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Care Management Units

Chapter 2 - CARE MANAGEMENT UNITS

001 These rules and regulations implement Neb. Rev. Stat. Sec. 81-2229 - Sec. 81-2236, R.R.S. 1943 (the Act) which directs the establishment of a statewide system of Care Management Units through the Area Agencies on Aging.

001.01 DEFINITIONS

001.01A Area Agency on Aging shall mean an agency designated by the Nebraska Department on Aging in compliance with Neb. Rev. State Sec, 81-2201 - 81-2228, R.R.S. 1943.

001.01B Assessment shall mean the comprehensive appraisal of individual clients by making orderly and purposeful observations, conducting interviews, and recording the results of those observations and interviews on a standardized assessment document issued by the Department.

001.01C Care Management shall mean assisting a client to identify and utilize services needed to assure that the client is receiving, when reasonably possible, the level of care that best matches his or her level of need. The Care Management Unit through its Care Management Unit Supervisor and staff of care managers assists clients with services as specified in the Act, including ongoing consultation, assessment, Long-Term Care Plan development, and referral for clients in need of long-term care; coordination of the Long-Term Care Plan; monitoring of the delivery of services for clients, and review of the client's Long-Term Care Plan.

001.01D Care management Unit shall mean the organization which is created by, or which is contracting with an Area Agency on Aging, or the public or private entity contracting with the Department to provide care management services as defined in the Act and these rules and regulations.

001.01E Care Management Unit Supervisor shall mean the person who supervises a Care Management Unit.

001.01F Case Management is a term which is interchangeable in meaning with Care Management.

001.01G A Certified Care Management Unit is a Care Management Unit that has been found by the Department to meet the standards for certification under the Act.

001.01H Client shall mean a person in need of care management services or the legal representative of such person.

001.01I Continuum of Care shall mean the range of services designed to ensure that persons are receiving, when reasonably possible, the level of care that best matches their level of need.

001.01J Department shall mean the Nebraska Department on Aging.

001.01K Direct Care Program shall mean any program of an Area Agency on Aging, except care management, providing services to older individuals.

001.01L Eligible individual for services shall mean a person, primarily an individual 60 years-of-age or older, who resides in Nebraska, and who is in need of Long-Term Care as defined in Subsection 001.01P of these rules and regulations.

001.01MEnvironmental needs shall mean those factors required to maintain an individual in an appropriate and safe living arrangement.

001.01N Functional needs shall mean those factors that affect the individual's ability to perform the activities of daily living and the instrumental activities of daily living.

001.01O Individual approval or client approval shall mean confirmation given after full disclosure, usually a signature on a form by the client or client's legal representative.

001.01P Long-Term Care shall mean the caring for people who have unmet psycho-social, environmental or functional needs and who need assistance in meeting these needs for a three-month or longer time.

001.01Q Long-Term Care Plan shall mean a document prepared with a client by the Care Management Unit in compliance with Section 6, Subsection 6 of these rules and regulations.

001.01R Long-Term Care Planning shall mean the process used to prepare a Long-Term Care Plan.

001.01S Plan of Operation shall mean a plan prepared in compliance with Section 6 of these rules and regulations.

001.01T Psycho-Social needs shall mean those basic needs which include, but are not limited to, social participation, orientation, understanding, and a sense of well-being.

001.01U Older individuals, older Nebraskans, or older population are terms that shall mean persons who are 60 years of age or older.

001.01V Uniform Data Collection System shall mean the Nebraska Care Management Information System which is a computer software package adapted in 1988 for Nebraska from the "Client Oriented Case Management and Service Reporting System for the Aging Network" designed by the Long Term Care Gerontology Center in Kansas City, Kansas, and issued by the Department to certified care management units to collect and process data from the Nebraska Long Term Care Assessment Document made a part of these rules as Attachment B and financial data needed to calculate reimbursement for casework time units as provided in Section 8 of these rules and regulations and the Act.

002 CERTIFICATION PROCEDURES. Within 60 days of the adoption and promulgation of these rules and regulations, each Area Agency on Aging shall submit to the Department a Plan of Operation to either provide and supervise or subcontract for at least one certifies Care Management Unit to provide all eligible individuals residing in its planning and service area with long-term care management services.

002.01 The Plan of Operation shall comply with these rules and regulations for Care Management Units, and include all the elements specified in Section 006 below.

002.02 The Plan of Operation shall be submitted to the Nebraska Department on Aging, P. O. Box 95044, Lincoln, Nebraska.

002.03 An Area Agency on Aging may create more than one certified Care Management Unit to serve its planning and service area by submitting a Plan of Operation for each Care Management Unit for which it plans to provide and supervise or subcontract.

002.04 Within 30 days of receipt of the Plan of Operation, the Department shall complete its review and notify the governing board of the Area Agency on Aging of the Department's approval or denial of Certification. If Certification is denied, the Department shall provide the reasons for denial to the governing board of the Area Agency on Aging.

002.04A The Department may deny certification for any or all of the following reasons:

002.04A1 Failure to submit a complete Plan of Operation as outlined in these rules and regulations.

002.04A2 Failure to provide a Plan of Operation reasonably calculated to achieve the intent of the Act.

002.04A3 Failure to provide in the initial Plan of Operation a reasonable time frame for providing the opportunity for care management services to all eligible individuals within the planning and service area of an Area Agency on Aging.

002.04A4 Failure to operate a Care Management Unit separately from a Direct Care Program of an Area Agency on Aging.

002.04A5 Putting into effect any change to the Plan of Operation without prior approval from the Department.

002.05 The Area Agency on Aging shall have 30 days from the date it receives notice of the initial denial by the Department to submit a revised Plan of Operation.

002.06 Within 30 days of the receipt of a revised Plan of Operation, the Department shall notify the governing board of the Area Agency on Aging of its acceptance or denial of the revised Plan of Operation and reasons for denial.

002.06A During the initial Certification process, an Area Agency on Aging may not file a request for an appeal hearing until it has submitted a revised Plan of Operation as stated in the Act, and has received notice of denial of the revised Plan of Operation from the Department. The appeal hearing procedure is described in Section 3 of these rules and regulations.

002.07 If the Area Agency does not submit a revised Plan of Operation within 30 days of the denial, or if the revised Plan of Operation is denied by the Department, the Department may request proposals from and contract with another public or private entity to serve that planning and service area, providing such entity meets the provision for certification.

003 NOTICE OF APPROVAL AND CERTIFICATION; APPEAL RIGHTS. The Department shall forward a notice of approval of a Plan of Operation and Certification of a Care Management Unit to the Area Agency on Aging governing board or, as appropriate, to the governing board of a contracted public or private entity. Public notice of the Certification decision by the Department shall be made after the applicant has been informed of the decision.

003.01 A Care Management Unit provider aggrieved by a decision of the Department to deny approval of a Plan of Operation or Certification of a Care Management Unit shall have the right to appeal, and may exercise the right to appeal by filing a notice of appeal within ten working days of receiving notice of denial.

003.01A The Department shall set the date, time, and place of the hearing within five working days of receiving a request from an aggrieved applicant or provider. The hearing shall take place within thirty calendar days of the request.

003.01B The Department shall appoint an impartial hearing officer to conduct the hearing.

003.01C The hearing officer shall rule on motions and objections and may cross-examine any witnesses. The hearing officer shall prepare written findings of fact and conclusions of law and submit the same to the Director of the Department within twenty working days of the conclusions of the hearing. The Director of the Department either shall be in attendance or shall review the record of the hearing.

003.01D A representative may appear on behalf of the provider or the provider may be represented by counsel. There shall be opportunity to present witnesses and documentary evidence under the provision of Neb.Rev.Stat. Sec. 84-914, R.R.S. 1943.

003.01E The Director shall make a decision which shall be in writing and shall be accompanied by findings of fact and conclusions of law. The findings of fact shall be based on the evidence submitted at the hearing pursuant to Neb.Rev.Stat. Sec. 84-914, R.R.S. 1943.

003.01F The Department shall transmit the written decision to interested parties by certified or registered mail within thirty working days of the hearing.

003.01G Appeals to the District Court from any order or decision of the Department shall follow the statutory requisites set forth in Neb. Rev. Stat. Section 84-917 R.R.S. 1943 unless specifically provided for otherwise by statute.

003.01H The Department may terminate formal hearing procedures at any point if the Department and provider that requested the hearing negotiate a written agreement that resolves the issue(s) which led to the hearing.

003.02 If the Department has not certified another public or private agency, a provider whose Certification is denied may reapply for Certification ninety working days after the date of completion of the appeal process.

003.03 Approval of a Plan of Operation and Certification of Care Management Unit is valid for two years from the date granted unless revoked by the Department at an earlier date.

004 REVOCATION OF CERTIFICATION

004.01 The Department may revoke Certification at any time for any of the following reasons:

004.01A There is a change in ownership of the company or organization operating a Care Management Unit without the prior approval of the Department.

004.01B The Care Management Unit clients are being inadequately served; or that the resources allocated to the Care Management Unit by the Department or any other State or Federal source are being used in violation of the Act or of these rules and regulations.

004.01C The Care Management Unit fails to perform according to the approved Plan of Operation.

004.01D The Care Management Unit fails to provide services to all eligible persons in the planning and service area of the Area Agency on Aging as required by the Act, these rules and regulations and the Plan of Operation.

004.01E The Care Management Unit is not a separate operation from a Direct Care Program of the Area Agency on Aging.

004.01F The Care Management Unit fails to obtain approval from the Department for a change in its Plan of Operation.

004.01G The Care Management Unit is in violation of any of these rules and regulations or of the Act.

004.02 The Department shall notify the governing board of an Area Agency on Aging or other contractor of its intent to revoke Certification.

004.02A A Care Management Unit provider aggrieved by a decision of the Department to revoke Certification of a Care Management Unit shall be entitled to an appeal as described in Section 3 of these rules and regulations.

004.02B A provider whose Certification is revoked may reapply for Certification ninety working days after the date of revocation becomes final. For purposes of this subsection, revocation does not become final until the time for all appeals under the Administrative Procedures act has expired.

004.03 During the process of appeal of a revocation of Certification, a Care Management Unit may continue to serve those clients already being served, but may not take in new clients without the direct or contracted supervision of the Department.

004.03A The Department shall suspend reimbursement payments to the Care Management Unit for those clients it continues to serve during the process of appeal. If reimbursement is suspended and a decision to revoke Certification becomes final, the suspended reimbursement amount shall not be paid to the Care Management Unit. If upon conclusion of all hearings and appeals the Certification is not revoked, suspended reimbursement shall then be paid to the Care Management Unit.

005 RECERTIFICATION

005.01 An application for recertification must be submitted to the Department 90 to 120 calendar days prior to the expiration of each two-year certification period.

005.01A Failure to file for recertification will cause Certification to expire at the end of the two-year Certification period.

005.02 The application for recertification shall be submitted on the form issued by the Department and made a part of these rules and regulations as Attachment A.

005.03 Each application for recertification will be reviewed by the Department on the basis of the results of periodic reviews and of an on-site inspection including but not limited to a review of files and records and visits with clients and cooperating agencies to determine compliance with these rules and regulations and the Plan of Operation.

005.04 Notice of approval or denial of recertification will be issued by the Department prior to the expiration of the current Certification period.

005.04A The basis for approval or denial of recertification will be the same as in Section 2, Subsection 4A and Section 4. Subsection 1 of these rules and regulations, and will be based upon the results of the review conducted in Subsection 3 of this section and an evaluation of the performance of the Care Management Unit in meeting its goals and objectives outlined in its approved Plan of Operation.

005.04B In case of a denial, appeal procedures will be the same as those specified in Section 3 of these rules and regulations.

006 PLAN OF OPERATION

006.01 Each Plan of Operation for a Care Management Unit shall provide the following information.

006.01A A statement of the philosophy, and goals and objectives of the Care Management Unit. The goals and objectives shall include a timetable for making care management services available in an entire planning and service area of an Area Agency on Aging.

006.01A1 The statement of philosophy shall detail the approach to be used by the Care Management Unit is a) involving all support systems of a client, including family members, neighbors, or friends, b) utilizing all available care resources including community-based services and institutionalization; c) coordinating the delivery of a continuum of services; and d) assuring that persons are receiving, when reasonably possible, the level of care that best matches their level of need.

006.01B A statement of the procedures to receive input from local citizens in the formulation and implementation of the Plan of Operation, and the procedures to be used to inform eligible individuals on a regular schedule and in a comprehensive manner about Care Management Unit services.

006.01C A statement of methods to evaluate the attainment of program goals and objectives for the Care Management Unit, and how the evaluation findings will be documented and resolved.

006.01D A written representation that the Care Management Unit shall be operated separately from Direct Care Programs of an Area Agency on Aging.

006.01E Each Care Management Unit's Plan of Operation shall outline procedures for utilizing an interdisciplinary approach to care management.

006.01F A statement of criteria to be used to determine the priority of service to eligible clients in the event funds are insufficient to meet all the client needs of a Care Management Unit.

006.01G A statement detailing the grievance procedure available to clients of the Care Management Unit and the process to be used to resolve client complaints.

006.01H An annual budget of income and expenses for the Care Management Unit shall coincide with the state fiscal year and shall include units of services to be provided, and details of costs of a casework time unit as explained in Section 8 of these rules and regulations and the Act.

006.01H1 Each Area Agency on Aging shall report to the Department at the time of submission of the initial Plan of Operation the dollar value of funds appropriated under the Nebraska Community Aging Services Act and used for Care Management Service prior to August 30, 1987.

006.01H2 Each Care Management Unit shall have a procedure approved by the Department in its Plan of Operation for recording on a timesheet or other document the actual casework time units and Care Management Unit services provided each client.

006.02 Each Plan of Operation shall provide written policies and procedures for the administrative and programmatic operation of the Care Management Unit based upon the following minimum standards.

006.02A PERSONNEL POLICIES AND PROCEDURES. The Care Management Unit shall have a job description for each position as well as written personnel policies and procedures for hiring and selection, compensation, evaluation, disciplinary action and grievance, and supervision and training of employees, contractors, volunteers, students and/or interns. The personnel policies and procedures shall include:

006.02A1 An Equal Opportunity Policy that includes nondiscrimination on the basis of race, disability, color, sex, affiliation or age, and an Affirmative Action statement.

006.02A2 An organization chart which identifies the responsibility of each position in the Care Management Unit.

006.02A3 A policy that Care Management services for clients as outlined in 001.01C of these rules and regulations are the exclusive responsibility of the Care Management Unit Supervisor or care manager; except that a supervisor or care manager may delegate to staff of the Care Management Unit the performance of the services of referral, coordination of the Long-Term Care Plan, and monitoring of the delivery of services to clients if supervision is provided by the supervisor or care manager.

006.02B The designation of a Care Management Unit Supervisor responsible to implement the Plan of Operation and to supervise the activities of the staff and contractors.

006.02C The Care Management Unit Supervisor and care managers shall have the following minimum qualifications:

006.02C1 A current Nebraska license as a registered nurse, or baccalaureate or graduate degree in the human services field, or certification under the Nebraska Social Work Law; and

006.02C2 At least two years of experience in long-term care, gerontology or community health.

006.02C3 In addition, a Care Management Unit Supervisor shall have at least two years of supervisory or management experience.

006.02D ORGANIZATION. Each Plan of Operation shall provide information about the organization of the Care Management Unit as follows:

006.02D1 An organizational chart which shows that the Care Management Unit is operated separately from any Area Agency on Aging Direct Care Programs or from any Direct Care programs of another provider of a Care Management Unit.

006.02D2 An organizational chart showing the line of authority between the Care Management Unit Supervisor and the Area Agency on Aging or other public or private entity operating said unit.

006.02D3 A description of the process that a Care Management Unit will use to monitor contractors.

006.02D4 Each Care Management Unit shall maintain accounting records as necessary for presentation of financial statements in accordance with generally accepted accounting principles.

006.02D5 Each Care Management Unit shall obtain and file with the Department an audit report by September 30th of each year. The audit shall be conducted in accordance with generally accepted auditing standards resulting in an opinion of the financial statements of Subsection 006.02D4.

006.02E CLIENT RIGHTS. The Care Management Unit shall have written policies and procedures on client rights, and those rights shall be given to the client prior to the assessment. As used in this section, client shall mean the person receiving services or his or her legal representative. Written policies and procedures shall include as a minimum the following:

006.02E1 Each client has the right to accept or reject care management services.

006.02E2 Each client has the right to be consulted in the development and to approve or disapprove his or her Long-Term Care Plan.

006.02E3 Each client has the right to choose available services and providers of services.

006.02E4 Each client has the right to receive care management services without regard to race, color, sex, national origin, religion, or disability.

006.02E5 Each client has the right to be informed of the name of the care manager responsible for his/her case.

006.02E6 Each client has the right to receive a description of available care management services, fees charged, and billing mechanisms.

006.02E7 Each client has the right to have access to his or her care management service file and record unless access is restricted by law or a State or Federal regulation.

006.02E8 Each client has the right to register complaints and the right to file grievances without discrimination or reprisal from the Care Management Unit.

006.02F CONFIDENTIALITY. The Care Management Unit shall have written policies and procedures which govern confidentiality of case records and information including the following:

006.02F1 Procedures for maintaining confidentiality in releasing information to other agencies or professionals and in obtaining information from outside agencies or professionals. Forms for such release and receipt of client information must be part of the policies and procedures.

006.02F2 Methods and procedures used to secure and to control access to records.

006.02F3 Procedures to be followed by staff and/or contractors when participating in Long-Term Care Plan conferences or consultations involving outside agencies or professionals.

006.02F4 Procedures to put all release forms and/or other documents legally approving the release of information in the client file or record.

006.02F5 Procedures for maintaining confidentiality of case records in use and in storage, including computerized case data.

006.03 CLIENT FILES Each Plan of Operation shall include policies and procedures for establishment of client files and records which shall include all documents relating to the client.

006.02A The Department shall have authority to inspect and review client files and records to evaluate performance and achievement of the Care Management Unit and to verify and audit the services provided and information published by the Care Management Unit.

006.04 TRAINING. A training plan which shall include as a minimum:

006.04A An orientation training for employees, contractors, volunteers, students or interns commensurate with their responsibilities in the Care Management Unit.

006.04B Required participation by the Care Management Unit Supervisor in training provided by the Department.

006.04C A schedule for in-service training, which shall include, but not be limited to, policies and procedures of the Care Management Unit, and techniques, methods, and research on Care Management.

006.05 STANDARDIZED LONG-TERM CARE ASSESSMENT DOCUMENT. Each Plan of Operation shall provide for the use of the standardized long-term care assessment document issued by the Department and made a part of these rules and regulations as Attachment B.

006.05A Each care manager shall be trained by the Care Management Unit Supervisor prior to using the assessment document.

006.06 LONG-TERM CARE PLAN. Each Plan of Operation shall have written policies and procedures concerning Long-Term Care Plan development.

006.06A Each Long-Term Care Plan will be developed in consultation with the client after an assessment; and with the client's approval, the client's family will be consulted in the plan development.

006.06B Each Long-Term Care Plan shall outline procedures for utilizing an interdisciplinary approach to care management which involves input from a variety of professionals, agencies, which may be already involved with the client, and support systems which may be available to the client.

006.06C Each Long-Term Care Plan will utilize and coordinate available and appropriate public and private resources so that persons receive, when reasonably possible, the level of care that best matches their level of need.

006.06C1 Services which are needed but not available will be recorded in the Long-Term Care plan, as well as those rejected by the client.

006.06D As a minimum, the Long-Term Care Plan should:

006.06D1 Establish individual goals and objectives agreed to by the client.

006.06D2 Establish a time frame for implementation of the Long-Term Care Plan.

006.06D3 Define the services which are needed, including any equipment or supplies.

006.06D4 Define who will provide each service.

006.06D5 Specify the availability of services, supplies and/or equipment.

006.06D6 Specify the costs and methods of service delivery.

006.06D7 Provide for reassessment upon change in client status.

006.06E MONITORING. The Plan of Operation shall provide written policies and procedures which detail the Care Management Unit's system for periodic monitoring of the delivery of services to the client. The purpose of periodic monitoring is to reasonably insure the continued appropriateness and effectiveness of the services being delivered as outlined in the Long Term Care Plan.

006.06F REVIEW. The review of the client's Long-Term Care Plan is to determine its continued appropriateness and shall occur at least annually.

006.06G ON-GOING CONSULTATION. There shall be ongoing consultation, including the regular exchange of ideas and comments between the client and the Care Management Unit.

006.07 ACCESSIBILITY OF SERVICES. Each Plan of Operation shall provide for development of a comprehensive directory of available public and private resources that documents Continuum of Care services, including both form and informal community-based services and institutions for use in referral activities of the Care Management Unit.

006.08 UNIFORM DATA COLLECTION. Each Plan of Operation shall provide for use of the Nebraska Care Management Information System as defined in Section 1 of these rules and regulations and which will be provided by the department to the Care Management Unit upon Certification.

006.08A Each Care Management Unit will have access to a compatible computer in order to use the Nebraska Care Management Unit Information System, and will be responsible for data entry and verification for quarterly and annual reports.

006.09 PERIODIC REVIEW. The Department shall conduct periodic review of each Care Management Unit for the purpose of evaluating the Care Management Unit's compliance with the Act and these rules and regulations.

006.09A In conducting a periodic review, the Department shall have access to files and records of the Care Management Unit and the files and records of the provider, supervisor or contractor of a Care Management Unit.

006.09B The Department shall use the results of a periodic review in the process of determining if Certification of a Care Management Unit shall continue.

006.10 AMENDMENT OF THE PLAN OF OPERATION. A certified Care Management Unit shall not change its Plan of Operation or its practice under such plan unless the proposed amendment has been submitted to and approved by the Department.

007 FEE SCALE. Each Care Management Unit shall use the fee scale as adopted and promulgated by the Department and set out in 007.03.

007.01 The fee scale will be based on family income defined as follows:

007.01A Family income is the total income the individual and spouse (in any) receives annually.

007.01B Income is money received as profit from fees (net income after business expenses, before taxes) from a person's own business, professional practice, partnership or farm.

007.01C Income shall include but not be limited to, regular payments such as social security, income from public assistance or welfare, interest, dividends, pensions, net rents, alimony, child support, or allotments.

007.01D Income includes wages, salary, commission, bonuses, or tips from all jobs (before deductions from taxes), including sick leave pay.

007.01E For the purposes of these rules and regulations, family shall mean an individual and his or her spouse.

007.02 The Department adopts as its poverty index the poverty income guidelines issued by the U.S. Department of Health and Human Services and published annually in the Federal Register.

007.03 A client whose family income is below 300% of the poverty level in the index issued by the Department will pay from 0 to 90 percent of the fee for the Care Management Unit services based on the following fee scale.

FAMILY INCOME EXPRESSED AS A PERCENT OF POVERTY	CLIENTS SHARE OF THE FEE FOR SERVICES
0 - 149 percent	0 percent
150 - 166	10
167 - 182	20
183 - 199	30
200 - 216	40
217 - 232	50
233 - 249	60
250 - 266	70
267 - 282	80
283 - 299	90
300 +	100

007.04 The Care Management Unit shall inform the individual of the fee for services prior to the delivery of services. Monthly statements of the services rendered and prior balance receivable, charges at full fee, sliding fee scale adjustments, payments received and ending balance receivable shall be sent to each client.

008 REIMBURSEMENT. The Department may reimburse a Care Management Unit for costs not paid for by the client or through other sources.

008.01 Reimbursement by the Department shall be based upon actual casework time units.

008.01A A casework time unit is one hour of reimbursable service by a Care Management Unit supervisor or care manager for a client. The reimbursable services are consultation, assessment, care plan development and coordination, referral of a client to other agencies and services, and care plan review and monitoring.

008.02 The value of a casework time unit shall be calculated by adding all expenses for personnel, administration and planning, client eligibility review, contractual services, and necessary supportive services and other necessary actual and indirect costs of the Care Management Unit, and dividing by the number of actual casework time units to be delivered by a Care Management Unit during the fiscal year as approved by the Department in the budget for the Care Management Unit.

008.03 The reimbursable amount of a casework time unit is based upon the difference between actual value of a casework time unit less fees collected from the client, payments from Medicaid and other third-party payers, and other sources of income to the Care Management Unit as specified in the Act.

008.04 The maximum reimbursable dollar amount per casework time unit is $54, but in no case shall the maximum reimbursement exceed the cost of an actual casework time unit minus costs paid by an individual or through other reimbursement specified in the Act.

008.05 The Department shall provide reimbursement only up to the limit of funds appropriated to the Department under the Act and may not exceed the approved budget and projected actual casework time units in a Care Management Unit's Plan of Operation.

008.06 In requesting reimbursement, the Care Management Unit grants authority to the Department to verify the service delivered to the client by inspecting individual client files and records which must be maintained in the client files and records which must be maintained in the Care Management Unit office, to verify costs allocated to the casework time unit, and to verify total income from an individual or client and from other sources.

008.06A The Department will not reimburse a Care Management Unit for any costs for which the Unit receives payment from an individual or client; or from other reimbursement by state or federal government programs or third-party payers; or from funds appropriated under the Nebraska Community Aging Services Act prior to the effective date of the Act, or from any other sources.

008.07 An Area Agency on Aging which fails to maintain the level of spending on Care Management services equal to the funds appropriated under the Nebraska Community Aging Services Act prior to the effective date of the Act, or to maintain the level of spending from other replacement funds are provided in the Act, shall be ineligible for reimbursement under this Act.

Date Received
by Department
on Aging: _____

Nebraska Department on Aging
APPLICATION
For
Recertification
of a Care Management Unit

Applicant Name: _____
Address: _____
City, State, Zip: _____
Name of Person to Contact about application, Address and Telephone if different than above:

_____

_____

DIRECTIONS FOR APPLICATION FOR RECERTIFICATION

1) Complete this form, attach necessary information, and submit it to the Nebraska Department on Aging, P. O. Box 95044, Lincoln, NE 68509, anytime between 120 and 90 calendar days before the expiration of certification.

2) A. If the Provider is a corporation, attach a resolution that has been adopted by the Governing Unit of the Care Management Unit's Provider Organization approving Application for Recertification; and

Provider for the signature of the chairperson of the Governing Unit to the statement below:

I, _____
chairperson of the _____
(name of agency)
certify that the Governing Board has authorized application for recertification of the Care Management Unit within Planning and Service Area _____.
(appropriate letter designation)

Date: _____ Signature: _____
Title: _____

APPLICATION
For
Recertification
of a Care Management Unit (continued)

B. If the Provider of a Care Management Unit is a sole proprietorship or partnership, provide for the signature of the duly authorized person to the statement below:

I, _____
(name and title)

of _____

Certify that I am the authorized agent of the above organization and am authorized to apply for recertification of the Care Management Unit within Planning and Service Area _____

_____
(put appropriate letter designation here)

Date: _____ Signature: _____
Title: _____

3) Attach to this application form any change proposed to the Care Management Unit's current certified Plan of Operation which is to be effective with Recertification, along with explanation supporting the reasons for any proposed change.