

LEGISLATIVE BILL 698

Approved by the Governor March 30, 2016

Introduced by Mello, 5; Bolz, 29; Campbell, 25; Cook, 13; Davis, 43.

A BILL FOR AN ACT relating to health; to amend sections 71-516.01, 71-516.02, 71-516.03, 81-2201, 81-2213, 81-2218, 81-2220, 81-2221, and 81-2235, Reissue Revised Statutes of Nebraska, section 71-516.04, Revised Statutes Cumulative Supplement, 2014, and sections 68-901, 71-401, and 71-403, Revised Statutes Supplement, 2015; to adopt the Home Care Consumer Bill of Rights Act; to provide a penalty; to adopt the Assisting Caregiver Transitions Act; to require that certain providers be subject to a national criminal history record information check as prescribed; to define and redefine terms; to provide for a memory care endorsement under the Health Care Facility Licensure Act; to change provisions of the Alzheimer's Special Care Disclosure Act; to change and eliminate provisions of the Nebraska Community Aging Services Act; to harmonize provisions; to provide operative dates; to repeal the original sections; to outright repeal section 81-2228, Reissue Revised Statutes of Nebraska; and to declare an emergency.

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

Section 1. Sections 1 to 6 of this act shall be known and may be cited as the Home Care Consumer Bill of Rights Act.

Sec. 2. For purposes of the Home Care Consumer Bill of Rights Act:

(1) Home care consumer means any person who receives home care services and who is (a) sixty years of age or older or (b) a person with disabilities and is younger than sixty years of age. Home care consumer shall also include the parent or guardian of the home care consumer when the consumer is a minor child;

(2) Home care services means home and community-based services the purposes of which are to promote independence and reduce the necessity for residence in a long-term care facility, including, but not limited to, personal care services designed to assist an individual in the activities of daily living such as bathing, exercising, personal grooming, and getting in and out of bed, and which are provided under the medicare program under Title XVIII of the federal Social Security Act, as amended, the medicaid program under Title XIX of the federal Social Security Act, as amended, or any other public or private program providing home care services; and

(3) Provider of home care services means a public or private organization that provides home care services or arranges for the provision of home care services by an independent contractor.

Sec. 3. (1) A home care consumer who is a minor child shall be represented by his or her parent or guardian. Such parent or guardian shall act on behalf of the minor child in securing the minor child's rights under the Home Care Consumer Bill of Rights Act.

(2) A home care consumer who has been found by a court to be an incapacitated person shall be represented by a guardian. Such guardian shall act on behalf of the incapacitated person in securing the incapacitated person's rights under the Home Care Consumer Bill of Rights Act.

(3) A home care consumer or an incapacitated person who is not a minor child has the right to the assistance of an agent, an attorney, an individual designated pursuant to a power of attorney, or an individual otherwise designated in writing by the home care consumer to act on behalf of the home care consumer in securing his or her rights under the act.

Sec. 4. In addition to any other rights recognized under state or federal law, a home care consumer has the following rights:

(1) The right to confidentiality of all personal, financial, and medical information which is disclosed to a provider of home care services. A home care consumer also has the right of access to his or her own records and all written information from those records;

(2) The right to receive disclosure from the provider of home care services in writing and in plain language (a) whether the provider of home care services is an employer, a joint employer, an employee leasing company, or a contractor, as applicable, and (b) that the home care consumer (i) may be considered an employer under law and, if the home care consumer is so considered, may be held responsible for the payment of federal and state taxes, including, but not limited to, federal and state income taxes, taxes under the Federal Insurance Contributions Act for purposes of social security and medicare, contributions under the Federal Unemployment Tax Act and the Employment Security Law, payment of overtime pay and minimum wage, workers' compensation insurance, and any other applicable payments required under state or federal law and (ii) should consult a tax professional if the home care consumer is uncertain about his or her responsibility for such payments;

(3) The right to be informed of the home care consumer's rights under the Home Care Consumer Bill of Rights Act by a provider of home care services prior to receiving home care services. The provider of home care services shall provide a copy of the rights guaranteed by the Home Care Consumer Bill of

Rights Act in the format accessible to the consumer which may include paper, electronic, audio, large print, or braille;

(4) The right to be informed of the contact information for the entities the home care consumer may contact if the home care consumer's rights are violated, including the Consumer Protection Division of the Office of the Attorney General, in order to have grievances addressed in an appropriate and timely manner and without retaliation;

(5) The right to participate in the planning of his or her home care services, including, but not limited to, the right to make choices about aspects of the home care services that are important to him or her, choosing providers and schedules to the extent practicable, receiving reasonable accommodation of his or her needs and preferences, and involving anyone he or she chooses to participate with him or her in that planning;

(6) The right to receive sufficient information to make informed decisions, to be fully informed in advance about any proposed changes in home care services, and to be involved in the decisionmaking process regarding those changes;

(7) The right to refuse home care services;

(8) The right to be informed of the cost of home care services prior to receiving those services, whether the cost of home care services is covered under health insurance, long-term care insurance, or other private or public programs, and any charges the home care consumer will be expected to pay for such home care services. A home care consumer has the right to thirty days' advance notice of any changes to such costs or services;

(9) The right to receive care and services provided in a way that promotes his or her dignity and individuality; and

(10) The right to (a) express grievances about the quality of the home care services, the number of hours of home care services, and any violations of the home care consumer's rights under the Home Care Consumer Bill of Rights Act and (b) assert the rights under the act without retaliation.

Sec. 5. (1) When the Attorney General has cause to believe that any provider of home care services is violating the Home Care Consumer Bill of Rights Act, the Attorney General may enforce the act.

(2) For purposes of the act, the Attorney General may:

(a) Require a provider of home care services to file a statement or report in writing under oath or otherwise as to all facts and circumstances concerning the provision of home care services to the home care consumer;

(b) Examine under oath any person in connection with the provision of home care services;

(c) Examine any property or sample thereof, record, book, document, account, or paper as the Attorney General deems necessary; and

(d) Issue subpoenas to require the attendance of witnesses or the production of documents.

(3) The Attorney General may bring a civil action in the district court of any county in which a violation occurred, or in Lancaster County, seeking injunctive relief and a monetary award for civil penalties, attorney's fees, and costs. Any person who violates the act shall be subject to a civil penalty of not more than two thousand dollars for each violation.

(4) The Attorney General may also seek and recover actual damages for each health care consumer injured by a violation of the act.

Sec. 6. Any home care consumer who suffers a loss or harm as a result of a violation of the Home Care Consumer Bill of Rights Act may file a civil action to recover actual damages, attorney's fees, court costs, and any other remedies provided by law.

Sec. 7. Sections 7 to 14 of this act shall be known and may be cited as the Assisting Caregiver Transitions Act.

Sec. 8. For purposes of the Assisting Caregiver Transitions Act:

(1) Activities of daily living means transfer, ambulation, exercise, toileting, eating, self-administration of medication, and similar activities;

(2) Aftercare means assistance provided by a caregiver to a patient in the patient's residence after the patient's discharge from a hospital following an inpatient stay and may include, but is not limited to, (a) assisting with activities of daily living and (b) carrying out medical or nursing tasks, including, but not limited to, managing wound care, assisting in administration of medication, and operating medical equipment;

(3) Caregiver means a person nineteen years of age or older who is designated by a patient or a patient's legal guardian to provide aftercare;

(4) Hospital means a general acute hospital as defined in section 71-412; and

(5) Residence means the home in which a patient resides. Residence does not include an assisted-living facility as defined in section 71-406, a group home, a hospital as defined in section 71-419, an intermediate care facility as defined in section 71-420, a rehabilitation hospital as defined in section 71-427 or other rehabilitation facility, a nursing facility as defined in section 71-424, or a skilled nursing facility as defined in section 71-429.

Sec. 9. (1) A hospital shall give each patient or patient's legal guardian the opportunity to designate at least one caregiver as soon as practicable and prior to the patient's release.

(2) If a patient is unconscious or incapacitated upon his or her admission to the hospital, the hospital shall give the patient or the patient's legal guardian the opportunity to designate a caregiver as soon as possible after the patient's recovery of consciousness or capacity.

(3) A patient or his or her legal guardian is not required to designate a

caregiver at any time. If a patient or a patient's legal guardian declines to designate a caregiver, the hospital shall document this fact in the patient's medical record.

Sec. 10. (1) If a patient or a patient's legal guardian designates a caregiver, the hospital shall record in the patient's medical record the designated caregiver's name, his or her relationship to the patient, and the caregiver's telephone number, residence address, and other contact information.

(2) A patient or a patient's legal guardian may change the caregiver designation at any time. The hospital shall document the change in the patient's medical record before the patient's discharge.

(3) A person designated as a caregiver is not obligated to accept such designation or to perform aftercare for the designating patient or patient's legal guardian.

Sec. 11. If a patient or a patient's legal guardian designates a caregiver, the hospital shall notify the caregiver of the patient's discharge from the hospital or transfer to another facility as soon as practicable which may be after the patient's physician issues a discharge or transfer order. If the hospital is unable to contact the caregiver, such lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or the medically appropriate discharge or transfer of the patient. The hospital shall document all attempts to contact the caregiver in the patient's medical record.

Sec. 12. (1) As soon as possible after designation of a caregiver and prior to the patient's discharge, the hospital shall attempt to consult with the patient or the patient's legal guardian and the caregiver and shall issue a discharge plan that describes the patient's aftercare needs. The discharge plan shall include, but need not be limited to:

(a) The name and contact information of the caregiver, as provided by him or her; and

(b) A description of the aftercare tasks necessary to maintain the patient's ability to reside in his or her residence.

(2) The hospital shall provide the caregiver with instructions concerning all aftercare tasks described in the discharge plan. The instructions shall include, but need not be limited to:

(a) A live demonstration of or instruction in the aftercare tasks, as performed by a hospital employee or other authorized individual in a culturally competent manner;

(b) An opportunity for the caregiver and the patient or the patient's guardian to ask questions about aftercare; and

(c) Answers to the caregiver's, patient's, and patient's legal guardian's questions in a culturally competent manner.

(3) The hospital shall document the instructions in the patient's medical record, including the date, time, and contents of the instructions and whether the caregiver accepted or refused the offer of instruction.

Sec. 13. The Assisting Caregiver Transitions Act does not:

(1) Create a private right of action against a hospital, a hospital employee, or a person with whom the hospital has a contractual relationship;

(2) Create additional civil or regulatory liability for a hospital, a hospital employee, or a person with whom the hospital has a contractual relationship;

(3) Supersede or replace existing rights or remedies under any other law;

(4) Affect a license issued to a hospital pursuant to the Health Care Facility Licensure Act;

(5) Establish a new requirement to reimburse or otherwise pay for services rendered by a caregiver for aftercare; or

(6) Interfere with an individual acting under a valid power of attorney for health care as defined in section 30-3402 or acting as a conservator as defined in section 30-2209.

Sec. 14. The Department of Health and Human Services may adopt and promulgate rules and regulations to carry out the Assisting Caregiver Transitions Act.

Sec. 15. Section 68-901, Revised Statutes Supplement, 2015, is amended to read:

68-901 Sections 68-901 to 68-975 and section 16 of this act shall be known and may be cited as the Medical Assistance Act.

Sec. 16. (1)(a) Any provider with a high categorical risk level as determined by the Centers for Medicare and Medicaid Services or the medicaid assistance program established pursuant to the Medical Assistance Act shall be subject to a fingerprint-based criminal history record information check.

(b) Such provider who is an individual, or any individual with at least a five percent direct or indirect ownership interest in any such provider, shall provide his or her fingerprints to the Nebraska State Patrol. The Nebraska State Patrol shall undertake a search for fingerprint-based criminal history record information relating to such provider, including transmittal of the fingerprints to the Federal Bureau of Investigation for a national fingerprint-based criminal history record information check.

(c) The fingerprint-based criminal history record information check shall include information concerning the provider from federal repositories of such information and repositories of such information in other states, if authorized by federal law.

(d) The Nebraska State Patrol shall issue a report to the department that includes the fingerprint-based criminal history record information concerning the provider.

(e) The provider or individual being screened shall pay the actual cost of the fingerprinting and fingerprint-based criminal history record information check.

(2) The department shall maintain a record of the results of the fingerprint-based criminal history record information check.

(3) The department may deny or terminate the enrollment of:

(a) Any provider who is an individual who does not pass the national fingerprint-based criminal history record information check; or

(b) Any provider in which an individual with at least a five percent direct or indirect ownership interest in the provider does not pass the national fingerprint-based criminal history record information check. Criteria for not passing the fingerprint-based criminal history record information check includes at least the following: (i) Any criminal conviction within the last ten years related to the provider's involvement with the federal Health Insurance for the Aged Act, 42 U.S.C. 1305 et seq., any program or assistance set forth in Chapter 68, or the federal Children's Health Insurance Program established pursuant to 42 U.S.C. 1397aa, as such act, laws, and section existed on January 1, 2016; or (ii) any conviction involving fraudulent activities.

Sec. 17. Section 71-401, Revised Statutes Supplement, 2015, is amended to read:

71-401 Sections 71-401 to 71-470 and sections 19 to 22 of this act shall be known and may be cited as the Health Care Facility Licensure Act.

Sec. 18. Section 71-403, Revised Statutes Supplement, 2015, is amended to read:

71-403 For purposes of the Health Care Facility Licensure Act, unless the context otherwise requires, the definitions found in sections 71-404 to 71-431 and section 19 of this act shall apply.

Sec. 19. Memory care endorsement means an endorsement for the license of an assisted-living facility providing care for persons with cognitive impairments or dementia which meets the requirements for the endorsement under section 21 of this act.

Sec. 20. (1) An assisted-living facility may apply to the department for a memory care endorsement on a form prescribed by the department. Only an assisted-living facility which qualifies for the endorsement may advertise itself as an endorsed memory care facility and may qualify for reimbursement rates established pursuant to section 22 of this act.

(2) In order to qualify for the memory care endorsement, an assisted-living facility shall provide proof of meeting the qualifications established by the department pursuant to section 21 of this act.

Sec. 21. (1) The department shall adopt and promulgate rules and regulations establishing qualifications for a memory care endorsement. The qualifications shall be specific to those necessary for residents with cognitive impairment or dementia and shall include, but not be limited to, staffing enhancements, staff training, dedicated memory care programming, cultural competencies, facility requirements, and security issues.

(2) The department shall award a memory care endorsement to an assisted-living facility licensed under the Health Care Facility Licensure Act upon application which provides proof of meeting the qualifications and payment of the required fee.

(3) The department shall set the fee at an amount to cover the costs of administering the endorsement.

Sec. 22. The department shall examine the rates paid for care for persons with cognitive impairment or dementia, including state spending for such care and reimbursement rates paid for such care under the medical assistance program pursuant to the Medical Assistance Act. The department shall make findings regarding cost-savings for providing care for persons with cognitive impairments or dementia in assisted-living facilities with a memory care endorsement. The department shall make recommendations regarding a higher or supplemental reimbursement rate for assisted-living facilities which have a memory care endorsement and provide care for persons with cognitive impairments or dementia at a savings to the state or medical assistance program.

Sec. 23. Section 71-516.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-516.01 Sections 71-516.01 to 71-516.04 and section 27 of this act shall be known and may be cited as the Alzheimer's Special Care Disclosure Act.

Sec. 24. Section 71-516.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-516.02 The Legislature finds and declares that:

(1) Certain nursing homes and related facilities and assisted-living facilities claim special care for persons who have Alzheimer's disease, dementia, or a related disorder;

(2) It is in the public interest to provide for the protection of consumers regarding the accuracy and authenticity of such claims; and

(3) The provisions of the Alzheimer's Special Care Disclosure Act are intended to require such facilities to disclose the reasons for those claims, require records of such disclosures to be kept, and require the department Department of Health and Human Services to examine the records; and -

(4) Alzheimer's special care units provide care for persons with cognitive impairments and dementia and assisted-living facilities would benefit from a memory care endorsement.

Sec. 25. Section 71-516.03, Reissue Revised Statutes of Nebraska, is amended to read:

71-516.03 For the purposes of the Alzheimer's Special Care Disclosure Act: ~~7~~

(1) Alzheimer's special care unit ~~means shall mean~~ any nursing facility or assisted-living facility, licensed by the ~~department Department of Health and Human Services~~, which secures, segregates, or provides a special program or special unit for residents with a diagnosis of probable Alzheimer's disease, dementia, or a related disorder and which advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer's disease, dementia, or related disorder care services; ~~7~~

(2) ~~Department~~ means the Department of Health and Human Services; and

(3) Memory care endorsement has the same meaning as in section 19 of this act.

Sec. 26. Section 71-516.04, Revised Statutes Cumulative Supplement, 2014, is amended to read:

71-516.04 (1) Any facility which offers to provide or provides care for persons with Alzheimer's disease, dementia, or a related disorder by means of an Alzheimer's special care unit shall disclose the form of care or treatment provided that distinguishes such form as being especially applicable to or suitable for such persons. The disclosure shall be made to the ~~department Department of Health and Human Services~~ and to any person seeking placement within an Alzheimer's special care unit. The department shall examine all such disclosures in the records of the department as part of the facility's license renewal procedure at the time of licensure or relicensure.

(2) The information disclosed shall explain the additional care provided in each of the following areas:

(a 1) The Alzheimer's special care unit's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with Alzheimer's disease, dementia, or a related disorder;

(b 2) The process and criteria for placement in, transfer to, or discharge from the unit;

(c 3) The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;

(d 4) Staff training and continuing education practices which shall include, but not be limited to, four hours annually for direct care staff. Such training shall include topics pertaining to the form of care or treatment set forth in the disclosure described in this section. The requirement in this subdivision shall not be construed to increase the aggregate hourly training requirements of the Alzheimer's special care unit;

(e 5) The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;

(f 6) The frequency and types of resident activities;

(g 7) The involvement of families and the availability of family support programs; and

(h 8) The costs of care and any additional fees.

(3) In order to qualify for a memory care endorsement, an assisted-living facility making a disclosure under this section shall comply with section 21 of this act.

Sec. 27. An assisted-living facility which is an Alzheimer's special care unit may apply for a memory care endorsement as provided in the Health Care Facility Licensure Act but shall not advertise itself as an endorsed memory care unit without such endorsement.

Sec. 28. Section 81-2201, Reissue Revised Statutes of Nebraska, is amended to read:

81-2201 Sections 81-2201 to ~~81-2227 81-2228~~ shall be known and may be cited as the Nebraska Community Aging Services Act.

Sec. 29. Section 81-2213, Reissue Revised Statutes of Nebraska, is amended to read:

81-2213 The department shall have the following powers and duties:

(1) To develop, approve, and submit to the Governor a two-year, three-year, or four-year state plan on aging, as determined by the department, for purposes of administering grant funds allocated to the state under the federal Older Americans Act of 1965, as such act existed on January 1, 2016, ~~as now or hereafter amended~~, or administering state funds allocated to the Nebraska Community Aging Services Act;

(2) To cooperate with similar departments, commissions, or councils in the federal government and in other states;

(3) To adopt and promulgate rules, regulations, and bylaws governing its procedure and activities and as necessary to carry out the policies of the department and the policies prescribed by the Administration on Aging pursuant to the federal Older Americans Act of 1965, as such act existed on January 1, 2016, ~~as now or hereafter amended~~;

(4) To create committees to aid in the discharge of its powers and duties;

(5) To cooperate with and assist other state and local governmental agencies and officials on matters relating to services for older individuals;

(6) To divide the state into planning-and-service areas as provided in section 71-807 for behavioral health regions, except that Regions 3 and 5 may each be divided into two planning-and-service areas with boundaries as established by the department for planning-and-service areas in existence in those regions on July 1, 1982;

(7) To establish minimum standards for program operations and to adopt and promulgate rules and regulations for the performance of area agencies on aging and for any services provided by such area agencies on aging which are funded

in whole or in part under the Nebraska Community Aging Services Act or the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended;~~

(8) To require the submission of a two-year, three-year, or four-year ~~one-year and a five-year~~ area plan and budget by each area agency on aging or agency seeking designation as an area agency on aging. Such plans and budgets shall be submitted sixty days prior to the start of each fiscal year in accordance with the uniform area plan format and other instructions issued by the department;

(9) To review and approve a two-year, three-year, or four-year ~~one-year and a five-year~~ area plan and budget for the support of each area agency on aging and the provision of eligible activities and services as defined in section 81-2222;

(10) To adopt and submit electronically to the Legislature a community aging services budget;

(11) To review the performance of each area agency on aging and, based on the department-approved area plan and budget, to determine the continued designation or the withdrawal of the designation of an area agency on aging receiving or requesting resources through the state or under the Nebraska Community Aging Services Act or the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended.~~ After consultation with the director of the area agency on aging and the governing unit of the area agency on aging, the department may withdraw a designation when it can be shown that federal or state laws, rules, or regulations have not been complied with, state or federal funds are not being expended for the purposes for which they were intended, or older individuals are not receiving appropriate services within available resources. Withdrawal of a designation may be appealed to the department. Upon withdrawal of a designation, the department may temporarily perform all or part of the functions and responsibilities of the area agency on aging, may designate another agency to perform such functions and responsibilities identified by the department until the designation of a new area agency on aging, and, when deemed necessary, may temporarily deliver services to assure continuity;

(12) To conduct continuing studies and analyses of the problems faced by older individuals within the state and develop such recommendations for administrative or legislative action as appear necessary;

(13) To develop grants and plans, enter into contracts, accept gifts, grants, and federal funds, and do all things necessary and proper to discharge these powers and duties;

(14) To accept and administer any other programs or resources delegated, designated, assigned, or awarded to the department from public or private sources; and

(15) Such other powers and duties necessary to effectively implement the Nebraska Community Aging Services Act.

Sec. 30. Section 81-2218, Reissue Revised Statutes of Nebraska, is amended to read:

81-2218 The governing unit of the designated area agency on aging shall:

(1) In accordance with section 81-2219, employ a qualified administrator to serve as the chief executive officer for the administration of the agency and employ adequate staff for carrying out the area program plan;

(2) Approve and submit an a one-year and a five-year area plan and budget to the department pursuant to section 81-2213 by July 1 of each year. The plan shall comply with the requirements of the Nebraska Community Aging Services Act and the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended;~~

(3) Approve such contracts and agreements as are necessary to carry out the functions of the agency; and

(4) Establish and consult with an area advisory council on needs, services, and policies affecting older individuals in the area. The advisory council for the area agency on aging shall establish bylaws which specify the role and functions of the council, number of members, selection of members, term of membership, and frequency of meetings.

Sec. 31. Section 81-2220, Reissue Revised Statutes of Nebraska, is amended to read:

81-2220 An area agency on aging shall:

(1) Monitor, evaluate, and comment on policies, programs, hearings, and community actions which affect older individuals;

(2) Conduct public hearings, studies, and assessments on the needs of older individuals living in the planning-and-service area;

(3) Represent the interests of older individuals to public officials and to public and private agencies or organizations;

(4) Cooperate, coordinate, and plan with other agencies, organizations, or individuals to promote benefits and opportunities for older individuals consistent with the goals of the Nebraska Community Aging Services Act and the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended;~~

(5) Develop an a one-year and a five-year area plan and budget pursuant to section 81-2213 for a comprehensive, coordinated program of community aging services needed by older individuals of the area and consistent with the requirements of the Nebraska Community Aging Services Act and the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended;~~

(6) Monitor and evaluate the activities of service providers to ensure

that the services being provided comply with the terms of the grant or contract. When a provider is found to be in breach of the terms of its grant or contract, the area agency on aging shall enforce the terms of the grant or contract;

(7) Comply with rules, regulations, and requirements of the department which have been developed in consultation with the area agencies on aging for client and fiscal information and provide to the department information necessary for federal and state reporting, program evaluation, program management, fiscal control, and research needs; and

(8) Provide technical assistance to service providers as needed, prepare written monitoring reports, and provide written reports of onsite assessments of all service providers funded by the area agency on aging according to the rules and regulations promulgated by the department.

Sec. 32. Section 81-2221, Reissue Revised Statutes of Nebraska, is amended to read:

81-2221 ~~The one-year and the five-year area plan and budget adopted pursuant to section 81-2220 shall contain at least the following:~~

(1) Provisions required by the Nebraska Community Aging Services Act and the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended~~; and

(2) A detailed statement of the manner in which the area agency on aging develops, administers, and supports the comprehensive, coordinated program of community aging services throughout the area.

The department may require minimum service levels for the area and establish minimum standards for activities which carry out the requirements of the Nebraska Community Aging Services Act and the federal Older Americans Act of 1965, as such federal act existed on January 1, 2016, ~~as now or hereafter amended~~.

Sec. 33. Section 81-2235, Reissue Revised Statutes of Nebraska, is amended to read:

81-2235 (1) Each care management unit may be reimbursed by the Department of Health and Human Services for costs not paid for by the individual or through other reimbursement specified in section 81-2234. Reimbursement by the department shall be based on actual casework time units expended on all care management services provided and shall include expenses for personnel, administration and planning, client eligibility review, contractual services, and necessary support services and other necessary actual and indirect costs. Standardized rates of reimbursement shall be adopted and promulgated by the department and shall be adjusted at least every three years.

(2) Appropriations for reimbursement by the department for services provided under sections 81-2229 to 81-2235 and for the costs of the department to administer the program shall be appropriated separately from funds appropriated under the Nebraska Community Aging Services Act.

~~(3) Funds appropriated under this section shall not be used to replace funds appropriated under the Nebraska Community Aging Services Act and granted to the area agencies on aging prior to August 30, 1987, and used to provide case management or care management services in their planning and service area, except that such funds may be replaced by non-Nebraska Community Aging Services funds that are obtained subsequent to August 30, 1987, as allowed under rules and regulations adopted and promulgated by the Department of Health and Human Services.~~

Sec. 34. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, and 37 of this act become operative three calendar months after the adjournment of this legislative session. The other sections of this act become operative on their effective date.

Sec. 35. Original sections 71-516.01, 71-516.02, 71-516.03, 81-2201, 81-2213, 81-2218, 81-2220, 81-2221, and 81-2235, Reissue Revised Statutes of Nebraska, section 71-516.04, Revised Statutes Cumulative Supplement, 2014, and sections 71-401 and 71-403, Revised Statutes Supplement, 2015, are repealed.

Sec. 36. Original section 68-901, Revised Statutes Supplement, 2015, is repealed.

Sec. 37. The following section is outright repealed: Section 81-2228, Reissue Revised Statutes of Nebraska.

Sec. 38. Since an emergency exists, this act takes effect when passed and approved according to law.