoption and Protective Services using two separate forms; one for each of the two pools of workers that perform the activities.

OVERVIEW

Random Moment Sampling is based on the laws of probability, which, in essence, state that there is a high probability that a relatively small number of random observations will yield an accurate depiction of the overall characteristics of the population for which the sample was taken. An observation at a random moment is a sample of what is happening at a particular instant of time. The basic requirement in selecting a random sample is that every item in the universe be given an equal or known chance of being included in the sample. To ensure that this requirement is met, the sample must be truly random and must exclude human judgments and other influences or biases.

Therefore, Random Moment Sampling is a technique for estimating the actual distribution of the workers' effort to various programs by selecting a relatively small portion of the time worked. At random minutes during the day, one or more workers are observed and their specific activity or task at that particular moment in time is recorded. The RMTS is unique among time study techniques in that the participation of those being measured is minimal and relatively few responses offer adequate sample reliability.

ADMINISTRATION

The Random Moment Time Studies are managed in the Cost Accounting Office of the Nebraska Department of Health and Human Services. The RMTS Administrator is an employee of the



Division of Children and Family Services and is responsible for the distribution of the database access to workers and supervisors, updating missing worker profile data, training RMTS users, verification that all forms are submitted to the Completed Surveys database, review of the worker entries to validate consistent practice among participants, and running the RMTS statistical reports. Technical programming and program support is provided through the Nebraska Administrative Services Chief Information Officer (CIO). Technical support for workers using the RMTS is provided by the Health and Human Services System Help Desk that supports all DHHS computer applications.

CLASSIFICATION OF RESPONSE CODES

There are three classifications of responses to the RMTS:

1. Valid Response: A response received the day of the observation or within two business days following the day of the observation, where a program/activity code was selected will be included in the official count to allocate costs to specific cost centers.

2. Non-Strike Response: Any response received the day of the observation or within two business days following the day of the observation, where any of the following activity classifications were selected and no program/activity code was selected:
 - Meeting;
 - Filing, Typing, Telephone, Supervision;
 - General Training; and
 - Other

Also includes any responses received, where any of the following activity classifications were selected:

- Break/Lunch;
- Leave;
- Before or After Work Hours; and
- Position Vacant

Non-strike responses are not used to allocate costs but are included in determining if the sample size is adequate.

3. Non-Response: A response received the third business day following the day of the observation or after where the supervisor selects anything other than the following activity classifications:
- Break/Lunch;
 - Leave;
 - Before or After Work Hours; and
 - Position Vacant

Non-responses are not used to allocate costs or included in determining if the sample size is adequate. Quarterly reviews of the proportion of countable and non-countable responses to the non-responses will be conducted to ensure a dependable RMTS. Adjustments to the next quarter's sample size will be made if the number of actual non-responses in the prior quarter is higher than the estimate.

POPULATION DEFINED

The total population is defined as the worker minutes in a quarter. Included in the population is the time worked by Social Service Workers, Social Service Lead Workers, and Social Service Trainees (collectively referred to as SSW) and Children and Family Service Specialists and Children and Family Outcome Monitors (collectively referred to as CFSS) related to the delivery of program services. Supervisors are not included in the population. For sampling purposes, the populations are so large (for example, 300 workers subject to sampling X 63 work days per quarter X 600 minutes per day = 11,350,000) that it is not a significant factor in computing sample size and sample statistics.

SAMPLE SIZE REQUIRED

The formula that should be used to determine the sample size is:

$$n = \frac{p(1-p)}{\left(\frac{SE}{t}\right)^2}$$

- Where:
- n = sample size (to be increased by a sampling overload factor to accommodate non-responses)
 - p = maximum anticipated rate of occurrence of the activities being observed (anticipated distribution of effort -- historically this value has been approximately 36% for Medicaid)
 - S = desired sample precision (.02)
 - t = confidence level factor (1.96 for 95%)

Solving the equation yields:

$$n = \frac{.36 (1-.36)}{\left(\frac{.02}{1.96}\right)^2} = 2,213$$

Increase sample size for:

Flextime over sample factor:

- Standard workday (10 hours or 600 minutes) divided by regular workday (9 hours or 540 minutes) = 111.1%
- Sample Size increased to 2,459 (2,213 X 1.111)

Increases Standard over sample factor:

- Sample size increased to 2,706 (2,459 X 1.10) to account for estimated non-responses including worker transfers and terminations.

SAMPLE SELECTION AND DISSEMINATION

There are two RMTS samples, one for the SSW and one for the CFSS. Each RMTS will be drawn from all active staff subject to each RMTS on the 15th day of the month preceding the sample month (i.e. the RMTS for the month of July will be drawn from the June active employees for each RMTS). The RMTS program generates the random moments for the month from the population of the total number of eligible employees and total working minutes in each month. The observations generated are identified with the following information:

- Day - Standard work day during the year, official holidays excluded;
- Time - Any minute during the working day;
- Name - Employee name; and
- Location - Location of Employee

A master database of observations is generated for each sample. At the sample moment the RMTS program will deliver an instant message to the computer screen of the target employee. The instant message is followed within a few minutes by an e-mail in the DHHS electronic mail system. The worker opens the RMTS database where he/she has access to only his/her own current observations. An observation is current from the observation moment until the observation is submitted or 36 hours (excluding weekends and holidays) after the observation moment. The worker opens and completes the form and, by selecting "SUBMIT" on the



observation menu bar, electronically signs and delivers the observation data to the RMTS database.

Except for client or program specific travel, meetings or training where the worker is expected to be away from his/her workstation, program observations should be accomplished within 15 minutes of the sampled moment. Any observations that remain incomplete past the current period are moved off the workers access and the supervisor is notified by e-mail. The supervisor can make entries for leave or other reasons that the worker did not complete the observation. Past due observations should be completed by the supervisor within 24 hours after the current period. By selecting "SUBMIT" on the observation menu bar, the supervisor electronically signs and delivers the observation data to the RMTS database.

The RMTS Administrator will follow up with the supervisor within five business days if an observation remains incomplete for more than two days past the current period. The RMTS Administrator can make an entry for leave or another reason that the worker did not complete the observation. By selecting "SUBMIT" on the observation menu bar the RMTS Administrator electronically signs and delivers the observation data to the RMTS database. Although the Administrator can submit the form it is preferable to have the supervisor complete the observation and make the submission. Before final statistics are processed at the end of the quarter every observation should be submitted.

STATISTICAL RELIABILITY

As stated in Appendix C of the United States Department of Health and Human Services - Office of Procurement, Assistance, and Logistics guidelines, entitled "A Guide for State and Local Government Public Assistance Agencies/Departments: Procedures for the Preparation and Submission of Cost Allocation Plans," dated November, 1981: "the precision (sometimes referred to as 'allowable error') is $\pm 2\%$ at the 95% confidence level for each activity whose frequency occurs 5 or more percent of the time. For each activity whose frequency occurs less than 5 percent of the time, the precision can be up to $\pm 5\%$ at a 95% confidence level".

Computation of the standard error of proportion (SEi) resulting from a sample is important. This allows sample size modification within the quarter under review if the preliminary sample results are not within acceptable precision limits. Additionally, computation of the estimates (Pi) of worker time devoted to each program is also important. These values can be derived using the following formulas:



$$P_i = \frac{P}{n}$$

And

$$SE_i \% = \pm t \sqrt{\frac{P_i(1-P_i)}{n}} \times 100$$

- Where:
- P_i = Proportion of responses for the i^{th} program
 - P = Actual rate of occurrence observed
 - n = Sample size (total number of worker-minute observations) for the time frame for the population
 - SE_i = Standard error or actual sample precision
 - t = Confidence level factor (1.96 for 95%)

To compute the estimate of the proportion of response for the i^{th} program use:

$$P_i = \frac{P}{n}$$

To compute the standard error for the estimate of the proportion of responses for the i^{th} program use:

$$SE_i = \pm t \sqrt{\frac{P_i (1-P_i)}{n}}$$

To illustrate this procedure, assume that the SNAP had 360 observations (P) last quarter from a total of 2,434 samples (n), then:

$$P_i = \frac{360}{2,434} = 14.8\%$$

and

$$SE_i = \pm 1.96 \sqrt{\frac{.148 (1-.148)}{2,434}} = 1.4\%$$

Therefore, it is possible to say at the 95% confidence level that if the entire universe or population was observed, the actual rate of occurrence for the SNAP would fall between 13.4% and 16.2% ($14.8\% \pm 1.4\%$). Further, the sample precision (SE) of 1.4% is within the statistical reliability desired of $\pm 2\%$ at the 95% confidence level.

The sample size can only be modified when preliminary sample results are not within the acceptable precision limits. Once sample pools are selected, the samples are all processed.

OBSERVATION FORM AND INSTRUCTIONS

Appendix C-2 of this plan contains a copy of the RMTS Observation Form and related explanations that are used to identify worker activities. The form identifies the programs and activities that the SSW or CFSS could encounter. The explanations relate to the observation form selections that can be referenced by the workers as they complete the form. Appendix C-3 of this plan contains a copy of the RMTS Observation Instructions for the workers. The instructions define the observation process and should be followed by the workers in completing the observation form. Each worker should be trained in the completion of the observation form and to the importance of providing accurate and timely responses.

OBSERVATION VALIDATION

To validate the sample results, 10% of the required amount of surveys for each pool (SSW and CFSS) will be validated by the worker's supervisor in person, by telephone or by e-mail. When the sample is selected, every 10th observation will be selected for the validation process. This selection will not be evident to the worker or the supervisor until after the worker completes his or her observation. As soon as the worker submits the observation, two notifications will be sent, one to the worker and one to the worker's supervisor. The worker's notification will inform them that the observation is part of the validation sample and that their supervisor may contact him/her to confirm the activity and selections on the form. The notification will suggest that the worker might make note of the activity in process at the time of the observation for the supervisor to use. Although they will not be able to change anything else, there will be an opportunity to add this narrative to the observation. A notification will be sent to the supervisor with a link to the validation observation. The supervisor's notice will include direction to obtain information from the worker regarding the activity at the time of the observation and to validate or update the worker's selection. If an update is needed the supervisor will confer with the worker on proper activity and program selection. This process will result in just-in-time training opportunity for random moment time studies. Each supervisor should be trained in the completion of the observation form, validation process and the importance of accurate and timely validation responses.

SAMPLE PROCESS CONTROLS



The observation forms are subject to several edits when it is completed and before the data can be submitted to RMTS database (Examples: If item 1 is selected in Section A then at least one observation is required in Section B; If item 10 is selected in Section A then a remark must be added in section C). The electronic signature is attached based on the password controlled DHHS electronic RMTS program. A current form can only be opened and submitted from within that workers password protected RMTS form. After the current period, the observation form can only be opened and submitted by a supervisor. Observations submitted by a supervisor will include the electronic signature of the supervisor that submits the observation based on the password protected DHHS electronic RMTS program. The RMTS Administrator has overall access to the system. Observations submitted by an Administrator will include the Administrator's electronic signature based on the password protected DHHS electronic RMTS program. The RMTS Administrator reviews submitted observations to make certain that each observation was appropriately completed. If any discrepancies exist, the RMTS Administrator will work with the worker and/or supervisor to resolve the problem. Administrator originated corrections made to the observation will be noted in the Remarks area in Section C.

At the end of each fiscal quarter, the RMTS program calculates the percentages of valid responses for each program/activity listed in Section B of the RMTS observation forms. Each observation form that identifies programs/activities in Section B will be counted as one observation. If multiple programs/activities are selected, because the activity at observation was common to more than one program, the observation will be divided equally among the items selected. The ratios will be entered in the DHHS Cost Allocation Process to allocate the total costs of the respective cost centers to the specific programs.

APPENDIX C-1 - RANDOM MOMENT TIME STUDY METHODOLOGY

PROGRAM/ACTIVITY CODE FUNDING MATRIX

The table below illustrates which cost objective is effected based on the program/activity code selected:

Program Code	Cost Center	
1 _____ (left blank)		
2 Employment First Case Management	25C43180	TANF
3 SNAP	25C43220	SNAP (50%)
4 Medicaid	25C44160	Medicaid 50%
5 _____ (left blank)		
6 LIHEAP - Low Income Home Energy Assistance	25C43040	Low Income Energy Assistance
7 Refugee Cash and Medical Assistance	25C43020	Refugee Program
8 _____ (left blank)		
9 Non-Court	25C43160	Child Welfare Services
10 _____ (left blank)		
11 State Disability	25C41200	COA-Miscellaneous State Programs
12 County Medical or General Assistance	25C41200	COA-Miscellaneous State Programs
13 Child Care Subsidy	25C43080	Child Care and Development
14 _____ (left blank)		
15 Foster Care (IV-E Case)	25C43140	Foster Care (Title IV-E) 50%
16 Foster Care (Not IV-E Case)	25C43160	Child Welfare Services
17 Adoptions (IV-E Case)	25C43100	Adoption Assistance 50%
18 Adoptions (Not IV-E Case)	25C43160	Child Welfare Services
19 Guardianship Assistance (IV-E Case)	25C43150	Guardianship Assistance
20 Guardianship Assistance (Not IV-E Case)	25C43160	Child Welfare Services
21 _____ (left blank)		
22 Child Protection Initial Assessment*	25C43140	Foster Care (Title IV-E) 50%
	25C43160	Child Welfare Services
23 Abuse and Neglect Hotline	25C43160	Child Welfare Services
24 _____ (left blank)		
25 _____ (left blank)		
26 _____ (left blank)		
27 APS Investigations	25C43240	SSBG
28 _____ (left blank)		
29 Family First Preventative Services	25C43140	Foster Care (Title IV-E) 50%



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30	Social Services for Aged and Disabled	25C43240	SSBG
31	Social Services for Children and Families	25C43240	SSBG
32	Bridge to Independence (IV-E)	25C43105	Bridge to Independence
33	Bridge to Independence (Not IV-E)	25C43160	Child Welfare Services
34	Alternative Response (AR)	25C21820	FC Alternative Response
35	ADC - Aid to Dependent Children	25C43180	TANF
36	AABD - Assistance to the Aged, Blind, Disabled	25C41200	COA-Miscellaneous State Programs
37	Trial Home Visit	25C43160	Child Welfare Services
<i>* - Selections are allocated to Foster Care Program Title IV-E and Child Welfare Services</i>			

APPENDIX C-2 - RMTS OBSERVATION FORM AND EXPLANATIONS

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Random Moment Time Survey

NEBRASKA
Good Life. Great Futures.
DEPT. OF HEALTH AND HUMAN SERVICES

Random Moment Time Study
Observation Form
Logout

07/02/2018 07:26 AM

Close Sign Report Submit Return

Section A - RMTS Activity Classification *Check One*

<input checked="" type="radio"/> 1. Case Work <input type="text" value="322841"/>	<input type="radio"/> 6. Break/Lunch
<input type="radio"/> 2. Meeting	<input type="radio"/> 7. Leave
<input type="radio"/> 4. Program Training	<input type="radio"/> 8. Before or After Work Hours
<input type="radio"/> 3. General Training	<input type="radio"/> 9. Position Vacant
	<input type="radio"/> 10. Other (explain in remarks)

Section B - Programs *Check all programs that apply*

Child/Family Services Specialist

- 9. Non-Court
- 15. Foster Care (IV-E Case)
- 16. Foster Care (Not IV-E Case)
- 17. Adoptions (IV-E Case)
- 18. Adoptions (Not IV-E Case)
- 19. Guardianship Assistance (IV-E Case)
- 20. Guardianship Assistance (Not IV-E Case)
- 22. Child Protection Initial Assessment
- 23. Abuse and Neglect Hotline
- 27. APC Investigations
- 22. Bridge to Independence (IV-E Case)
- 23. Bridge to Independence (NOT IV-E Case)
- 24. Alternative Response (AR)
- 27. Ther Home Visit

Section C-Remarks and Signature

Remarks:

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Random Moment Time Survey



Random Moment Time Study
Observation Form

FREHOHT
07/02/2018 07:38 AM

Logout

Close Save Reset Submit Review

Section A - RMTS Activity Classification - Check One

1. Case Work
 2. Meeting
 4. Program Training
 5. General Training
 5. Break/Lunch
 7. Leave
 8. Before or After Work Hours
 9. Position Vacant
 10. Other (explain in remarks)

Section B - Programs - Check all programs that apply.

Social Service Worker

25. ADC - Aid to Dependent Children
 2. Employment First Case Management
 3. SNAP - Supplemental Nutrition Assistance Program
 4. Medicaid
 6. LIHEAP - Low Income Home Energy Assistance
 7. Refugee Cash and Medical Assistance
 16. ARBD - Assistance to the Aged, Blind or Disabled
 11. State Disability
 12. County Medical or General Assistance
 13. Child Care Subsidy
 10. Social Services for Aged and Disabled
 11. Social Services for Children and Families
 15. Foster Care (IV-E Case)
 16. Foster Care (not IV-E Case)
 17. Adoptions (IV-E Case)
 18. Adoptions (not IV-E Case)
 19. Guardianship Assistance (IV-E Case)
 20. Guardianship Assistance (not IV-E Case)
 22. Bridge to Independence (IV-E Case)
 23. Bridge to Independence (NOT IV-E Case)

Section C - Remarks and Signature

Remarks:

[The electronic signature block will have either the Worker or Supervisor, dependent upon who submits the observation form. The Validation electronic signature will only be completed for observations selected for the validation sample. The Administrative Review electronic signature will be included on all completed observations. Electronic signatures are determined from the RMTS access identification of the person completing the action.]

RMTS EXPLANATIONS

SECTION A - RMTS ACTIVITY CLASSIFICATION

Select only one item from **Section A**

1. **Case Work** - Select this item if you were working on a specific case at the observation time. If you select this item you will be asked to enter the NFOCUS master case number. If there is not an NFOCUS master case, use any other number or description that can be used to identify the case. If the paper and/or the electronic case narrative is open, insert a notation in the narrative that includes the date and time on the "RMTS Observation" form. Complete **Section B** to identify the specific program(s) involved with the case work at the observation time.
2. **Meeting** - Select this item if you were in a meeting that is not related to a specific case. If the meeting was with or about a specific case, select "ITEM 1 - CASE WORK". If the meeting involved specific program(s), then complete **Section B**. If the meeting was not related to specific program(s) mark this item and skip to **Section C** to complete the form.
3. *Left Blank for Future Use.*
4. **Program Training** - Select this item if you were in a training program at the observation time and the training related to specific program(s). Complete **Section B** to identify the specific program(s) involved with the training at the observation time.
5. **General Training** - Select this item if you were in training at the observation time and the training related to general administrative activities of the agency or office. This would include general systems training but not systems training for specific programs. Mark this item and skip to **Section C** to complete the form. This item can be completed by the supervisor if the observation is forwarded for supervisor completion after the worker response time.
6. **Break/Lunch** - Select this item if the observation time occurred while you were away from regular work duties for scheduled work break or lunch break. Mark this item and skip to **Section C** to complete the form.
7. **Leave** - Select this item if the observation time occurred while you were away from regular work activities for approved leave or leave of absence. Mark this item and skip to **Section C** to complete the form.
8. **Before or After Work Hours** - Select this item if the observation time occurred before or after your time worked. To fall within the most usual window of work schedules, observation times fall between 7:30 a.m. and 5:30 p.m. Therefore, it is likely that some

observation times will be selected that do not fall within an individual worker's hours worked. Mark this item and skip to **Section C** to complete the form.

9. **Position Vacant** - This item will be available for the supervisor to select if the person that is identified for observation is no longer employed. The supervisor selects this item and skips to **Section C** to complete the form.
10. **Other** - Select this item if your activity at the observation time is not identified by activity codes 1 to 9. If this item is selected an entry must be made in the "Remarks" box in **Section C**. This item can be used by either the worker or the supervisor as needed. If the activity relates to specific programs complete **Section B**. If the activity does not relate to specific program(s) skip to **Section C**, enter an activity description in the "Remarks" area, and submit the form. This item can be selected by the supervisor if the observation is forwarded for supervisor completion after the worker response time. If the supervisor is not aware of a reason that the worker did not complete the observation, the remark should note supervisor follow-up with the worker.

SECTION B - PROGRAM CODES

Select **all codes that apply** to the program related activity completed at the time of the observation.

Economic Assistance codes relate to economic assistance for individuals and families. Protection and Safety codes relate to foster care, adoptions, child and adult protection, case management and assistance services.

1. *Left Blank for Future Use.*
2. **Employment First Case Management** - Select this code if the activity completed at the observation time related to Employment First (EF) case management. Program components include EF orientation, individual and family screening and assessment, self-sufficiency contract development, authorization and issuing support services, job retention services, case management services, entering and updating data on NFOCUS and all associated paper work.
3. **SNAP** - Select this code if the activity completed at the time of the observation is related to SNAP.
4. **Medicaid** - Select this code if the activity completed at the observation time is related to a Medicaid program.
5. *Left Blank for Future Use.*
6. **LIHEAP Low Income Home Energy Assistance** - Select this code if the activity completed at the observation time is related to the Low Income Energy Assistance Program (LIHEAP).



7. **Refugee Resettlement** - Select this code if the activity relates to Refugee Resettlement programs. The programs provide cash assistance and medical services for individuals with an immigration status of refugee during the first eight months in the United States.
8. *Left Blank for Future Use.*
9. **Non-Court** - Select this code if the activity completed at the time of the observation related to a child who is not in the custody of the DHHS, and is involved in a non-court, voluntary ongoing case.
10. *Left Blank for Future Use.*
11. **State Disability** - Select this code if the activity relates to either or both state disability cash or medical assistance.
12. **County Medical or General Assistance** - Select this code if the activity completed at the time of the observation related to a County General Assistance program.
13. **Child Care** - Select this code if the activity completed at the time of the observation related to the Child Care Subsidy Program.
14. *Left Blank for Future Use.*
15. **Foster Care (IV-E Case)** - Select this code if the activity completed at the time of the observation related to a child in an out of home foster care placement that is eligible for assistance provided through IV-E.
16. **Foster Care (Not IV-E Case)** - Select this code if the activity completed at the time of the observation related to a child in an out of home foster care placement that is not eligible for assistance provided through IV-E.
17. **Adoptions (IV-E Case)** - Select this code if the activity completed at the time of the observation related to a finalized adoption of a child that is eligible for assistance provided through IV-E.
18. **Adoptions (Not IV-E Case)** - Select this code if the activity completed at the time of the observation related to adoption of a child that is not eligible for assistance provided through IV-E.
19. **Guardianship Assistance (IV-E Case)** - Select this code if the activity completed at the time of the observation related to a finalized guardianship of a child that is eligible for assistance provided through IV-E.
20. **Guardianship Assistance (Not IV-E Case)** - Select this code if the activity completed at the time of the observation related to a finalized guardianship of a child that is not eligible for assistance provided through IV-E.
21. *Left Blank for Future Use.*
22. **Child Protection Initial Assessment** - Select this code if the activity completed at the time of the observation related to gathering information to assess the child and family that

will be used for a care plan, including development of a child safety plan that prevents removing a child from the home or to arrange alternative placement. This selection is limited to cases when the worker has reasonably determined that the child is a candidate for foster care, which will be documented in the resulting case plan.

- 23. Abuse and Neglect Hotline** - Select this code if the activity completed at the time of the observation related to a reported/suspected case of child neglect or abuse during the initial intake process and when working with law enforcement, while the officer investigates to determine if child abuse or neglect occurred or was occurring.
- 24.** *Left Blank for Future Use.*
- 25.** *Left Blank for Future Use.*
- 26.** *Left Blank for Future Use.*
- 27. APS Investigations** - Select this code if the activity completed at the observation time related to the investigation of a suspected case or reported allegation of adult neglect or abuse.
- 28.** *Left Blank for Future Use.*
- 29. Family First Preventive Services Act** – Select this code if the activity completed at the time of the observation related to FFPSA.
- 30. Social Services for Aged and Disabled** - Select this code if the activity completed at the time of the observation related to the Social Services for the Aged and Disabled program, including the service needs assessment.
- 31. Social Services for Children and Families** - Select this code if the activity completed at the time of the observation related to the Social Services for Children and Families program.
- 32. Bridge to Independence (IV-E)** - Select this code if the activity completed at the time of the observation related to a Bridge to Independence individuals who is eligible for assistance provided through IV-E.
- 33. Bridge to Independence (Not IV-E)** - Select this code if the activity completed at the time of the observation related to a Bridge to Independence individuals who is not eligible for assistance provided through IV-E.
- 34. Alternative Response** - Select this code if the activity completed at the time of the observation related to a child involved in an alternative response family assessment or ongoing voluntary alternative response case.
- 35. Aid to Dependent Children** - Select this code if the activity completed at the observation time related to any ADC program activities other than the Employment First program. This includes the Emergency Assistance program.

- 36. Assistance to the Aged, Blind, and Disabled** - Select this code only if the activity completed at the time of the observation related to the AABD Grant.
- 37. Trial Home Visit** - Select this code if the activity completed at the time of the observation related to a child placed in the home of the legal parent following an out of home placement, whom is still in the custody of the DHHS.

SECTION C - REMARKS AND SIGNATURE

- Remarks:** Enter any comments pertinent to the observation responses recorded in **Section A** and **B**. Remarks are required if “Item 10” is selected in **Section A**.
- Signature:** By selecting the “SUBMIT” key on the menu bar, you electronically sign the RMTS observation just as if you placed your personal signature on a paper copy of an observation form. If the observation is submitted by the worker, it will include the worker's electronic signature. If the observation is submitted by a supervisor, it will include the supervisor's electronic signature. If the observation is submitted by the RMTS Administrator, it will include the administrator's electronic signature in lieu of the supervisor.

APPENDIX C-3 - RMTS OBSERVATION INSTRUCTIONS

INSTRUCTIONS FOR THE WORKER

- RMTS interfaces with E1 to select a sample;
- Instant Message is sent to the worker notifying them of the time of the sample;
- RMTS notifies worker via e-mail;
- Worker opens observation form, makes selections, and submits with electronic signature;
- Validation; and
- Administrative Review

RMTS interfaces with E1 to select a sample

Prior to the end of the current month, RMTS selects a random sample of employees to be observed in the following month. The sample is selected from a list of the following eight employee positions that are paid out of cost centers FO Child Protection and Safety Services and FO Social Services Casework.

- Child and Family Services Specialist;
- Child and Family Services Specialist Trainee;
- Child and Family Outcome Monitor;
- Social Services Lead worker;
- Social Services Worker;
- Social Services Trainee; and
- Income Maintenance Foster Care Worker

Each of these positions are further described below:

CHILD AND FAMILY SERVICES SPECIALIST: Under general supervision, assesses and insures child, youth and vulnerable adult safety, permanency and well-being while making reasonable efforts to solidify, preserve, strengthen and maintain family unity through direct case management. Provides direct services and maintains caseloads involving abuse and neglect, foster care, protective services, status offenders or other cases of a similar nature; performs related work as assigned.



CHILD AND FAMILY SERVICES SPECIALIST TRAINEE: Under immediate supervision, serves in the capacity of a learner in assessing and insuring child, youth and vulnerable adult safety, permanency and well-being while attending required in service training. This training prepares new caseworkers for work with the Department of Health and Human Services, Division of Children and Family Services children and family customers through the development of competencies essential to effective job performance; performs related work as assigned.

CHILD AND FAMILY OUTCOME MONITOR: Under general supervision, conducts case management compliance of contracted providers and monitors outcomes for assigned family cases; reviews and approves documents and reports submitted by contracted provider case management staff to ensure youth and community safety is maintained.

SOCIAL SERVICES LEAD WORKER: Under general supervision in an Economic Assistance Customer Service Center or Local Office Environment, leads a group of Social Services Workers and Trainees by coaching, mentoring, instructing, monitoring, coordinating, assigning cases and guiding work; processes and determines eligibility for complex customer Economic Assistance Services; performs related work as assigned.

SOCIAL SERVICES WORKER: Under general supervision in an Economic Assistance Customer Service Center or Local Office environment, accepts phone calls, reviews applications for services, conducts assessments, determines initial and continuing eligibility, and/or coordinates services from a full range of programs; performs related work as assigned.

SOCIAL SERVICES TRAINEE: Under immediate supervision, for a period of approximately six months to one year, serves in the capacity of a learner in the field of Social Services Work. This training prepares new Social Services Workers for work with the Department of Health and Human Services adults, families and children through the development of several key competencies essential to effective job performance; performs related work as assigned.

PROTECTION AND SAFETY WORKER: Protection and Safety Workers are now classified as Children and Family Services Specialists - see definition for Children and Family Services Specialists.

INCOME MAINTENANCE FOSTER CARE WORKER: Income Maintenance Foster Care Workers are classified as Social Services Workers - see definition for Social Services Workers.

The employees that are employed as of the middle of the current month are selected (i.e. the October sample is selected from employees on record as of approximately September 15th). Therefore, a worker who is no longer working for DHHS or has been promoted to supervisor prior to the end of the current month may receive a notification to complete a survey in the following month. When this occurs, the supervisor should select "POSITION VACANT" on the observation form.

The sample selected, consists of the approximate following: 902 sampled moments for Social Service Workers, Social Services Lead Workers and Social Services Trainees; and 902 sampled moments for Children and Family Service Specialists and Children and Family Outcome Monitors. Each are monthly and observation times can range from 7:30 a.m. to 5:30 p.m., Monday through Friday except holidays. The sample is selected by the computer with no bias. Because it is a random selection, it is possible that the same worker could be selected multiple times in a short period of time.

RMTS notifies worker

When it is time for you to complete a RMTS observation form, you will receive two automatic notices at your computer. First, you will get an instant message that notifies you that it is time for you to complete a time study. This message will include the survey date and time. You should make note of what you were doing when the instant message arrived. The second notice will arrive as a regular e-mail. The e-mail is slightly delayed so the time of the e-mail is not the observation time. The e-mail will contain a secured link to your observation form. **DO NOT** delete the e-mail from your inbox until after you have submitted the observation form.

E-mail notification

Click here to access your observation >>
<http://dhhs-rmts-cat.ne.gov/rmts/public/surveyResponses.faces?pin=NP40N95R3BWH>

Please open your RMTS Observation Form using the following link to record what you were working on at 09/12/2008 01:45 PM. If the survey is more than 36 hours old, you will no longer be able to open the Observaion Form. A supervisor may have completed your survey.

Worker opens observation form, makes selections, and submits with electronic signature.

Once you receive the e-mail, you should click on the link to open the observation form and complete the form as soon as possible. If you are not able to complete the form immediately, make a note of your activity and complete the observation form as soon as reasonably possible.

When you click on the link in the e-mail, a new window will open and you will see a form with options to be selected. The Sample Observation Form and Explanation section of this guide contains a complete list of explanations with a description or you can get an explanation of a specific item by clicking the “?” next to the item. Select one activity in **Section A**. If you select “ACTIVITY 1 - CASE WORK”, you must enter the master case number in the space provided.

If the activity selected in **Section A** relates to a specific program or programs, you will make those selections in **Section B**. Mark all programs and program activities related to your activity at the time selected for the observation. If the activity applies to more than one program, selecting all of the programs involved is very important to accurately complete the observation form. Please provide complete and accurate responses and do not try to respond based on any impression of more favorable selections.

If you select “ACTIVITY 10 – OTHER”, you are required to submit a remark regarding your activity in **Section C**. You may also add remarks for any selection, if you would like to further clarify what you were working on at the time of the observation. After you have typed your remark into **Section C**, click “ADD REMARK” to save it.

When you have completed your selections and added any desired remarks in **Section C**, click on the “SUBMIT” button to complete the form with your electronic signature and transmit the data. By clicking “SUBMIT” you electronically sign the RMTS observation form just as if you placed your personal signature on a paper copy of an observation form. After you click “SUBMIT”, you will notice a message at the top of the screen telling you that the form was submitted or that there was an error and you need to make the necessary changes and submit again. Once a form is submitted, you will no longer have access to that observation form. If you start a form and need to leave and come back to it later, you can click the “SAVE” button.

You have 36 hours to complete and submit your observation form. After 36 hours, you cannot access the observation form and it is forwarded to your supervisor for completion.

Although some of your submitted observations are seen by your supervisor for sample validation purposes, they are not used to evaluate job performance.

Validation

To validate the sample results, 10% of the samples completed will be validated by the worker's supervisor. The selection of an observation form for validation will not be evident to the worker or the supervisor until after the worker completes his or her observation. As soon as the worker submits the observation form, two notifications will be sent, one to the worker and one to the worker's supervisor.

If your observation form is selected for the sample validation process, you will see a notification at the top of the form after you have successfully submitted your observation form. You will also receive an e-mail shortly after submitting your form notifying you that the form was selected for validation, and giving you a link to your observation form. If you click on the link, you will open your submitted observation form. Although your selections will be locked, you will be able to see your form and will be able to add a short narrative to your form in the remarks section. You can use this section to easily communicate the activity you were doing at the time of the observation to your supervisor. You must click on "ADD REMARKS" to save the remark to your observation form.

Validation Notifications

Response Submitted.



Your Observation was selected for validation, you may add remarks to your form.

Email sent to LOREE E REIMERS

Email sent to JOHN WEEKS

Click here to access your observation >>

<http://dhhs-rmts-cat.ne.gov/rmts/public/surveyResponses.faces?pin=CP5DDFYTKDMR>

This RMTS Observation has been selected as part of the RMTS validation sample. Your supervisor may be contacting you to confirm the activity noted on the Observation Form. Please note your activity in process at the time of this observation for the supervisor to use. You may add further information in the remarks section of your form.

Administrative Review

After the observation form has been submitted and validated (if selected for validation), it is reviewed by a member of the CFS and Cost Accounting Office for consistency. You may receive an e-mail or telephone contact if the CFS and Cost Accounting Office has any questions regarding your observation form. Please respond to these inquiries as quickly as possible.

INSTRUCTIONS FOR THE SUPERVISOR

Supervisors that have observations not completed by their staff within 36 hours will receive an e-mail containing a link to the website where the supervisor can complete the form on the worker's behalf; however, controls are in place limiting the supervisor to making a NON-programmatic response. When an observation selected for the validation sample is completed by a worker that you supervise, you will receive an e-mail with a link to the website to validate the observation form.

36 Hour Past Due Notification

	Random.Moment.Time.Study@NoReply.State.ne.us	To	Jane Supervisor
	09/15/2008 07:00 AM	cc	
		Subject	RMITS Observation overdue 36 Hours
Joe D Worker			
The above employees observations are over due 36 hours, Please complete the observation at https://dhhs-rmts.ne.gov/rmts/admin/employeeStatus.faces			

Validation Notification

	Random.Moment.Time.Study@NoReply.State.ne.us	To	Jane Supervisor
	09/15/2008 01:18 PM	cc	
		Subject	RMTS Validation For Supervisor

Click here to access the observation >> <https://dhhs-rmts.ne.gov/rmts/admin/employeeStatus.faces>

This RMTS Observation for Joe D Worker has been selected for validation. Please review the selections and remarks on the form to validate the worker's selections. If needed, you should contact the worker for additional information regarding the activity at the time of the observation.

When the supervisor clicks on the links in the notification e-mail, he/she will be taken to the "RMTS Login" screen, enter your username and password here. Each supervisor will be e-mailed a unique user name and password when they are set up.



My Nebraska



N
*Nebraska
Directory
Services*

Please log in

Enter your UserID and password

UserID

Password:

THIS IS A GOVERNMENT COMPUTER SYSTEM. UNAUTHORIZED ACCESS IS PROHIBITED. ANYONE USING THIS SYSTEM IS SUBJECT TO MONITORING. UNAUTHORIZED ACCESS OR ATTEMPTS TO USE, ALTER, DESTROY OR DAMAGE DATA, PROGRAMS OR EQUIPMENT COULD RESULT IN CRIMINAL PROSECUTION...

After logging in, you will be taken to a screen that lists the observation forms that are past due or awaiting validation. You can switch between the types by clicking the links in the menu section at the top part of the screen (in purple). If you are completing a past due observation or validating an observation for a worker that is not currently assigned to you (if you are covering for another supervisor, for example), you will need to uncheck the box titled **Show Only My Workers** and click "GO" to bring up a listing of observations that are past due or awaiting validation.

Past Due Observation Listing

Employee Name	Job	Supervisor	PIN	Submitted On	Survey Time	OverDue	Status
MCLEOD, ANNIE S	S	SHEILA BACON	8Q2UK08133QV	09/12/2008 05:07 PM true		Past Due, Thirty-Six Hours Old	
PAFF, MAUSCH K	S	SHEILA BACON	ROJ4Z10F55HJ	09/12/2008 12:35 PM true		Past Due, Thirty-Six Hours Old	
WHEAT, ESTEE	S	SHEILA BACON	8QV9SDH699LI	08/28/2008 05:32 PM true		Past Due, Thirty-Six Hours Old	
BLACE, LAURA L	S	SHEILA BACON	7JHVFLM8K7Y	08/28/2008 01:49 PM true		Past Due, Thirty-Six Hours Old	

Pending Validation Listing

Employee Name	Job	Supervisor	PIN	Submitted On	Survey Time	OverDue	Status
BLACE, LAURA L	S	SHEILA BACON	88LLFG99Y2F	06/23/2008 09:17 PM true		Pending Validation	
MCLEOD, ANNIE S	S	SHEILA BACON	WU5QLNF7DBE	07/29/2008 10:25 AM true		Pending Validation	

By selecting the employee name (in purple), you will be taken to the appropriate observation form to complete or validate.

For observations that are past due, the supervisor can make any entries that are NON-programmatic and remarks; however, the supervisor responses should only be needed when the observed worker is out of the office and only with known information such as leave or before or after work hours. When completed, the supervisor clicks on the “SUBMIT” button to complete the form with his or her electronic signature and transmit the data.

To validate an observation form, the supervisor must determine by face to face visit, telephone, e-mail and/or from the worker’s remarks on the observation form, what selections should have been entered on the observation form. If you agree with the worker’s selections, you can click the “VALIDATION” button. If you do not agree with the worker’s selections, you need to confer with the worker on the selection process and reach agreement on the proper selections for the form. Make updates as needed, and click the “VALIDATION” button to attach the supervisor’s electronic signature and validate the form.

Past due observations and validations should be completed by the supervisor within 24 hours from the time the supervisor receives the notification. Although all observations must be completed, observations completed after 24 hours may be considered non-responsive. The RMTS Administrator will follow up with supervisors for any observations and/or validation samples that are not submitted within a reasonable amount of time.

APPENDIX D - TIME AND EFFORT REPORTING

PURPOSE

The Nebraska Department of Health and Human Services' (DHHS) electronic time reporting system (referred to as Kronos), is a web-based application for recording time worked and leave use. Employees enter their time as well as review, edit, and approve their entries. Supervisors review, edit, approve and reject time entries made by employees they supervise. Each employee and supervisor is given their own unique username and password. The supervisor login is separate from their employee login. DHHS policy states that employees and supervisors are not allowed to give out their Kronos username and password.

In addition to recording time worked and leave used, Kronos is used to record time worked on certain projects and/or activities funded by federal programs (referred to as Time and Effort Reporting). The Time and Effort Reporting is conducted on a continuing basis to provide data for the distribution and/or allocation of direct and indirect costs to various state and federally supported programs. The objective is to identify employee efforts directly related to the programs administered by DHHS. The process is coordinated by the Financial Services and Human Resources units.

Employees who are required to track their time for multiple activities are given a number of timecodes depending on the work they perform. Each timecode is mapped to a unique business unit that relates to a direct charge to a grant, program, or activity. For Time and Effort Reporting, that is used for allocation, the cost accounting office runs reports from the business units as part of the cost allocation process.

PROCESS - INSTRUCTIONS FOR WORKERS

Employees use Kronos to track their hours worked on a particular program, just like they use Kronos to track their total hours worked and paid time off used. Each employee has a set of business units that relate to programs they work with.

On the selected date, in the **Punch Hours** field, enter the number of hours worked for the program you are entering.

Timecard Editor		DHHS Services Areas						
Position to Date: <input type="text"/> <input type="button" value="Go"/>		Employee # : 123 TESTERSON, TEST						
		Badge: 123						
Save	Cancel	Select	Delete	Approve	Comments			
Day	In Date	Punch Hours	Shift Hrs	Pay Code	Ap	Shft	Labor Levels	Notes
Sat	3/13/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Sun	3/14/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Mon	3/15/10 ↵	4.25	4.25	<input type="text"/> 🔍	0	1	37000/1.00/N/S251007 🔍	Y
Tue	3/16/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Wed	3/17/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Thu	3/18/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Fri	3/19/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	

NOTE: Employees must enter their hours worked in quarter-hour increments only. For example, if the employee worked 4 hours and 12 minutes, they would round this to 4 hours and 15 minutes which would be 4.25 total hours worked. The employee would then enter 4.25 in the **Punch Hours** field. Rounding is done to the closest quarter-hour.

Next to the **Labor Levels** field, click on the MAGNIFYING GLASS to bring up your labor level options.

Save	Cancel	Select	Delete	Approve	Comments			
Day	In Date	Punch Hours	Shift Hrs	Pay Code	Ap	Shft	Labor Levels	Notes
Sat	3/13/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Sun	3/14/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Mon	3/15/10 ↵	4.25	4.25	<input type="text"/> 🔍	0	1	37000/1.00/N/S251007 🔍	Y
Tue	3/16/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	
Wed	3/17/10 ↵	<input type="text"/>		<input type="text"/> 🔍		1	37000/1.00/N/S251007 🔍	



The "Transfers" window will display. Click on the MAGNIFYING GLASS next to the **Bus Unit** field to see all possible options to charge your time to.

Transfers		DHHS Services Areas	
		Employee # : 123 TESTERSON, TEST	
		Badge: 123	
Save Cancel			
Secured Field	Worked Fields	Home Fields	
Bus Unit	<input type="text" value="37000"/>	37000 - ADMINISTRATION	
FTE	<input type="text" value="1.00"/>	1.00 - FULL-TIME	
Exempt	<input type="text" value="N"/>	N - NON-EXEMPT, ELIGIBLE FOR OT	
Sec Bus Un	<input type="text" value="S251007200"/>	S251007200 - HR&D HR ADMIN&SUPP/CENTRAL OFF	
Supervisor	<input type="text" value="000001"/>	000001 - TEST SUPV	
Job Code	<input type="text" value="A19212"/>	A19212 - ACCOUNTANT II	
Subsidiary	<input type="text"/>		

Double click on the appropriate code to select it.

Bus Unit		DHHS Services Areas	
Position to Description: <input type="text"/>		<input type="button" value="Find"/>	
Cancel			
Status	Code	Description ▲	
Active	37000	ADMINISTRATION	
Active	37004	CHILD CARE	
Active	37001	FOSTER CARE RECRUITING & OTHER	
Active	37002	FOSTER CARE TRAINING	
Active	37006	MEDICAID	
Active	37007	OTHER STATE ONLY PROGRAMS	
Active	37008	SESA JUVENILE PAROLE	
Active	37005	SSBG/ADULT SERV > 18 YR OLD	
Active	37003	SSBG/COMM BASED PROG<19 YR OLD	

You will now be back at the "Transfers" screen with the code you selected displaying in the **Bus Unit** field. Click "SAVE".



You will now be back on the “Timecard Editor” Screen. The new code you selected will show in the **Labor Levels** field. Click “SAVE” or press “ENTER” on your keyboard to save this time record.

Timecard Editor		DHHS Services Areas						
Position to Date: <input type="text"/> <input type="button" value="Go"/>		Employee # : 123 TESTERSON, TEST						
		Badge: 123						
Save	Cancel	Select	Delete	Approve	Comments			
Day	In Date	Punch Hours	Shift Hrs	Pay Code	Ap	Shft	Labor Levels	Notes
Sat	3/13/10 <input type="button" value="↵"/>	<input type="text"/>		<input type="text"/> <input type="button" value="🔍"/>		<input type="text" value="1"/>	<input type="text" value="37000/1.00/N/S251007"/> <input type="button" value="🔍"/>	
Sun	3/14/10 <input type="button" value="↵"/>	<input type="text"/>		<input type="text"/> <input type="button" value="🔍"/>		<input type="text" value="1"/>	<input type="text" value="37000/1.00/N/S251007"/> <input type="button" value="🔍"/>	
Mon	3/15/10 <input type="button" value="↵"/>	<input type="text" value="4.25"/>	4.25	<input type="text"/> <input type="button" value="🔍"/>	0	<input type="text" value="1"/>	<input type="text" value="37006/1.00/N/S251007"/> <input type="button" value="🔍"/>	Y
Tue	3/16/10 <input type="button" value="↵"/>	<input type="text"/>		<input type="text"/> <input type="button" value="🔍"/>		<input type="text" value="1"/>	<input type="text" value="37000/1.00/N/S251007"/> <input type="button" value="🔍"/>	
Wed	3/17/10 <input type="button" value="↵"/>	<input type="text"/>		<input type="text"/> <input type="button" value="🔍"/>		<input type="text" value="1"/>	<input type="text" value="37000/1.00/N/S251007"/> <input type="button" value="🔍"/>	

NOTE: If you know the 5-digit code that corresponds to the grant or project you are working on, you may simply click in the **Labor Levels** box and type in the appropriate code over the top of the existing code. However, do not change anything after the first backslash (/). Those fields are preset by HR. Attempting to erase or change them will cause an entry error.

If you need to key time to multiple programs on a single day, click the “ADD A NEW ROW” icon (arrow in the **In Date** cell) in the day you are inputting time, to add an additional row.

If you are taking leave (vacation, sick, etc.), input the time you are using into the **Punch Hours** field and the select the appropriate pay code in the **Pay Code** cell. For example, if you are taking vacation leave, you would select “VAC” as the pay code.

If you are inputting time into Kronos for anything other than base pay (vacation, sick, etc.) you may leave the business unit in the **Labor Levels** field as the default. Time for all other pay codes is automatically redistributed in Kronos based on the base pay distribution during the pay period.

After you have entered your time records, you will need to approve your time card at the end of the pay period. This is done by selecting the time records you want to approve and clicking the “APPROVE” option from the menu at the top of the screen. Once you have approved your time card, your supervisor will also go through an approval process.



Employee approvals in Kronos are the employee’s certification that the information is a true and accurate record of hours worked, programs charged and leave used each day. By clicking the “APPROVE” button on the Kronos “Time Care Editor” screen, the employee electronically signs the selected time records just as if he/she placed a personal signature on a paper copy of the time card.

PROCESS - INSTRUCTIONS FOR SUPERVISORS

Supervisors are responsible for reviewing each of their employee’s timecards and verifying that the information reported is accurate and complete. Supervisors’ approvals in Kronos are the supervisor’s certification that the information is a complete and accurate record of hours worked, programs charged and leave taken by the employee. By clicking the “APPROVE” button, the supervisor electronically signs the selected records just as if he/she placed a personal signature on a paper copy of the employee’s time card.

To verify that the worker selected the appropriate program or business unit, the supervisor will need to view more information than is available in the “Genie View”. This will require that the supervisor review the information for each worker in the “Time Editor View”.

From the “Genie View”, highlight the employees you wish to view the time records for.

Select from the **Actions** drop down menu, “TIME EDITOR”.

Select		Actions	Options	Reports				
Name	Empl #		PAID LEAVE HOURS	UNPAID LV HOURS	OVERTIME/HOL WORKED	SHIFT DIFF / ON-CALL	TOTAL REG HOURS	APPROVAL
TEST, SESA		Time Editor Accruals Transfer Approve Selected	00	.00	.00	.00	80.00	1
TESTERSON, TEST		Approve All	00	.00	.00	.00	80.00	1



This will take you to the “Time Editor View” and you will be able to review each employee’s time code selections in the **Labor Levels** column as well as hours worked.

Time Editor											DHHS Services Areas
Position to Date: <input type="text"/> <input type="button" value="Go"/>				Employee # : 123 TESTERSON, TEST							
View is open				Badge: 123			Pay Period: 3/27/10 - 4/09/10				
Save	Cancel	Select	Actions	View	Punch	Options					
Day	In Date	Actual In Time	Actual Out Time	Punch Hours	Sch Hrs	Pay Code	Ap	Shft	Labor Levels	Notes	
Mon	3/29/10			8.00			1	1	37000/1.00/N/S251007	Y	
Tue	3/30/10			8.00			1	1	37000/1.00/N/S251007	Y	
Wed	3/31/10			4.00			1	1	37000/1.00/N/S251007	Y	
Wed	3/31/10			4.00			1	1	37001/1.00/N/S251007	Y	
Thu	4/01/10			8.00			1	1	37000/1.00/N/S251007	Y	
Fri	4/02/10			8.00			1	1	37000/1.00/N/S251007	Y	
Mon	4/05/10			8.00			1	1	37000/1.00/N/S251007	Y	
Tue	4/06/10			8.00			1	1	37000/1.00/N/S251007	Y	
Wed	4/07/10			8.00			1	1	37000/1.00/N/S251007	Y	
Thu	4/08/10			8.00			1	1	37000/1.00/N/S251007	Y	
Fri	4/09/10			8.00			1	1	37000/1.00/N/S251007	Y	

After you have reviewed your employee’s time records, you will need to approve the time card. This is done by selecting the time records you want to approve and clicking the “APPROVE” option from the **Actions** selection at the top of the screen. Once you have approved your time card, it is ready for payroll to process.

*APPENDIX E – MOST RECENT FEDERAL CFDA
AND STATE PROGRAMS LISTING*

Nebraska Department of Health and Human Services

Nebraska Department of Health & Human Services				
Schedule of Expenditures of Federal Awards				
For the Fiscal Year Ended June 30, 2018				
Name	Additional Information	Received From	CFDA	Amount for Federal Schedule
Supplemental Nutrition Assistance Program		U.S. Dept of Ag	10.551	233,066,637
"National School Lunch Program", Food Distribution Program - Schools	NSLP	U.S. Dept of Ag	10.555	13,311,215
Special Supplemental Nutrition Program for Women, Infants, and Children	WIC	U.S. Dept of Ag	10.557	26,931,371
"Child and Adult Care Food Program", Food Distribution Program - Schools	CACFP	U.S. Dept of Ag	10.558	196,721
"Summer Food Service Program for Children", Food Distribution Program - Schools	SFSP	U.S. Dept of Ag	10.559	12,993
State Administrative Expenses for Child Nutrition	Child Nutrition	U.S. Dept of Ag	10.560	1,259,013
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Food Stamps Adm	U.S. Dept of Ag	10.561	15,701,317
Commodity Supplemental Food Program		U.S. Dept of Ag	10.565	1,763,790
Emergency Food Assistance Program (Administrative Costs)	TEFAP	U.S. Dept of Ag	10.568	517,907
"Emergency Food Assistance Program (Food Commodities)", Food Distribution Program - Schools	TEFAP	U.S. Dept of Ag	10.569	2,164,489
WIC Grants to States	WIC MISC TECH	USDA	10.578	672,936
Supplemental Nutrition Assistance Program, Process and Technology Improvement Grants	Process and Technology Improvement Grants PTIG	U.S. Dept of Ag	10.580	415,362
Emergency Solutions Grant Program		HUD	14.231	889,607
Housing Opportunities for Persons With AIDS	HOPWA	HUD	14.241	427,515
CONTINUUM OF CARE PROGRAM	Department of Housing and Urban Development Office of Community Planning and Development	HUD	14.267	67,700
Harold Rogers Prescription Drug Monitoring Program		U.S. Dept of Justice	16.754	219,527
Senior Community Service Employment Program (SCSEP) (Older Worker Program)	Department of Labor Employment Training Administration	U.S. Dept of Labor	17.235	715,578
State and Community Highway Safety		U.S. Dept of Transportation	20.600	76,190
National Priority Safety Programs		U.S. Dept of Transportation	20.616	154,973
State Indoor Radon Grants (SIRG)		EPA	66.032	133,248
State Public Water System Supervision		EPA	66.432	51,148



Nebraska Department of Health and Human Services

TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals (State Lead Certification Grants)		EPA	66.707	-1,765
Improving Teacher Quality State Grants		U.S. Dept of Education	84.367	0
Special Programs for the Aging - Title VII Chapter 3 - Programs for Prevention of Elder Abuse, Neglect and Exploitation	Aging Title VII, Prevention of Elderly Abuse	U.S. Dept of HHS	93.041	29,456
Special Programs for the Aging - Title VII, Chapter 2 - Long Term Care Ombudsman Services for Older Individuals (State Grants for Long Term Care Ombudsman Services)	Aging Title VII, Ombudsman	U.S. Dept of HHS	93.042	102,257
Special Programs for the Aging - Title III, Part D - Disease Prevention & Health Promotion Services		U.S. Dept of HHS	93.043	80,805
Special Programs for the Aging - Title III, Part B - Grant for Supportive Services and Senior Centers		U.S. Dept of HHS	93.044	2,651,300
Special Programs for the Aging - Title III, Part C - Nutrition Services		U.S. Dept of HHS	93.045	4,010,350
Special Programs for the Aging - Title IV and Title II - Discretionary Projects	Department of Health and Human Services Administration for Community Living	U.S. Dept of HHS	93.048	-11
National Family Caregiver Support, Title III, Part E		U.S. Dept of HHS	93.052	941,170
Nutrition Services Incentive Program	Department of Health and Human Services Administration for Community Living	U.S. Dept of HHS	93.053	1,047,453
Public Health Emergency Preparedness	Includes H1N1 vaccine	U.S. Dept of HHS	93.069	6,006,077
Lifespan Respite Care Program		U.S. Dept of HHS	93.072	63,437
Birth Defects and Developmental Disabilities - Prevention and Surveillance		U.S. Dept of HHS	93.073	51,169
"Public Health Emergency Preparedness", HOSP (HPP) & PUB (PHEP) PREPAR	In E1 as 93.074. Per NOA, this grant is reported as 93.069 for SEFA.	U.S. Dept of HHS	93.074	0
"Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance", COOPERATIVE AGREEMENTS TO PROM	Department of Health and Human Services Centers for Disease Control and Prevention		93.079	4,940
Guardianship Assistance		U.S. Dept of HHS	93.090	187,833
"Affordable Care Act (ACA) Personal Responsibility Education Program", Personal Responsibility Education	Department of Health and Human Services Administration for Children and Families	U.S. Dept of HHS	93.092	283,756
WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS NATION	Department of Health and Human Services Centers for Disease Control and Prevention	CDC	93.094	1,793,884



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Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)		U.S. Dept of HHS	93.104	2,152,044	
Maternal and Child Health Federal Consolidated Programs (Special Projects of Regional and National Significance (SPRNS))	Maintain MCH Data, SECCS Planning, Motherhood, Behaviors	CISS- First Time Women's Healthy	U.S. Dept of HHS	93.110	100,615
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	TB Elimination		U.S. Dept of HHS	93.116	271,173
Emergency Medical Services for Children (EMS for Children)			U.S. Dept. of HHS	93.127	111,841
"Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices", Primary Care Services - Resource Coordination and Development (State Primary Care Offices)			U.S. Dept. of HHS	93.130	151,492
Injury Prevention and Control Research and State and Community Based Programs	Rape Prevention Health Injury	Public	U.S. Dept of HHS	93.136	1,421,140
Projects for Assistance in Transition from Homelessness (PATH)			U.S. Dept of HHS	93.150	276,958
GRANTS FOR STATE LOAN REPAYMENT PROGRAM				93.165	293,550
Family Planning - Services			U.S. Dept of HHS	93.217	1,933,994
Abstinence Education Program			U.S. Dept of HHS	93.235	260,082
Grants to States to Support Oral Health Workforce Activities			U.S. Dept of HHS	93.236	518,398
State Rural Hospital Flexibility Program			U.S. Dept of HHS	93.241	864,056
Substance Abuse and Mental Health Services - Projects of Regional and National Significance (PRNS)			U.S. Dept of HHS	93.243	2,078,368
Universal Newborn Hearing Screening			HRSA	93.251	247,588
Occupational Safety and Health Program			U.S. Dept of HHS	93.262	120,405
Immunization Grants non-ARRA			U.S. Dept of HHS	93.268	20,781,198
Adult Viral Hepatitis Prevention			CDC	93.270	79,206
Drug Abuse and Addiction Research Programs	Drug Abuse Research Program		U.S. Dept of HHS	93.279	218,888
Centers for Disease Control and Prevention - Investigations and Technical Assistance			U.S. Dept of HHS	93.283	948,193
State Partnership Grant Program to Improve Minority Health			U.S. Dept of HHS	93.296	177,354



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Small Rural Hospital Improvement Grant Program		U.S. Dept of HHS	93.301	342,000
NATIONAL STATE BASED TOBACCO CONTROL PROGRAMS		U.S. Dept of HHS	93.305	1,073,977
Early Hearing Detection and Intervention Information System (EHDHS) Surveillance Program		CDC	93.314	119,954
"Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)", ELC FOR INFECTIOUS DISEASES		CDC	93.323	3,026,946
BEHAVIORAL RISK FAC SURVEILLAN System		U.S. Dept of HHS	93.336	233,388
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program		U.S. Dept of HHS	93.505	0
The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements		U.S. Dept of HHS	93.521	247,460
Building Capacity of the Public Health System to Improve Population Health through National, Non-Profit Organizations- financed in part by Prevention and Public Health Funds (PPHF)		U.S. Dept of HHS	93.524	27,977
PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds		U.S. Dept of HHS	93.539	397,544
Promoting Safe and Stable Families		U.S. Dept of HHS	93.556	1,052,165
Temporary Assistance for Needy Families (TANF)	NOTE: Amts transferred from TANF to CCDF are drawn under the TANF grant (CFDA 93.558) and included in the EnterpriseOne SEFA (Column G) amounts for TANF. However, the Transfer amount is included in the report (FSR/Other Source) amount under Child Care 93.575 Discretionary Amount (Column H). For SEFA the transfer should be reported for CCDF.	U.S. Dept of HHS	93.558	38,500,172
Child Support Enforcement		U.S. Dept of HHS	93.563	18,593,596
Refugee and Entrant Assistance - State Administered programs		U.S. Dept of HHS	93.566	2,342,120
Low-Income Home Energy Assistance		U.S. Dept of HHS	93.568	28,677,838
Community Services Block Grant		U.S. Dept of HHS	93.569	4,679,815



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Discretionary Fund of Child Care and Development Block Grant (Child Care and Development Fund (CCDF))	NOTE: Amts transferred from TANF are drawn under the TANF grant and included in the EnterpriseOne SEFA amounts under TANF and included in the FSR amount under Child Care 93.575	U.S. Dept of HHS	93.575	31,741,640
Refugee and Entrant Assistance - Discretionary Grants		U.S. Dept of HHS	93.576	422,180
Refugee and Entrant Assistance-Targeted Assistance Grants		U.S. Dept of HHS	93.584	427,690
Child Care Mandatory and Matching Funds of the Child Care and Development Fund (Child Care and Development Fund (CCDF))		U.S. Dept of HHS	93.596	21,405,244
"Grants to States for Access and Visitation Programs", Access and Visitation Programs		U.S. Dept of HHS	93.597	93,524
Chafee Education and Training Vouchers Program (ETV) (Chafee Education and Training Vouchers)		U.S. Dept of HHS	93.599	423,630
"Adoption and Legal Guardianship Incentive Payments", Adoption Incentive Payments		U.S. Dept of HHS	93.603	367,638
Developmental Disabilities Basic Support and Advocacy Grants (State Councils on Developmental Disabilities and Protection and Advocacy Systems)		U.S. Dept of HHS	93.630	340,162
Children's Justice Grants to States		U.S. Dept of HHS	93.643	138,479
"Stephanie Tubbs Jones Child Welfare Services Program", Child Welfare Services - State Grants		U.S. Dept of HHS	93.645	1,097,032
Foster Care - Title IV-E		U.S. Dept of HHS	93.658	19,230,379
Adoption Assistance		U.S. Dept of HHS	93.659	18,293,939
Social Services Block Grant		U.S. Dept of HHS	93.667	7,710,779
Child Abuse and Neglect State Grants		U.S. Dept of HHS	93.669	376,361
Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services		U.S. Dept of HHS	93.671	941,158
Chafee Foster Care Independence Program (CFCIP)		U.S. Dept of HHS	93.674	1,009,949
Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance		U.S. Dept of HHS	93.733	204,718
"State Public Health Approaches for Ensuring Waitlist Capacity – Funded in part by Prevention and Public Health Funds (PPHF)", QUITLINE CAPACITY-ST PUB HEALT		U.S. Dept of HHS	93.735	137,757



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PPHF: Health Care Surveillance/Health Statistics – Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part by Prevention and Public Health Fund		U.S. Dept of HHS	93.745	76,391
"State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)", SPHAP BASIC FY 15			93.757	3,117,739
"Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)", PHHS BLOCK-SOLEY PPHF			93.758	2,602,393
"Children's Health Insurance Program", State Children's Insurance Program (CHIP: SCHIP)		U.S. Dept of HHS	93.767	69,980,464
State Survey and Certification of Health Care Providers and Suppliers	MEDICAID, MEDICARE SURVEY AND CERT CLIA	U.S. Dept of HHS	93.777	3,812,953
Medical Assistance Program (Medicaid, Title XIX)		U.S. Dept of HHS	93.778	1,192,315,216
Medical Assistance Program (Medicaid, Title XIX) ARRA		U.S. Dept of HHS	93.778	0
Opioid STR		U.S. Dept of HHS	93.788	186,896
Money Follows the Person Rebalancing Demonstration		U.S. Dept of HHS	93.791	1,347,238
Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).		U.S. Dept of HHS	93.815	1,025,304
Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).		U.S. Dept of HHS	93.817	699,967
Maternal, Infant and Early Childhood Home Visiting Grant Program		U.S. Dept of HHS	93.870	1,203,610
National Bioterrorism Hospital Preparedness Program		U.S. Dept of HHS	93.889	428,727
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations		U.S. Dept of HHS	93.898	2,373,117
Grants to States for Operation of Offices of Rural Health		U.S. Dept of HHS	93.913	161,393
HIV Care Formula Grants	Ryan White Care Act Title II	U.S. Dept of HHS	93.917	6,248,960
HIV Prevention Activities - Health Department Based (HIV Prevention Program)		U.S. Dept of HHS	93.940	938,068
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance (HIV/AIDS Surveillance)	HIV/AIDS Surveillance	U.S. Dept of HHS	93.944	233,308



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Assistance Programs for Chronic Disease Prevention and Control	SPHAP	U.S. Dept of HHS	93.945	976,597
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	PRAMS	CDC	93.946	147,634
Block Grants for Community Mental Health Services (CMHS Block Grant)		U.S. Dept of HHS	93.958	1,984,594
Block Grants for Prevention and Treatment of Substance Abuse (Substance Abuse Prevention and Treatment (SAPT) Block Grant)		U.S. Dept of HHS	93.959	7,308,517
Preventative Health Services - Sexually Transmitted Diseases Control Grants		U.S. Dept of HHS	93.977	419,967
Maternal and Child Health Services Block Grant to States (MCH Block Grants)		U.S. Dept of HHS	93.994	2,835,043
State Commissions	VSC Admin	Corp for Natl and Comm Serv	94.003	7,609
AmeriCorps	AmeriCorps Formula and Competitive	Corp for Natl and Comm Serv	94.006	1,104,549
Training and Technical Assistance	To support the planning and delivery of regional training conferences that focus on strengthening and building the capacity of AmeriCorps programs and Senior Corps projects across the country.	Corp for Natl and Comm Serv	94.009	7,069
National Center for Health Statistics	4-DATA SERV3 Grant	U.S. Dept of HHS		0
NDE Respite Care	Department of Education Grant # 9600252481C03	Department of Education		0
			26.99K	
Food Stamp Collections	Collections from food stamp recoveries	USDA		0
			26.99M	



Nebraska Department of Health and Human Services

Fund 4810x Activities	Olmstead Grant-BU 25280243, Behavioral Health Services information System (BHSIS) State Agreement in accordance to with Synectics with Substance Abuse and Mental health Services Administration (SAMHSA).	SAMHSA	"Per 2 CFR §200.38 (2) The cost-reimbursement contract under the Federal Acquisition Regulations that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §200.101 Applicability." 26.99N	0
Fund 4812x Activities	Payments out of Medicaid service revenues	CMS	"Per 2 CFR §200.38 (2) The cost-reimbursement contract under the Federal Acquisition Regulations that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §200.101 Applicability." 26.99O	0
			"Per 2 CFR §200.38 (2) The cost-reimbursement contract under the Federal Acquisition Regulations that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §200.101 Applicability." 26.99P	0
TOTAL				1,854,228,424



*APPENDIX F – DESCRIPTION AND TREATMENT
OF COST CENTERS*

Nebraska Department of Health and Human Services

DHHS Division/Section	Cost Center	Cost Center Name	Treatment of Costs (Overhead, Allocable, Direct Charge)	Allocation Method
CEO - Chief Executive Officer	25C20010	STATE-WIDE COST ALLOCATION	Allocable	Labor Hours - LH1
CEO - Chief Executive Officer	25C20020	CENTRAL SERVICES & SUPPLIES	Allocable	Labor Hours - LH2
CEO - Chief Executive Officer	25C20130	TERMINATION BENEFITS	Allocable	Labor Hours - LH3
CEO - Chief Executive Officer	25C20140	CHIEF EXECUTIVE OFFICER	Allocable	Labor Hours - LH1
CEO - Chief Executive Officer	25C20141	STATE LTC OMBUDSMAN PROGRAM	Direct Charge	
Operations Division	25C20145	FACILITIES DIRECTOR	Allocable	Total Fund Appropriation Amounts for Facilities
Operations Division	25C20150	CHIEF OPERATING OFFICER	Allocable	Labor Hours - LH
Operations - Internal Audit	25C20151	INTERNAL AUDIT	Allocable	Time & Effort Reports
Operations - Internal Audit	25C20152	DHHS SINGLE AUDIT FEE	Allocable	Based on Annual Percentage of Grants Audited
Operations - Operations Consulting	25C20153	OPERATIONAL EXCELLENCE ADMINISTRATION	Allocable	Labor Hours - LH1
Operations - Operations Consulting	25C20154	OPERATIONAL EXCELLENCE UNIT	Allocable	Labor Hours - LH1
Operations - Operations Consulting	25C20155	WORKFORCE CAPACITY ADMINISTRATOR	Allocable	Labor Hours - LH1
Operations - Human Resources & Development	25C20160	HRD ADMINISTRATION	Allocable	Labor Hours - LH1
Operations - Human Resources & Development	25C20170	HRD THE CENTER FOR PROFESSIONAL LEARNING	Allocable	CHIP Eligibility
Operations - Human Resources & Development	25C20180	HRD STAFF DEV BSDC	Direct Charge	
Operations - Human Resources & Development	25C20190	HRD STAFF DEV HRC	Direct Charge	
Operations - Human Resources & Development	25C20200	HRD STAFF DEV LRC	Direct Charge	
Operations - Human Resources & Development	25C20210	HRD STAFF DEV NRC	Direct Charge	
Operations - Human Resources & Development	25C20220	HRD STAFF DEV GIVH	Direct Charge	
Operations - Human Resources & Development	25C20230	HRD STAFF DEV NVH	Direct Charge	
Operations - Human Resources & Development	25C20240	HRD STAFF DEV WNVH	Direct Charge	
Operations - Human Resources & Development	25C20250	HRD STAFF DEV ENVH	Direct Charge	
Operations - Human Resources & Development	25C20260	HRD STAFF DEV GYRTC	Direct Charge	
Operations - Human Resources & Development	25C20270	HRD STAFF DEV KYRTC	Direct Charge	
Operations - Human Resources & Development	25C20280	HRD HUMAN RESOURCES	Allocable	Labor Hours - LH
Operations - Human Resources & Development	25C20281	HRD MLTC, OPERATIONS, & CFS	Allocable	Labor Hours - LH
Operations - Human Resources & Development	25C20282	HRD DD, VH, BH, PH	Allocable	Labor Hours - LH
Operations - Human Resources & Development	25C20283	HRD SHARED SERVICES	Allocable	Labor Hours - LH
CEO - Office of the CFO	25C20290	FS ADMINISTRATION	Allocable	Labor Hours - LH
CEO - Office of the CFO	25C20300	FS ACCOUNTING	Allocable	Labor Hours - LH1
CEO - Office of the CFO	25C20305	FS BUDGET MANAGER	Allocable	Allocated Equally
CEO - Office of the CFO	25C20310	FS BUDGET	Allocable	Labor Hours - LH1
CEO - Office of the CFO	25C20315	MLTC BUDGET ANALYST	Allocable	Allocated Equally
CEO - Office of the CFO	25C20320	FS GRANTS MANAGEMENT SECTION	Allocable	Allocated Equally
CEO - Office of the CFO	25C20330	FS COST ALLOCATION	Allocable	Grants impacted by Determination of Schedule of Expenditures of Federal Awards
CEO - Office of the CFO	25C20365	FS FAPA MGR	Allocable	Allocated Equally
CEO - Office of the CFO	25C20370	FS FINANCIAL & PROGRAM ANALYSIS (FAPA)	Allocable	Allocated Equally
CEO - Office of the CFO	25C20410	FS FINANCIAL RESPONSIBILITY MANAGEMENT	Allocable	Labor Hours - LH
CEO - Office of the CFO	25C20420	FS MEDICAID ACCOUNTING	Direct Charge	
CEO - Office of the CFO	25C20421	MLTC ADM - ACCOUNTING	Allocable	Time Study
CEO - Office of the CFO	25C20440	FS FINANCIAL RESPONSIBILITY	Allocable	Labor Hours - LH1
CEO - Office of the CFO	25C20450	FS FIN RESP BSDC	Direct Charge	
CEO - Office of the CFO	25C20460	FS FIN RESP HRC	Direct Charge	
CEO - Office of the CFO	25C20470	FS FIN RESP LRC	Direct Charge	
CEO - Office of the CFO	25C20480	FS FIN RESP NRC	Direct Charge	
CEO - Office of the CFO	25C20490	FS ST WARD ACCTS	Direct Charge	
CEO - Office of the CFO	25C20500	ICC ADMINISTRATION	Allocable	Labor Hours - LH1
CEO - Office of the CFO	25C20510	FS ICC AUDITS	Direct Charge	
CEO - Office of the CFO	25C20550	FS NFOCUS CLAIMS	Allocable	Count of Recipients Except Regular Medicaid Services Which are Paid Through MMIS and SNAP Claims Which are Handled by the SNAP EBT Section
CEO - Office of the CFO	25C20560	SNAP ELECTRONIC BENEFITS TRANSFER	Direct Charge	
CEO - Office of the CFO	25C20565	SNAP EBT CONTRACT	Direct Charge	
CEO - Legal Services	25C20670	LS AGENCY COUNSEL'S OFFICE	Allocable	Labor Hours - LH1
CEO - Legal Services	25C20675	LS SUPPORT SERVICES	Allocable	Labor Hours - LH1
CEO - Legal Services	25C20680	LS GENERAL LEGAL TEAMS	Allocable	Time & Effort Reports
CEO - Legal Services	25C20710	LS HEARING TEAM	Allocable	Time & Effort Reports
CEO - Communications/Legislative Services	25C20720	CLS ADMINISTRATION	Allocable	Labor Hours - LH1
CEO - Communications/Legislative Services	25C20730	CLS COMMUNICATIONS SERVICES	Allocable	Labor Hours - LH1
Operations - Support Services	25C20750	SS ADMINISTRATION	Allocable	Labor Hours - LH1
Operations - Support Services	25C20755	SS ADMIN SUPPORT	Allocable	Labor Hours - LH1
Operations - Support Services	25C20760	SS RECORDS MGT, WP, SCANNING	Allocable	Labor Hours - LH1
Operations - Support Services	25C20765	SS PROCUREMENT, CONTRACTUAL SVCS/SUBAWARDS, MATERIALS MGT	Allocable	Labor Hours - LH1
Operations - Support Services	25C20770	SS PROCUREMENT	Allocable	Labor Hours - LH1
Operations - Support Services	25C20775	PROCUREMENT SERVICES	Allocable	Time Study
Operations - Support Services	25C20780	SS PROCUREMENT BSDC	Direct Charge	
Operations - Support Services	25C20790	SS PROCUREMENT HRC	Direct Charge	
Operations - Support Services	25C20800	SS PROCUREMENT LRC	Direct Charge	
Operations - Support Services	25C20810	SS PROCUREMENT NRC	Direct Charge	
Operations - Support Services	25C20820	SS PROCUREMENT GIVH	Direct Charge	
Operations - Support Services	25C20830	SS PROCUREMENT NVH	Direct Charge	
Operations - Support Services	25C20840	SS PROCUREMENT WNVH	Direct Charge	
Operations - Support Services	25C20850	SS PROCUREMENT ENVH	Direct Charge	
Operations - Support Services	25C20860	SS PROCUREMENT GYRTC	Direct Charge	
Operations - Support Services	25C20870	SS PROCUREMENT KYRTC	Direct Charge	
Operations - Support Services	25C20890	SS DISTRIBUTION CENTER LINCOLN	Allocable	Labor Hours - LH2



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Operations - Support Services	25C20910	SS DISTRIBUTION CENTER OMAHA FIELD OFFICE	Direct Charge	
Operations - Support Services	25C20920	SS ADMINISTRATIVE SERVICES	Allocable	Labor Hours - LH1
Operations - Support Services	25C20930	SS CONTRACTS & SUB AWARDS	Allocable	Labor Hours - LH1
Operations - Support Services	25C20936	SS FIELD OFFICE RENT	Allocable	Labor Hours - LH4
CEO - Information Systems & Technology	25C20940	IST ADMINISTRATION	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20944	IST FISCAL PROJECTS	Allocable	Computer Count of Impacted Division
CEO - Information Systems & Technology	25C20945	IST FISCAL PROJECTS ADMIN	Allocable	Time Study
CEO - Information Systems & Technology	25C20950	IST CUSTOMER SERVICES ADMINISTRATION	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20954	IST CUSTOMER SERVICES HELP DESK	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20957	IST FACILITY COORDINATION	Allocable	Allocated Equally
CEO - Information Systems & Technology	25C20960	IST TECHNICAL SERVICES	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20970	IST APPLICATION SVCS GENERAL SOLUTIONS OFFICE	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20971	IST APPLICATIONS WEB SOLUTIONS OFFICE	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20975	IST APPLICATION SVCS ADMINISTRATIVE SERVICES	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20976	IST CONNECT CONTRACT	Allocable	Time Study
CEO - Information Systems & Technology	25C20985	IST APPLICATION SVCS 24 HOUR FACILITIES	Allocable	Divided Equally to all 24 Hour Facilities
CEO - Information Systems & Technology	25C20986	INFORMATION SECURITY OFFICE	Allocable	Labor Hours - LH1
CEO - Information Systems & Technology	25C20990	IST APPLICATION SVCS NFOCUS APPLICATIONS	Allocable	NFOCUS Count of Recipients
CEO - Information Systems & Technology	25C21000	IST APPLICATION SVCS CHARTS	Direct Charge	
CEO - Information Systems & Technology	25C21005	IST APPLICATION SVCS CHARTS INCENTIVE PROGRAM	Direct Charge	
CEO - Information Systems & Technology	25C21010	IST APPLICATION SVCS MMIS APPLICATIONS	Direct Charge	
CEO - Information Systems & Technology	25C21020	IST APPLICATION SVCS MMIS APPLICATIONS	Direct Charge	
CEO - Information Systems & Technology	25C21030	IST APPLICATION SVCS MMIS APPLICATIONS	Direct Charge	
Children and Family Services	25C21430	CHILDREN & FAMILY SERVICES DIRECTOR'S OFFICE	Allocable	Labor Hours - LH1
Children and Family Services	25C21450	ECONOMIC SUPPORT DEPUTY DIRECTOR	Allocable	Labor Hours - LH1
Children and Family Services	25C21460	ECONOMIC ASSISTANCE POLICY CHIEF	Allocable	Labor Hours - LH1
Children and Family Services	25C21470	SAVE (TITLE XIX)	Allocable	Usage Report
Children and Family Services	25C21480	COA LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)	Direct Charge	
Children and Family Services	25C21550	COA SNAP PROGRAM MANAGER	Direct Charge	
Children and Family Services	25C21560	SNAP STATE EXCHANGE	Direct Charge	
Children and Family Services	25C21565	ECONOMIC ASSISTANCE WORKNUMBER	Direct Charge	
Children and Family Services	25C21570	COA SNAP PROGRAM	Direct Charge	
Children and Family Services	25C21575	FS SNAP OUTREACH	Direct Charge	
Children and Family Services	25C21580	SNAP NUTRITION EDUCATION	Direct Charge	
Children and Family Services	25C21660	COA TANF FAMILIES	Direct Charge	
Children and Family Services	25C21665	PAYMENT ACCURACY UNIT	Direct Charge	
Children and Family Services	25C21680	COA CHILD CARE	Direct Charge	
Children and Family Services	25C21690	COA REFUGEE PROGRAM	Direct Charge	
Children and Family Services	25C21695	COA REFUGEE TAG	Direct Charge	
Children and Family Services	25C21700	COA REFUGEE SCHOOL IMPACT PROGRAM	Direct Charge	
Children and Family Services	25C21710	COA COMMUNITY SERVICES BLOCK PROGRAM	Direct Charge	
Children and Family Services	25C21715	COA SPECIAL POPULATIONS ADMIN	Allocable	Labor Hours - LH1
Children and Family Services	25C21720	COA HOMELESS SHELTER	Direct Charge	
Children and Family Services	25C21730	COA FOOD DISTRIBUTION PROGRAM	Allocable	Time Code
Children and Family Services	25C21740	COA NFOCUS SUPPORT OFFICE	Allocable	SSW RMTS
Children and Family Services	25C21750	COA CHILD SUPPORT OPERATIONS	Direct Charge	
Children and Family Services	25C21755	CHILD SUPPORT OPERATIONS INCENTIVE	Direct Charge	
Children and Family Services	25C21760	CHILD SUPPORT ENFORCEMENT COUNTY OFFICES/COURTS	Direct Charge	
Children and Family Services	25C21770	CHILD SUPPORT ENFORCEMENT COURT SYSTEMS	Direct Charge	
Children and Family Services	25C21775	PROTECTION & SAFETY DEPUTY DIRECTOR	Allocable	Labor Hours - LH1
Children and Family Services	25C21780	PROTECTION & SAFETY POLICY CHIEF	Allocable	CFSS RMTS
Children and Family Services	25C21795	PROTECTION & SAFETY NEW WORKER TRAINING	Allocable	CFSS RMTS
Children and Family Services	25C21800	PARENTAL RIGHTS TERMINATION SERVICES	Direct Charge	
Children and Family Services	25C21805	GUARDIANSHIP ASSISTANCE NON-RECURRING	Direct Charge	
Children and Family Services	25C21810	ADOPTION ASSISTANCE NONRECURRING EXPENSES	Direct Charge	
Children and Family Services	25C21820	FOSTER CARE IV-E ALTERNATIVE RESPONSE ADMIN	Direct Charge	
Children and Family Services	25C21821	FOSTER CARE IV-E ALTERNATIVE RESPONSE SERVICES	Direct Charge	
Children and Family Services	25C21822	FOSTER CARE IV-E EDUCATION STIPEND	Direct Charge	
Children and Family Services	25C21840	ADULT PROTECTIVE SERVICES OFFICE	Direct Charge	
Children and Family Services	25C21850	OFFICE OF JUVENILE SERVICES DEPUTY DIRECTOR	Allocable	Divided Equally to YRTCs and Juvenile Community Services
Children and Family Services	25C21860	ACCESS NEBRASKA	Allocable	SSW RMTS
Medicaid and Long Term Care	25C21870	OMAHA/LINCOLN ANDI CENTERS	Allocable	Client Count by Program Per the NFOCUS Monthly Benefit Clients Summary Report
Children and Family Services	25C21900	FO COUNTY SPACE REIMBURSEMENT	Allocable	Labor Hours - LH4
Children and Family Services	25C21910	FO ADMINISTRATION	Allocable	Labor Hours - LH4
Children and Family Services	25C21920	FO CHILD PROTECTION & SAFETY SERVICES	Allocable	CFSS RMTS
Children and Family Services	25C21921	CFSS FIELD OFFICE ADMINISTRATOR	Direct Charge	
Children and Family Services	25C21930	FO PROTECTION & SAFETY HOTLINE	Direct Charge	
Children and Family Services	25C21940	FO RESOURCE DEVELOPMENT	Allocable	CHIP Eligibility
Children and Family Services	25C21950	CASE MANAGEMENT TRAINING (CCFL 75%)	Direct Charge	
Children and Family Services	25C21960	FO SOCIAL SERVICES CASEWORK	Allocable	SSW RMTS
Children and Family Services	25C21961	EA FIELD OFFICE ADMINISTRATOR	Direct Charge	
Children and Family Services	25C21970	CASE MANAGEMENT TRAINING (CCFL 50%)	Allocable	CFSS RMTS
Children and Family Services	25C21990	COA MEDICALLY HANDICAPPED CHILDREN PROGRAM	Direct Charge	
Children and Family Services	25C22050	FO USDA EMP & TRAINING	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23000	MEDICAID & LONG TERM CARE DIRECTOR	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23001	MLTC CONTRACTUAL SERVICES 50%	Direct Charge	
Medicaid and Long Term Care	25C23002	MLTC CONTRACTUAL SERVICES 75%	Direct Charge	
Medicaid and Long Term Care	25C23010	MEDICAL DIRECTOR 50%	Direct Charge	
Medicaid and Long Term Care	25C23020	MEDICAL DIRECTOR 75%	Direct Charge	
Medicaid and Long Term Care	25C23040	DEPUTY DIRECTOR OPERATIONS & ANALYTICS	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23045	MEDICAID IT INITIATIVES 75%	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23100	PHARMACY SERVICES 50%	Allocable	CHIP Claims



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Medicaid and Long Term Care	25C23110	PHARMACY SERVICES 75%	Direct Charge	
Medicaid and Long Term Care	25C23130	PHYSICAL & BEHAVIORAL HEALTH MANAGED CARE	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23135	MANAGED CARE & HCBS ADMINISTRATION	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23150	CLAIMS SECTION ADMINISTRATOR	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23190	INSTITUTIONAL CLAIMS OFFICE 50%	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23195	PROFESSIONAL CLAIMS UNIT 75%	Direct Charge	
Medicaid and Long Term Care	25C23196	PROFESSIONAL CLAIMS UNIT 50%	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23200	INSTITUTIONAL CLAIMS OFFICE 75%	Direct Charge	
Medicaid and Long Term Care	25C23205	CUSTOMER SERVICE 50%	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23206	CUSTOMER SERVICE 75%	Direct Charge	
Medicaid and Long Term Care	25C23220	MC EXTERNAL REVIEW CONTRACTUAL SERVICES 75%	Direct Charge	
Medicaid and Long Term Care	25C23221	MC EXTERNAL REVIEW CONTRACTUAL SERVICES 50%	Direct Charge	
Medicaid and Long Term Care	25C23260	PROVIDER RELATIONS OFFICE 50%	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23270	PROVIDER RELATIONS OFFICE 75%	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23310	SCREENING & DATA ENTRY UNIT 50%	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23315	SCREENING & DATA ENTRY UNIT 75%	Direct Charge	
Medicaid and Long Term Care	25C23320	MEDICAID IT INITIATIVES 50%	Direct Charge	
Medicaid and Long Term Care	25C23349	MLTC FINANCE ADMINISTRATOR	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23350	RECOVERY & COST AVOIDANCE 50%	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23351	RECOVERY & COST AVOIDANCE 75%	Direct Charge	
Medicaid and Long Term Care	25C23380	PROGRAM INTEGRITY UNIT 50%	Allocable	CHIP Claims
Medicaid and Long Term Care	25C23390	PROGRAM INTEGRITY UNIT 75%	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23445	POLICY & COMMUNICATIONS DEPUTY DIRECTOR	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23450	BUSINESS ANALYSIS	Allocable	CHIP Eligibility
Medicaid and Long Term Care	25C23455	PERFORMANCE & QUALITY ANALYTICS	Direct Charge	
Medicaid and Long Term Care	25C23460	ELIGIBILITY BUSINESS OPERATIONS & QUALITY ADMIN	Allocable	CHIP Eligibility
Medicaid and Long Term Care	25C23470	ELIGIBILITY OPS ADM	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23475	ELIGIBILITY FIELD OPS 50%	Direct Charge	
Medicaid and Long Term Care	25C23477	ELIGIBILITY FIELD OPS 75%	Direct Charge	
Medicaid and Long Term Care	25C23530	MEDICAID & CHIP ELIGIBILITY POLICY UNIT	Direct Charge	
Medicaid and Long Term Care	25C23545	DEPUTY DIRECTOR FINANCE & PROGRAM INTEGRITY	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23590	WAIVER MANAGED CARE OFFICE	Direct Charge	
Medicaid and Long Term Care	25C23610	MC ENROLLMENT BROKER CONTRACTUAL SERVICES	Direct Charge	
Medicaid and Long Term Care	25C23710	DEPUTY DIRECTOR DELIVERY SYSTEMS	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23715	HEALTH SERVICES UNIT ADMINISTRATOR	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23720	HOME & COMMUNITY BASED SERVICES 50%	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23725	HOME & COMMUNITY BASED SERVICES 75%	Direct Charge	
Medicaid and Long Term Care	25C23750	RATES & REIMBURSEMENT UNIT	Allocable	CHIP Claims
Medicaid and Long Term Care - APD	25C23772	APD MCD DRG REB IMPL 90-H931	Direct Charge	
Medicaid and Long Term Care - APD	25C23773	APD MCD DRG REB IMPL 50-H931	Direct Charge	
Medicaid and Long Term Care - APD	25C23774	DSS APD 75	Direct Charge	
Medicaid and Long Term Care - APD	25C23775	MLTSS PAPP 90-H932	Direct Charge	
Medicaid and Long Term Care - APD	25C23776	MLTSS PAPP 50-H932	Direct Charge	
Medicaid and Long Term Care - APD	25C23777	EDI PLATFORM MIGRATION 75-H959	Direct Charge	
Medicaid and Long Term Care - APD	25C23778	EDI PLATFORM MIGRATION 90-H959	Direct Charge	
Medicaid and Long Term Care - APD	25C23779	EDI PLATFORM MIGRATION 50-H959	Direct Charge	
Medicaid and Long Term Care - APD	25C23801	APD POINT OF SALE DRUG CLAIM PROCESSING 50%	Direct Charge	
Medicaid and Long Term Care - APD	25C23802	APD POINT OF SALE DRUG CLAIM PROCESSING 75%	Direct Charge	
Medicaid and Long Term Care - APD	25C23804	EES III 90-H964	Direct Charge	
Medicaid and Long Term Care - APD	25C23805	APD EES III 50-H964	Direct Charge	
Medicaid and Long Term Care - APD	25C23807	APD HIT IMPLEMENTATION 90-H938	Direct Charge	
Medicaid and Long Term Care - APD	25C23815	MGD CR EXPN IT 50-H944	Direct Charge	
Medicaid and Long Term Care - APD	25C23816	MANAGED CARE EXTERNAL REVIEW CONTRACTUAL SERVICES	Direct Charge	
Medicaid and Long Term Care - APD	25C23818	APD ACA E&E PLAN 90-H945	Direct Charge	
Medicaid and Long Term Care - APD	25C23820	APD ACA E&E PLAN 50-H945	Direct Charge	
Medicaid and Long Term Care - APD	25C23821	CHIP PAY ERROR 90%	Direct Charge	
Medicaid and Long Term Care - APD	25C23825	APD T-MSIS PAPP 90-H948	Direct Charge	
Medicaid and Long Term Care - APD	25C23826	APD T-MSIS PAPP 50-H948	Direct Charge	
Medicaid and Long Term Care - APD	25C23827	APD ACA E&E IMPL 90 - H949	Direct Charge	
Medicaid and Long Term Care - APD	25C23828	APD ACA E&E IMPL 50 - H949	Direct Charge	
Medicaid and Long Term Care - APD	25C23829	APD ACA PS&E 90-H950	Direct Charge	
Medicaid and Long Term Care - APD	25C23830	APD ACA PS&E 75-H950	Direct Charge	
Medicaid and Long Term Care - APD	25C23832	APD MITA/MMIS PLAN 90-H951	Direct Charge	
Medicaid and Long Term Care - APD	25C23834	APD MITA/MMIS PLAN 50-H951	Direct Charge	
Medicaid and Long Term Care - APD	25C23836	APD HIT IMPLEMENTATION 50-H938	Direct Charge	
Medicaid and Long Term Care - APD	25C23837	APD ICD10 IMP 90-H947	Direct Charge	
Medicaid and Long Term Care - APD	25C23838	APD ICD10 IMP 50-H947 (MMIS ICS -10 -10 IMPLEMENTATION PROJECT)	Direct Charge	
Medicaid and Long Term Care - APD	25C23840	APD AS-EFT/ERA 90-H933	Direct Charge	
Medicaid and Long Term Care - APD	25C23841	APD ACA E&E IMPL 75 - H949	Direct Charge	
Medicaid and Long Term Care - APD	25C23842	APD MCD DRG REB IMPL 75-H931	Direct Charge	
Medicaid and Long Term Care - APD	25C23843	APD AS-EFT/ERA 75-H933	Direct Charge	
Medicaid and Long Term Care - APD	25C23844	APD AS-EFT/ERA 50-H933	Direct Charge	
Medicaid and Long Term Care - APD	25C23845	APD MMIS SYSTEM INTEGRATION 50-H968	Direct Charge	
Medicaid and Long Term Care - APD	25C23846	APD MMIS DATA MANAGEMENT & ANALYTICS 50-H963	Direct Charge	
Medicaid and Long Term Care	25C23850	HOSPICE, HOME HEALTH & PERSONAL DUTY NURSES 50%	Direct Charge	
Medicaid and Long Term Care - APD	25C23851	APD ACA PS&E CONTRACTUAL SERVICES 50-H950	Direct Charge	
Medicaid and Long Term Care - APD	25C23852	ENROLLMENT BROKER IMPLEMENTATION 90-H960	Direct Charge	
Medicaid and Long Term Care - APD	25C23853	ENROLLMENT BROKER IMPLEMENTATION 50-H960	Direct Charge	
Medicaid and Long Term Care - APD	25C23855	SSNRI 90-H965	Direct Charge	
Medicaid and Long Term Care - APD	25C23856	SSNRI-H965	Direct Charge	



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Medicaid and Long Term Care - APD	25C23857	APD EVV - 90	Direct Charge	
Medicaid and Long Term Care - APD	25C23858	APD EVV - 50	Direct Charge	
Medicaid and Long Term Care	25C23860	HOSPICE, HOME HEALTH & PERSONAL DUTY NURSES 75%	Direct Charge	
Medicaid and Long Term Care	25C23910	LONG-TERM CARE INSTITUTIONAL SERVICES 50%	Direct Charge	
Medicaid and Long Term Care	25C23915	LONG-TERM CARE INSTITUTIONAL SERVICES 75%	Direct Charge	
Medicaid and Long Term Care	25C23965	LONG-TERM SERVICES & SUPPORTS ADMINISTRATION	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C23970	COA MONEY FOLLOWS THE PERSON	Allocable	Labor Hours - LH1
Medicaid and Long Term Care	25C24160	NURSE AIDE TRAINING	Direct Charge	
Children and Family Services	25C24190	COA SOCIAL SERVICES BLOCK GRANT ADMIN	Direct Charge	
Children and Family Services	25C24200	COA LIFESPAN RESPITE	Direct Charge	
Children and Family Services	25C24205	COA DISABLED CHILDREN & FAMILY SUPPORT	Direct Charge	
Medicaid and Long Term Care	25C24255	ELIGIBILITY PROGRAM ACCURACY UNIT	Allocable	CHIP Eligibility
Medicaid and Long Term Care	25C24260	COA STATE UNIT ON AGING	Direct Charge	
Medicaid and Long Term Care	25C24261	STATE UNIT ON AGING TITLE V	Direct Charge	
Medicaid and Long Term Care	25C24280	HEALTH PROVIDER OUTSTATION	Direct Charge	
Medicaid and Long Term Care	25C24310	SCHOOL-BASED ADMIN CLAIMING 50%	Direct Charge	
CEO - Information Systems & Technology	25C24317	HEALTH INS INCENTIVE HOSPITAL	Direct Charge	
CEO - Information Systems & Technology	25C24318	HEALTH INS INCENTIVE PROVIDER	Direct Charge	
Medicaid and Long Term Care	25C24320	SCHOOL-BASED ADMIN CLAIMING 75%	Direct Charge	
Behavioral Health	25C25000	DIRECTOR OF BEHAVIORAL HEALTH SERVICES	Allocable	Labor Hours - LH1
Behavioral Health	25C25010	DEPUTY DIRECTOR OF COMMUNITY BASED SERVICES	Allocable	Labor Hours - LH1
Behavioral Health	25C25020	NURSING HOME RESIDENT MENTAL HEALTH SCREENING 50%	Direct Charge	
Behavioral Health	25C25030	NURSING HOME RESIDENT MENTAL HEALTH SCREENING 75%	Direct Charge	
Developmental Disabilities	25C25040	DIRECTOR OF DEVELOPMENTAL DISABILITIES	Allocable	Labor Hours - LH1
Developmental Disabilities	25C25050	COMMUNITY DEVELOPMENTAL DISABILITIES SYSTEM	Allocable	NFOCUS Count of Recipients
Public Health	25C25110	PUBLIC HLTH DIRECTOR	Allocable	Labor Hours - LH1
Public Health	25C25120	DEPUTY DIRECTOR COMMUNITY & ENVIRONMENTAL HEALTH SECTION	Allocable	Labor Hours - LH1
Public Health	25C25130	HEALTH PROMOTION ADMIN	Allocable	Labor Hours - LH1
Public Health	25C25140	COMMUNITY & RURAL HEALTH PLANNING ADMINISTRATION	Allocable	Labor Hours - LH1
Public Health	25C25150	EPIDEMIOLOGY & INFORMATICS	Allocable	Labor Hours - LH1
Public Health	25C25160	LIFESPAN HEALTH SERVICES ADMIN	Direct Charge	
Public Health	25C25170	DEPUTY DIRECTOR HLTH LICENSURE & HLTH DATA	Allocable	Labor Hours - LH1
Public Health	25C25180	ENVIRONMENTAL HEALTH ADMINISTRATION	Allocable	Labor Hours - LH1
Public Health	25C25190	LICENSURE ADMINISTRATION	Allocable	Labor Hours - LH1
Public Health	25C25200	SURVERY & CERTIFICATION	Direct Charge	
Public Health	25C25205	DD SURVEYORS	Direct Charge	
Public Health	25C25210	CHILD CARE LICENSE ADMINISTRATION	Allocable	Labor Hours - LH1
Public Health	25C25220	CHILD CARE ENTITY LICENSING PROGRAM	Direct Charge	
Public Health	25C25230	INVESTIGATIONS ADMINISTRATION	Allocable	Labor Hours - LH1
Public Health	25C25240	SPECIAL INVESTIGATIONS	Allocable	Time & Effort Reports
Public Health	25C25250	PROGRAM EVALUATION & REVIEW	Allocable	Time & Effort Reports
CEO - Communications/Legislative Services	25C40010	CLS LEGISLATIVE SERVICES	Final Cost Objective	Final Cost Objective
CEO - VSC	25C40020	VOLUNTEER SVS COMMISSION 240	Final Cost Objective	Final Cost Objective
Public Health	25C40030	VITAL RECORDS	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40040	MENTAL HEALTH, SUBSTANCE ABUSE & ADDICTION SVCS	Final Cost Objective	Final Cost Objective
Developmental Disabilities	25C40060	DEVELOPMENTAL DISABILITIES SERVICE COORD	Final Cost Objective	Final Cost Objective
Developmental Disabilities	25C40200	STATE OPERATED SERVICES	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40220	HASTINGS REGIONAL CENTER 080	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40240	LINCOLN REGIONAL CENTER 110	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40260	NORFOLK REGIONAL CENTER 210	Final Cost Objective	Final Cost Objective
Children and Family Services	25C40360	GENEVA YOUTH R&T CENTER 420	Final Cost Objective	Final Cost Objective
Children and Family Services	25C40380	KEARNEY YOUTH R&T CENTER 430	Final Cost Objective	Final Cost Objective
Children and Family Services	25C40460	JUVENILE COMMUNITY-BASED SVS 410	Final Cost Objective	Final Cost Objective
Public Health	25C40500	HEALTH PROMOTION PROG 470	Final Cost Objective	Final Cost Objective
Public Health	25C40520	COMM & RURAL HEALTH PLANNING PROGRAMS	Final Cost Objective	Final Cost Objective
Public Health	25C40540	EPIDEMIOLOGY & INFORMATICS PROGRAMS	Final Cost Objective	Final Cost Objective
Public Health	25C40560	LIFESPAN HLTH SVS PROG 530	Final Cost Objective	Final Cost Objective
Public Health	25C40580	ENVIRONMTL HLTH PROG 460	Final Cost Objective	Final Cost Objective
Public Health	25C40600	PUBLIC HLTH LABORATORY	Final Cost Objective	Final Cost Objective
Public Health	25C40620	BOARD OF HEALTH	Final Cost Objective	Final Cost Objective
Public Health	25C40660	PROF & OCCUP LICENSING BOARDS	Final Cost Objective	Final Cost Objective
Public Health	25C40680	LICENSURE SUPPORT SERVICES	Final Cost Objective	Final Cost Objective
Public Health	25C40700	HEALTH FACILITY LICENSING	Final Cost Objective	Final Cost Objective
Public Health	25C40720	CHILD CARING AGENCIES LICENSING	Final Cost Objective	Final Cost Objective
Public Health	25C40740	HLTH CARE PROF & OCCUP INVESTIGATIONS	Final Cost Objective	Final Cost Objective
Multiple - facilities	25C41120	MISCELLANEOUS TRUST FUNDS	Final Cost Objective	Final Cost Objective
Multiple	25C41200	MISCELLANEOUS STATE PROGRAMS	Final Cost Objective	Final Cost Objective
Multiple	25C41240	MISCELLANEOUS FEDERAL PROGRAMS	Final Cost Objective	Final Cost Objective
Behavioral Health	25C41280	BEHAVIORAL HLTH AID PROG 038	Final Cost Objective	Final Cost Objective
Public Health	25C41320	MED STUDENT LOAN PROG 175	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41400	CHILDRENS HLTH INS PROG 344	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41440	PUBLIC ASSISTANCE PROG 347	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41480	MEDICAL ASSISTANCE PROG 348	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41490	PUBLIC ASSISTANCE PROG 354	Final Cost Objective	Final Cost Objective
Developmental Disabilities	25C41520	DEVELOPMTL DISABLED PROG 424	Final Cost Objective	Final Cost Objective
Public Health	25C41560	PUBLIC HEALTH AID PROG 502	Final Cost Objective	Final Cost Objective
Public Health	25C41600	HEALTH AID PROG 514	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41640	AGING CARE MANAGEMENT PROG 559	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41680	AGING COMMUNITY SVS PROG 571	Final Cost Objective	Final Cost Objective
Public Health	25C41720	CANCER RESEARCH PROG 622	Final Cost Objective	Final Cost Objective
Public Health	25C41760	BIOMEDICAL RESEARCH PROG 623	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41800	AGING PROGRAMS	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41840	HOMELESS SHELTER PROGRAMS	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41880	COMMUNITY SERVICES BLOCK GRANT	Final Cost Objective	Final Cost Objective



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Public Health	25C25230	INVESTIGATIONS ADMINISTRATION	Allocable	Labor Hours - LH1
Public Health	25C25240	SPECIAL INVESTIGATIONS	Allocable	Time & Effort Reports
Public Health	25C25250	PROGRAM EVALUATION & REVIEW	Allocable	Time & Effort Reports
CEO - Communications/Legislative Services	25C40010	CLS LEGISLATIVE SERVICES	Final Cost Objective	Final Cost Objective
CEO - VSC	25C40020	VOLUNTEER SVS COMMISSION 240	Final Cost Objective	Final Cost Objective
Public Health	25C40030	VITAL RECORDS	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40040	MENTAL HEALTH, SUBSTANCE ABUSE & ADDICTION SVCS	Final Cost Objective	Final Cost Objective
Developmental Disabilities	25C40060	DEVELOPMENTAL DISABILITIES SERVICE COORD	Final Cost Objective	Final Cost Objective
Developmental Disabilities	25C40200	STATE OPERATED SERVICES	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40220	HASTINGS REGIONAL CENTER 080	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40240	LINCOLN REGIONAL CENTER 110	Final Cost Objective	Final Cost Objective
Behavioral Health	25C40260	NORFOLK REGIONAL CENTER 210	Final Cost Objective	Final Cost Objective
Children and Family Services	25C40360	GENEVA YOUTH R&T CENTER 420	Final Cost Objective	Final Cost Objective
Children and Family Services	25C40380	KEARNEY YOUTH R&T CENTER 430	Final Cost Objective	Final Cost Objective
Children and Family Services	25C40460	JUVENILE COMMUNITY-BASED SVS 410	Final Cost Objective	Final Cost Objective
Public Health	25C40500	HEALTH PROMOTION PROG 470	Final Cost Objective	Final Cost Objective
Public Health	25C40520	COMM & RURAL HEALTH PLANNING PROGRAMS	Final Cost Objective	Final Cost Objective
Public Health	25C40540	EPIDEMIOLOGY & INFORMATICS PROGRAMS	Final Cost Objective	Final Cost Objective
Public Health	25C40560	LIFESPAN HLTH SVS PROG 530	Final Cost Objective	Final Cost Objective
Public Health	25C40580	ENVIRONMTL HLTH PROG 460	Final Cost Objective	Final Cost Objective
Public Health	25C40600	PUBLIC HLTH LABORATORY	Final Cost Objective	Final Cost Objective
Public Health	25C40620	BOARD OF HEALTH	Final Cost Objective	Final Cost Objective
Public Health	25C40660	PROF & OCCUP LICENSING BOARDS	Final Cost Objective	Final Cost Objective
Public Health	25C40680	LICENSURE SUPPORT SERVICES	Final Cost Objective	Final Cost Objective
Public Health	25C40700	HEALTH FACILITY LICENSING	Final Cost Objective	Final Cost Objective
Public Health	25C40720	CHILD CARING AGENCIES LICENSING	Final Cost Objective	Final Cost Objective
Public Health	25C40740	HLTH CARE PROF & OCCUP INVESTIGATIONS	Final Cost Objective	Final Cost Objective
Multiple - facilities	25C41120	MISCELLANEOUS TRUST FUNDS	Final Cost Objective	Final Cost Objective
Multiple	25C41200	MISCELLANEOUS STATE PROGRAMS	Final Cost Objective	Final Cost Objective
Multiple	25C41240	MISCELLANEOUS FEDERAL PROGRAMS	Final Cost Objective	Final Cost Objective
Behavioral Health	25C41280	BEHAVIORAL HLTH AID PROG 038	Final Cost Objective	Final Cost Objective
Public Health	25C41320	MED STUDENT LOAN PROG 175	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41400	CHILDRENS HLTH INS PROG 344	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41440	PUBLIC ASSISTANCE PROG 347	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41480	MEDICAL ASSISTANCE PROG 348	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41490	PUBLIC ASSISTANCE PROG 354	Final Cost Objective	Final Cost Objective
Developmental Disabilities	25C41520	DEVELOPMTL DISABLED PROG 424	Final Cost Objective	Final Cost Objective
Public Health	25C41560	PUBLIC HEALTH AID PROG 502	Final Cost Objective	Final Cost Objective
Public Health	25C41600	HEALTH AID PROG 534	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41640	AGING CARE MANAGEMENT PROG 559	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41680	AGING COMMUNITY SVS PROG 571	Final Cost Objective	Final Cost Objective
Public Health	25C41720	CANCER RESEARCH PROG 622	Final Cost Objective	Final Cost Objective
Public Health	25C41760	BIOMEDICAL RESEARCH PROG 623	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C41800	AGING PROGRAMS	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41840	HOMELESS SHELTER PROGRAMS	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41880	COMMUNITY SERVICES BLOCK GRANT	Final Cost Objective	Final Cost Objective
Children and Family Services	25C41920	FOOD STAMPS EMP & TRAINING	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C42000	MONEY FOLLOWS THE PERSON	Final Cost Objective	Final Cost Objective
Children and Family Services	25C42040	MEDICALLY HANDICAPPED CHILDREN	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43020	REFUGEE PROGRAM	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43040	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43060	CHILD SUPPORT ENFORCEMENT	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43080	CHILD CARE DEVELOPMENT	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43100	ADOPTION ASSISTANCE 50%	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43105	BRIDGES TO INDEPENDENCE	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43120	FOSTER CARE (TITLE IV-E) 75%	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43125	IV-E WAIVER EVALUATION	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43140	FOSTER CARE (TITLE IV-E) 50%	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43150	GUARDIANSHIP ASSISTANCE (50%)	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43160	CHILD WELFARE SERVICES	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43170	FOSTER CARE RBA	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43180	TANF FAMILIES	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43190	FOSTER CARE WAIVER ALTERNATIVE RESPONSE	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43200	TANF WORK ACTIVITIES	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43220	SNAP (50%)	Final Cost Objective	Final Cost Objective
Children and Family Services	25C43240	SSBG (TITLE XX)	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C44090	MEDICAID 100%	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C44100	CHILDRENS HLTH INS (TITLE XXI)	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C44120	MEDICAID 90%	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C44140	MEDICAID 75%	Final Cost Objective	Final Cost Objective
Medicaid and Long Term Care	25C44160	MEDICAID 50%	Final Cost Objective	Final Cost Objective

