

Division of Developmental Disabilities

Quarterly Provider Meeting November 2, 2021

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Welcome

Jennifer A. Perkins

**Deputy Director of Performance and Innovation
Developmental Disabilities Division- Home and Community
Based Services**

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Liberty Healthcare Update

November 2, 2021



Liberty Mortality Review Process

— Expedited Reviews

- Death is unexpected, unexplained or raises some initial concerns about the circumstances surrounding the death, i.e., possible abuse, neglect, lack of access to medical care, involvement of law enforcement, etc.

— Non-Expedited Reviews

- Deaths that are expected, explained and do not raise concerns regarding circumstances surrounding the deaths. May be backlogged, depending on the volume of Expedited Reviews taking priority.

— Mortality Review Committee (MRC)

— Mortality Review Recommendations





Expected & Unexpected Deaths

3 rd Quarter 2021 Mortalities – Expected & Unexpected				
Program	Total Mortalities	Type of Mortality		
		<u>Expected</u>	<u>Unexpected</u>	<u>Not Reported*</u>
Comprehensive Developmental Disabilities	13	4	6	3
Developmental Disabilities Adult Day	2	0	1	1
Grand Total	15	4	7	4

*Represents mortalities that were triaged in the reporting period, but the mortality reviews were not completed by the end of that period. Therefore, data points were not available.



Manner of Death

3 rd Quarter 2021 – Mortalities by Manner of Death			
Program	Total Mortalities	Manner of Death	
		Natural	<u>Not Reported</u>
Comprehensive Developmental Disabilities	13	8	5
Developmental Disabilities Adult Day	2	0	2
Grand Total	15	8	7

*Represents mortalities that were triaged in the reporting period, but the mortality reviews were not completed by the end of that period. Therefore, data points were not available.



Leading Causes of Death

As listed in the death certificate, the leading of causes of death across all DHHS-DDD waiver programs:

- Heart disease
- Respiratory illness
- Nervous system disorders



Mortality Review Committee (MRC)

- Meets every other month
- Identifies trends in mortality data, makes recommendations, and supports the implementation of the recommendations
- Members include family caregivers, advocates, Liberty staff, DHHS staff, and staff from other state entities



Mortality Review Next Steps

— **Provider Recommendation Letters**

- Began October 11, 2021
- Target opportunities for improvement and will yield valuable data
- Improvements may take form of provider technical assistance, systemic alerts and advisories, and provider protocols

— **Others at Risk Protocol**

- Go-Live in April 2022
- Identify other participants who might be at risk for harm

— **Corrective Action Plan**

- Go-Live in July 2022
- A plan outlining specific corrective actions to be taken by a provider to improve the quality of care or services as a result of a mortality review or MRC review of a mortality case



Stakeholder Strategic Planning Session

Update on the Liberty Contract

- A presentation on the Quality Improvement contract was given to give a foundation for what to expect over the life of the contract.

External Stakeholder Feedback

- External stakeholders (families, guardians, providers and participants) were separated into topic areas and asked to discuss what is working in the current system and what could be improved.
- White paper is being finalized and will be disseminated.

Collaborative Workgroup

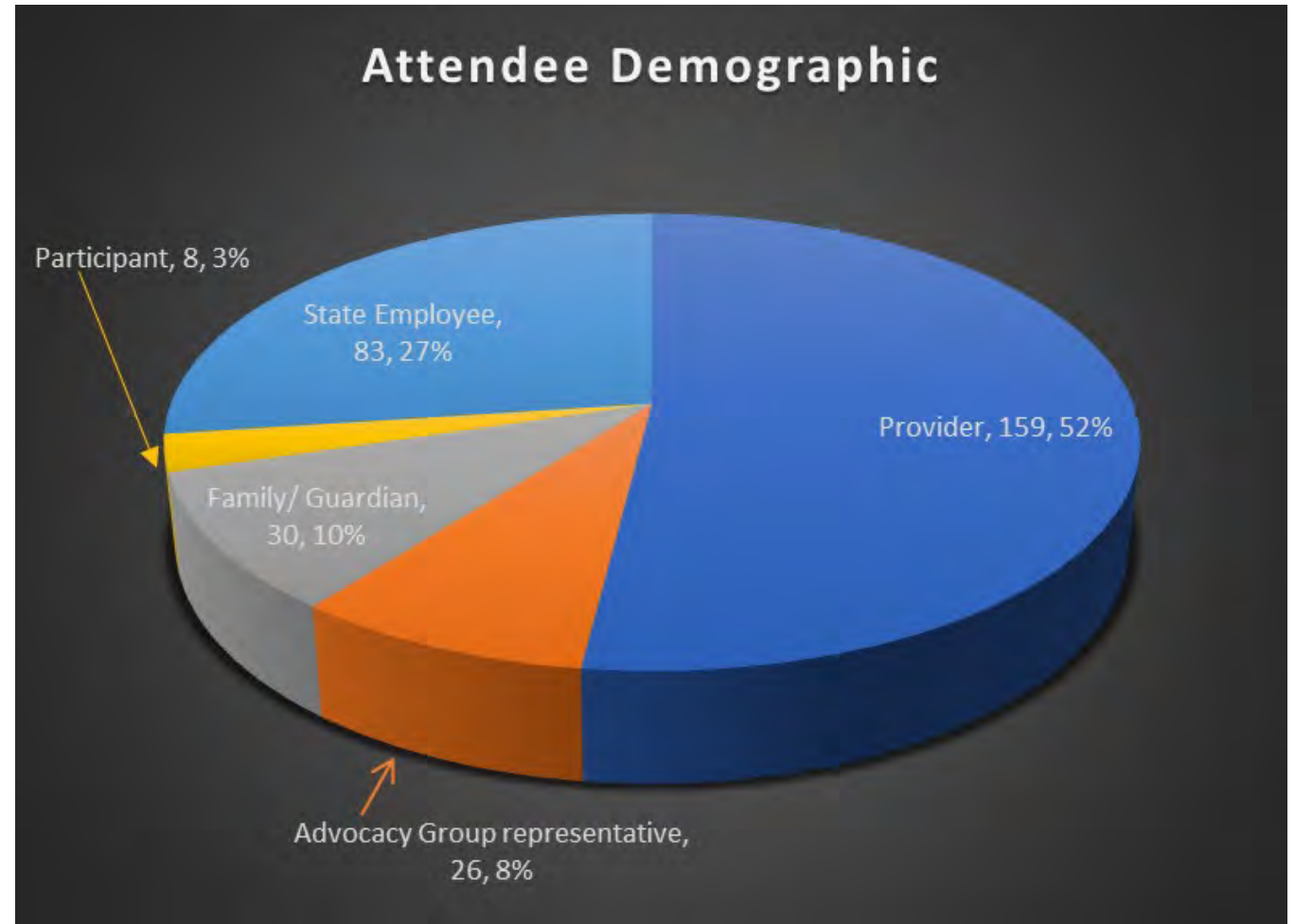
- Representatives of stakeholder will give feedback to quality improvements. More to come....





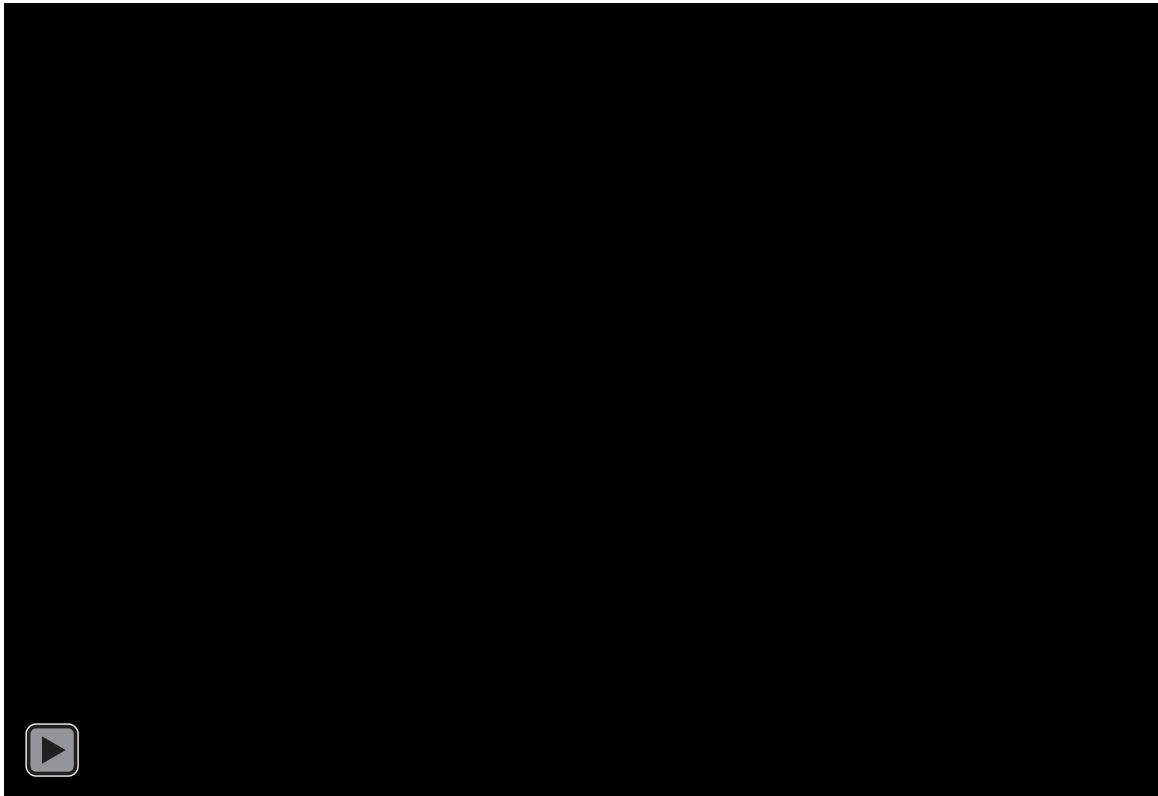
Participation

- 308 total registration
- Average of 180 in attendance throughout session
- Additional sessions will be scheduled in 2022





Critical Incident Management Process



Internal DHHS-DDD & Liberty Workgroup

- Started October 14, 2021
- Working towards moving the current system to a more proactive process to reduce risk and increase quality of life for participants.
- Liberty incident investigators will review and triage incidents.
- Pilot April 2022
- Go-Live July 2022

If you have questions



Darryl Millner | Executive Director
Nebraska Quality

p: (402) 500-6525 | **m:** (605) 220-4879

Darryl.Millner@nebraska.gov

Jenn Quigley | Assistant Director

p: (402) 500-6525 | **m:** (308) 218-7577

Jennifer.Quigley@nebraska.gov



@LibHealthCorp

www.libertyhealthcare.com

Alternative Compliance Process

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Alternative Compliance Requests

- Alternative compliance regulations can be found in Title 404 NAC Chapter 1 as well as the DD Policy Manual, Chapter 7, Section N.
- Requests must be in written format and include the following (Title 404 NAC 1-003.01):
 1. Citation of the specific part of the **regulation** for which alternative compliance is being requested;
 2. Rationale supporting the request for alternative compliance;
 - The rationale should be as detailed as possible, and can include supporting documentation. The rationale should also include what has been attempted before and why it was not successful, as well as a plan to step down or end the need for alternative compliance.
 3. Activities or performance criteria to replace the requirement of the regulation and the date the provider is expected to attain alternative compliance (if appropriate);
 4. Signature of the director; and
 5. Authorization from provider's governing body/or designee to request alternative compliance.
- Requests should be submitted via SCOMM to the Alternative Compliance Mailbox. (Compliance, DHHSSDAlternative)

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Alternative Compliance Committee

- Once the request is submitted, the Alternative Compliance Committee will meet to discuss the request.
- The Committee may make a decision at that point, or request additional information.
- NEW: The Alternative Compliance Committee will invite the requesting provider to the portion of the meeting in which their request will be discussed. The provider is encouraged to attend, but is not required.
- Once the Committee has all of the information, a decision will be made regarding the request and a letter will be sent to the provider via SCOMM, notifying them of the decision.

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Alternative Compliance vs. Exception Requests

- While alternative compliance and exception requests are similar, they are not the same.

Alternative Compliance Requests	Exception Requests
Request to deviate from Regulation	Request to deviate from waiver or policy
Cannot add funding to participant budgets	Can add additional funding under certain circumstances
Are not service specific	Must be requested to use Medical In-Home or Behavioral In-Home services

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Nebraska DHHS Electronic Visit Verification Update

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EVV Project Review

Nebraska Implementation History

- Registration date: **12/20/2020**
- Start date for DD waiver providers using Therap: **01/01/2021**
- Netsmart (formerly Tellus) EVV launch date: **01/03/2021**
- Start Date for Agency Providers with third-party EVV vendors: **01/03/2021**

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EVV Project Review

Covered Services

Developmental Disabilities Waiver covered by Therap

- Independent Living
- Supported Family Living
- Medical In-Home Habilitation
- Behavioral In-Home Habilitation
- Respite
- Respite (In-Home)
- Homemaker (Independent/Agency)



Aged & Disabled Waiver covered by Netsmart (formerly Tellus)

- Chore (Discontinuing 10/31)
- Personal Care (Effective 11/1)
- Companion (Effective 11/1)
- Respite Care (In-Home)
- Disability-related Child Care (In-Home)



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Current Projects

Chore (1691) Unbundling on AD Waiver

What:

Chore (1691) was discontinued on 10/31 and replaced by two service codes- Personal Care (5761) and Companion (9510) on **November 1**.

Why:

This change will help DHHS to better align with the CMS classifications and is being required as a part of our Waiver renewal.

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Current Projects

EVV Changes to DD Waiver Amendments

What:

- **Homemaker-** Now an EVV Service as of November 1
- **Residential Habilitation-** Removed partial day rate. When provider is in residence less than ten hours, ½ daily rate will be paid
- **Respite-** Removed the daily rate

Why:

- This change will help DHHS to better align with the CMS classifications and is being required as a part of our waiver amendment.

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Current Projects

Provider & TCM Customer Service Experience

What:

DDD is working to transition Customer Service on the AD Waiver from the EVV Project Team to an in-house team to provide better support to our providers and TCMs as well as continuing to meet regularly with Netsmart to evaluate and track Netsmart Call Center performance.

Customer Support Experience

One-Stop Shop- All Provider issues can be directed to the EVV mailbox at: DHHS.MedicaidFA-EVV@Nebraska.gov

Customer Support Team- *Shauna Adams, Provider Relations; Karen Houseman, TCM Relations; Lelia Razey, Claims Support*

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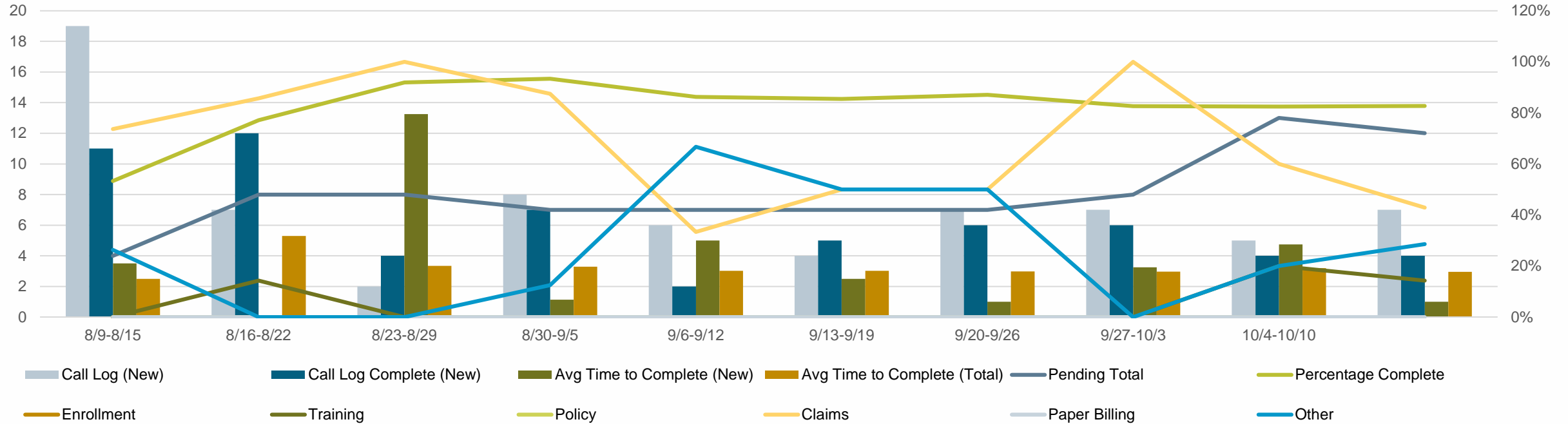
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AD Customer Support Log

Contact Log Summary Chart



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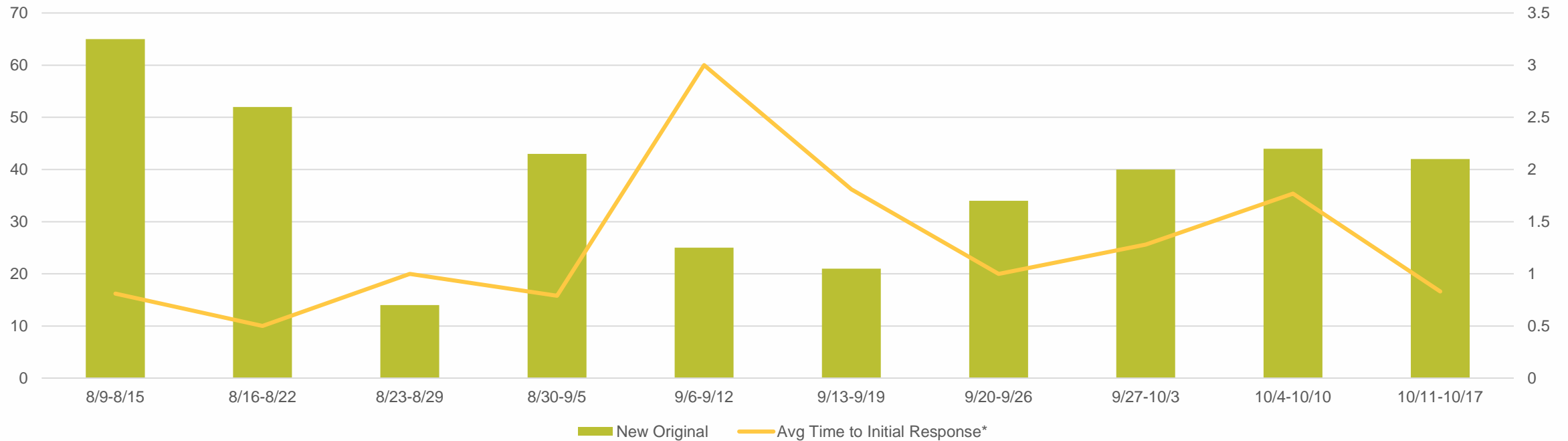
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AD Customer Support Log

DHHS Email Log Summary Chart



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DD Customer Support

DDD is currently working with Therap to secure similar data on Customer Support experience on Developmental Disabilities waivers.

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EVV Issues and Concerns

EVV Provider Support Inbox

DHHS.MedicaidFA-EVV@nebraska.gov

(402) 471-8716



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

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Maximus Enrollment of SLPs

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Background

- According to the Medicaid Home and Community-Based Services (HCBS) CDD waiver, Appendix C, p.63, “All agency providers of waiver services and Shared Living independent contractors must be a Medicaid provider, and must comply with all applicable licensure standards, Titles of the Nebraska Administrative Code, and Nebraska State Statutes. All agency providers of waiver services and Shared Living independent contractors must adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement.”
- Should you contract with a Shared Living provider, they must be enrolled as a Medicaid provider under your agency prior to providing services. Instructions on enrolling Shared Living providers as affiliates with your agency can be found on the Maximus website.

<https://nebraskamedicaidproviderenrollment.com/Documents/5HCBSSharedLiving.pdf>

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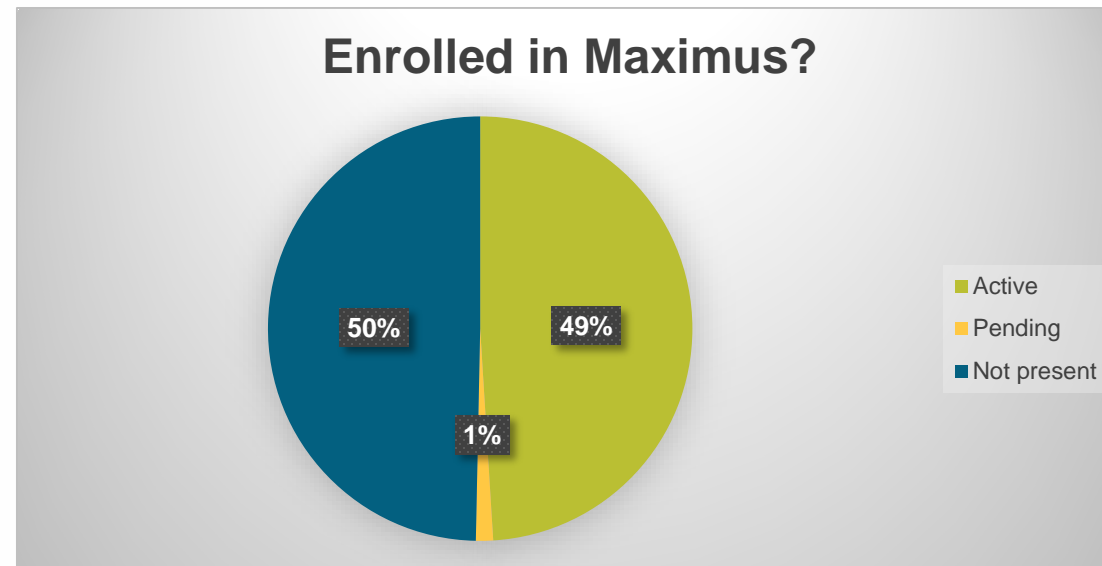
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Background (cont.)

- In February 2021, the DDD Quality Team began collecting data on Shared Living Providers “SLPs” that are not affiliated with a DDD provider in Maximus (DHHS’ provider enrollment broker).
- A sample of 153 SLPs were reviewed. Out of 153 SLPs, 74 were found to be actively affiliated with a DDD provider, 2 were pending affiliation, and 76 were not present on the Maximus.



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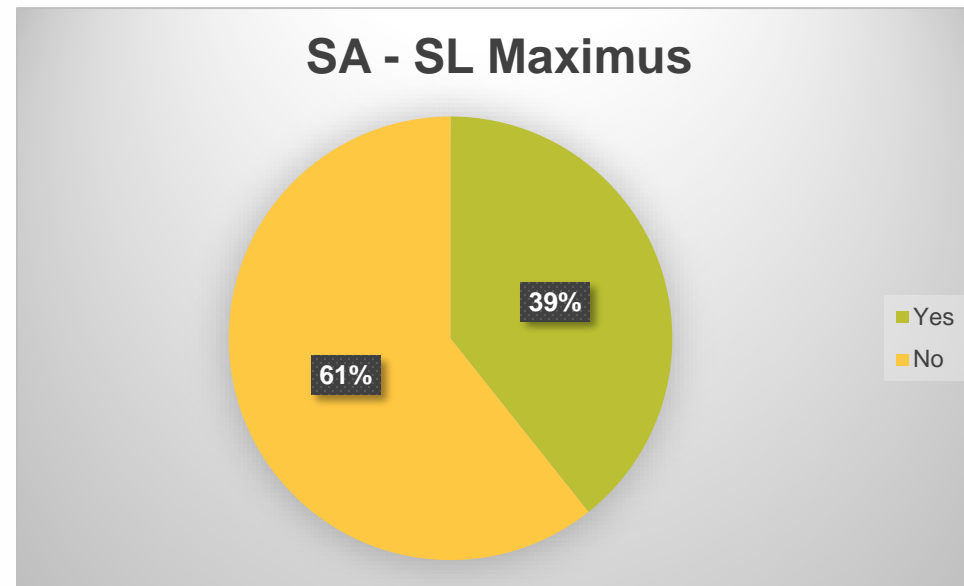
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Current State

- 318 SL self-assessments were submitted and reviewed between January 1, 2021 and September 30, 2021
 - 125 were actively affiliated in Maximus.
 - 193 were not found in Maximus.



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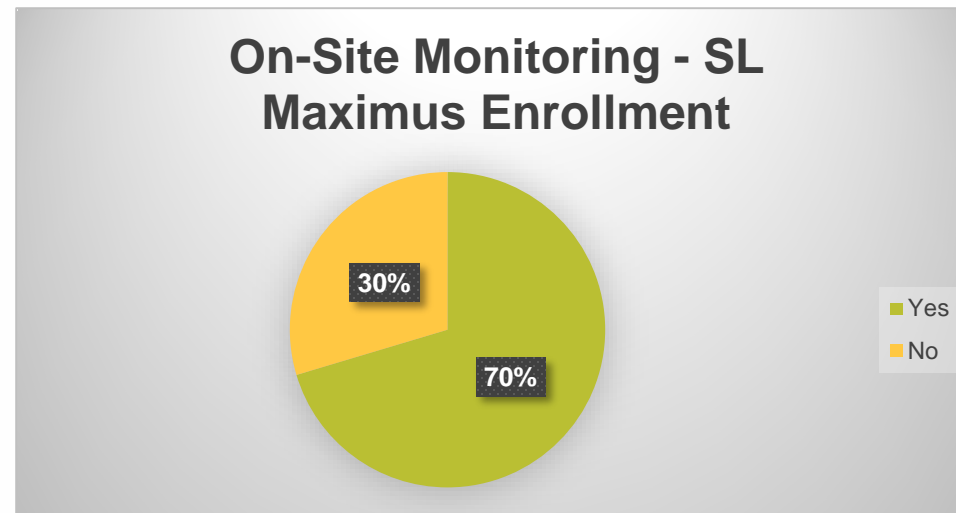
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Current State (cont.)

- Existing Shared Living selected for on-site monitoring were also examined from May 26, 2021 to October 5, 2021.
- Out of the 81 SL sites that had an on-site monitoring assessment:
 - *57 were actively affiliated in Maximus.*
 - *24 were not found in Maximus*



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Current Process to Help Providers

- When the Quality Team receives a self-assessment or completes a Shared Living on-site assessment, the Shared Living (SL) provider name and address is checked in Maximus to assure:
 - SL provider is actively affiliated under the correct provider and that the address is correct.
- This check is also completed when a SL self-assessment is received. The finding is documented on the letter sent to the provider.

This address was checked against the most recent Maximus enrollment list. Our results identified:

- It was found to be enrolled; no further action needed.
- This address was not found to be enrolled; please enroll.
 - N/A (Group Home, CDD or non-res)

- It is the provider's responsibility to assure the SL Provider is affiliated with the provider on Maximus **before** services are provided in the home.

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Self- Assessments (Final Rule)

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Review of the Assessment Process

- Effective March 2014, all settings subject to the Medicaid HCBS Final Settings Rule (42 Code of Federal Regulations [CFR] Parts 430, 431, 435, 436, 440, 441, and 447) are subject to immediate compliance.
 - Therefore all new sites must be assessed **prior to providing services**.
 - This applies to all locations including Residential Settings (Group Homes, Shared Living or Host Homes, and CDDs) and Non-Residential Settings (Habilitative Workshops, Adult Day Services Centers).
- All new settings must be self-assessed by the Agency provider with validation activities completed by DD staff as necessary. All Self-Assessment Surveys will be administered through Survey Monkey.
- To complete the self-assessment process, agencies must fill out the applicable DDD Self-Assessment Survey prior to beginning services in the setting. (New links coming soon for the 2022 year).
- Self-assessments must be submitted anytime the site changes location or provider changes.

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DD Review of Assessment & Determination

- Completed assessments will be reviewed by DDD staff within 15 business days to determine whether the DDD agency is in compliance or if an on-site visit is needed ([DD Provider Bulletin 20-04](#)).
- DDD Staff will issue a response (notification letter) to the agency via email.
- If an on-site visit is determined necessary, DDD staff will notify the agency via phone to schedule the on-visit.
- If the setting is found to be “fully compliant”, the agency is permitted to begin providing services in that setting once they have received their Fully Compliant letter from DDD.
- If the setting is found to be “partially compliant”, the agency will be required to correct the identified issues and submit evidence of remediation to DDD staff. The agency is not permitted to begin services in the setting until the setting is found to be “fully compliant.”

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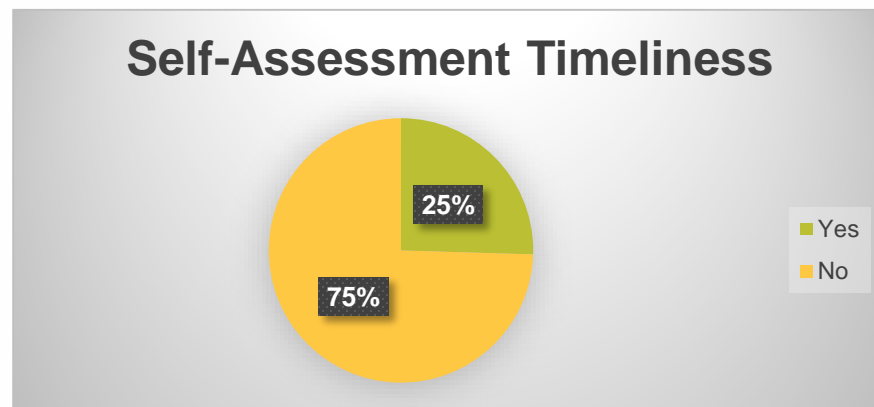
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Timelessness of Submissions

- As of 10/25/2021, 107 out of the 420 residential self-assessments have been submitted at least 15 business days prior to opening.



- It is very important to submit these assessments in a timely matter as the reviewers must have time to review these thoroughly before the setting opens. The setting cannot open until the review is completed and the setting is deemed “Fully Compliant”.
 - If the setting is for an emergency placement, please notify Ashley Knudtson (Ashley.knudtson@Nebraska.gov) as soon as possible to discuss an expedited review.

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PARTICIPANT RIGHTS AND RESTRICTIONS

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Legal, Human, and Civil Rights

People with developmental disabilities, including those receiving services through DDD, have the same legal, human, and civil rights under state and federal laws and constitutions as any other person. These rights include:

Right	Common Interventions that Restrict this Right
Privacy	Alarms, some types of supervision, room searches, phone call/internet use monitoring, reading of mail, removal/disallowance of locks on bedroom/bathroom doors
Freedom of Movement	Restraint/emergency safety intervention (ESI), bedrails, child locks in vehicles, blocking to prevent a person from entering/leaving a specific area
Choice	Limited diets/access to desired food, limits (including time limits) on types of activities, limits on clothing choices, limits on how personal funds can be spent
Access to Public Places	Limits on going to specific locations or general types of locations which are accessible by the general public
Access Own Property/Residence	Locked cabinets/doors/appliances, limits on when/how participant can access an item they own, locked personal funds/checkbook/debit card
Form Relationships	Limits on persons with whom the participant can associate, limits on visits/calls (including time/location), limits on interactions between participant and others

Limits on Rights Restrictions in DD Services

ISP teams can implement rights restrictions to be used by providers of DD services (both agency and independent), but must follow the requirements in applicable laws, regulations, waivers, and division policy, which include:

- Restrictions must **only** be used to mitigate a *genuine* and *immediate* risk to the participant or others. (HCBS waivers – Appendix G2)
- Rights **cannot** be treated as privileges. (404 NAC 4-007.01)
- A person's rights **cannot** be limited without due process. (404 NAC 6-004.01)
- DD services providers cannot use restrictions not directed/approved by the team. (404 NAC 6-004.01)
- There must be a goal of reducing or eliminating the restriction. (404 NAC 6-004.01)

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Limits on Rights Restrictions in DD Services (cont.)

- Restrictions cannot be used: (404 NAC 6-004.01)
 - As punishment
 - For the convenience of providers
 - Due to shortage of staff
 - As a substitute for habilitation
 - As an element of a positive support plan.
- A restriction must be the least restrictive and intrusive measure to mitigate the identified risk. (404 NAC 6-004.01)
- There must be documentation of less restrictive interventions which were attempted and unsuccessful. (404 NAC 6-004.01)
- The restriction must not affect other participants in the same setting to the greatest extent possible. (404 NAC 6-004.01)

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Prohibited Practices

Some practices and interventions are so restrictive and potentially harmful their use is prohibited in DD waiver services.

- Mechanical Restraint
- Physical Restraint (except when used as emergency safety intervention)
- Chemical Restraint
- Use of Aversive Stimuli
- Corporal Punishment
- Seclusion
- Verbal or Emotional abuse
- Denial of Basic Needs
- Discipline

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Required Safeguards/Documentation

When a rights restriction is used, it is required that specific information be documented in the ISP to ensure the team followed the required safeguards and considerations in approving the restriction. This includes:

Requirement	Considerations
Description of Restriction	<ul style="list-style-type: none">• What is the intervention?• How is it used?• When is the intervention used? When should it start and stop?• Should be specific to ensure intervention is used how team intends.
Rationale	<ul style="list-style-type: none">• What is the risk being addressed by the restriction?• How does the restriction address the risk?
Review of Previous Interventions	<ul style="list-style-type: none">• What other interventions/supports have been tried before considering a restriction?• Have less restrictive interventions been attempted? If no, why?
Review of Risk vs. Risk	<ul style="list-style-type: none">• Comparison of the risk/potential negative impact of the restriction itself to the risk being mitigated/addressed by the restrictive intervention.• The risk being addressed must be greater than the risk posed by the restriction itself.
Plan for Reduction	<ul style="list-style-type: none">• Must be a plan of reduction for all restrictions.• Must outline specific criteria for when reduction will be considered.

Required Safeguards/Documentation

Requirement	Considerations
Frequency of Team Review	<ul style="list-style-type: none"> All restrictions must be reviewed by the ISP semi-annually at a minimum.
Provider HLRC Review	<ul style="list-style-type: none"> Restrictive medications require semi-annual HLRC review and approval. All other restrictions require annual HLRC review and approval. Dates of most recent HLRC review/approval must be shared with the SC to include in ISP.
Safety Plan	<ul style="list-style-type: none"> Required for all rights restrictions. Must outline identified safety risks, interventions to address risks (including any restrictions), and instructions for use of restrictions/interventions.
Habilitation/Supports	<ul style="list-style-type: none"> When a restriction addresses a behavioral risk, there must be an FBA and BSP. When a restriction addresses a lack of adaptive skills, there must be a habilitation program. When a restriction addresses a medical risk/physical disability, any medical or clinical supports addressing the condition leading to the risk are outlined.
Physician Review (only psych meds)	<ul style="list-style-type: none"> Date of last review by prescribing physician. Date physician wants to see again for medication review.
Team Review of Medication (only psych meds)	<ul style="list-style-type: none"> Discussion of whether the medication impacts the participant's quality of life, ability to participate in activities and habilitation, etc.

Olmstead Update

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Previous Meetings/Activities

- October 5, 2021: Education and Employment Work Group
- October 14, 2021: Data Work Group
- October 20, 2021: Housing Work Group



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Important Upcoming Dates



December 15, 2021:
Olmstead Evaluation Due to NE Legislature

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Upcoming Meetings/Activities



- November 4, 2021: Transportation Work Group
- November 16, 2021: Olmstead Steering Committee
- November 18, 2021: Olmstead Advisory Committee
- December 7, 2021: Education and Employment Work Group
- December 9, 2021: Data Work Group
- December 15, 2021: Housing Work Group

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Safety Plan Template





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Safety Plan Template

Information for All Providers	
Policy Manual	«
General Guides	«
Functional Behavioral Assessments and Safety Plans	»
<ul style="list-style-type: none">Functional Behavioral Assessments & Behavior Support Plans  - The process to help participants with target behaviors.Functional Behavioral Assessment Template  - Expectations for a participant's FBA. This meets requirements listed in the Behavioral Health Service Definitions for Heritage Health.Safety Plan Template  - A fillable form.Safety Plan Example  - An example of the safety plan form.	
Appendix K - 2020 COVID-19 - March 6, 2020 to June 30, 2021	«
Forms	«

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Safety Plan Suggestions

5 Components

- List of Safety concerns
- Behavioral Supervision
- Health Supervision
- Supportive Devices
- Other Interventions

Note: This template (pictured to the right) may be used. It is not required but can be used to help ensure all necessary components are addressed.

Safety Plan Example

Participant: PARTICIPANT NAME		Effective Date: DATE SAFETY PLAN IMPLEMENTED	
Purpose: To provide an overview of the supports needed to maintain the safety and wellbeing of PARTICIPANT NAME and others.			
Provider: AGENCY	Plan Written By: NAME	<input type="checkbox"/> Residential	<input type="checkbox"/> Day Services
Description of Safety Concerns: <ul style="list-style-type: none"> • LIST ALL IDENTIFIED SAFETY CONCERNS/RISKS, INCLUDING A DESCRIPTION OF PRECIPITATORS/TRIGGERS/ETC. • EXAMPLE: Property Destruction – throwing items, punching walls, breaking eyeglasses and electronics <ul style="list-style-type: none"> ○ Triggers – changes in routine, loud environments ○ Precipitators – pacing, mumbling under breath ○ Behavioral/Medical Risk screens 			

Behavioral Supervision			
Type of Supervision	Where/When/Why	When Not Available	
DESCRIPTION OF WHAT SUPERVISION IS NEEDED (appropriate to assessed need or exception funding)	LOCATIONS AND TIMES SUPERVISION IS NEEDED AND REASON FOR SUPERVISION	WHAT IS THE PLAN FOR WHEN THE NEEDED SUPERVISION CANNOT BE PROVIDED	
EXAMPLE: One to One supervision (no shared staff)	EXAMPLE: During all waking hours, both at home and in public, due to high risk of physical aggression and elopement.	EXAMPLE: If non-shared 1:1 staffing is not available, contact home manager or on-call manager to have additional staff sent as soon as possible.	
EXAMPLE: Visual Supervision	EXAMPLE: When in public places due to risk of inappropriate sexual behavior	EXAMPLE: If staff is unable to maintain visual supervision in the public place, the outing should be discontinued.	

Health Supervision			
Type of Supervision	Condition/How effects Safety	Where/When/Why	When Not Available
DESCRIPTION OF WHAT SUPERVISION IS NEEDED	CONDITION REQUIRING THE SUPERVISION	LOCATIONS AND TIMES SUPERVISION IS NEEDED	WHAT IS THE PLAN FOR WHEN THE NEEDED SUPERVISION CANNOT BE PROVIDED
EXAMPLE: One to One Supervision (no shared staff)	EXAMPLE: Dysphagia-difficulty swallowing/unsafe swallowing	EXAMPLE: During all meals and snack times to slow down eating, ensure food consistency is correct and bites are the correct size, adaptive equipment is used	EXAMPLE: If non-shared 1:1 staffing is not available at the typical meal/snack time, meals and snacks will be provided before the scheduled meal/snack time when staffing is available.
EXAMPLE: Visual Supervision	EXAMPLE: Seizure disorder-will lose consciousness and fall	EXAMPLE: When bathing/showering to ensure safety in the event of a seizure	EXAMPLE: Bathing may be postponed until staff is available to supervise

10/22/21

Safety Plan Example

		when sitting in a tub of water to prevent injury or drowning	
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Supportive Devices			
Device	Where/When/Why	Staff's Response	When Not Available
DESCRIPTION OF DEVICE USED	WHERE AND WHEN THE DEVICE IS USED AND REASON FOR USING DEVICE	INSTRUCTIONS FOR STAFF WHEN DEVICE IS IN USE	WHAT IS THE PLAN FOR WHEN THE DEVICE IS UNAVAILABLE/NOT FUNCTIONING/ETC
EXAMPLE: Door alarm	EXAMPLE: On all exit doors of the home, turned on during hours of sleep to address risk of elopement.	EXAMPLE: When alarm sounds, staff should immediately locate the participant and provide redirection if attempting to elope.	EXAMPLE: Backup alarm and spare batteries should be kept on hand at all times.
EXAMPLE: Safety Belt in Wheelchair	EXAMPLE: Fastened at all times when in wheelchair as recommended by physician, to address risk of falls when participant stands without staff support	EXAMPLE: Fasten belt when participant is seated in wheelchair. When participant requests assistance to stand, provide assistance as soon as possible	EXAMPLE: Contact participant's physical therapist to replace belt if broken. Provide increased supervision to address fall risk until belt can be replaced.

Other Interventions			
Intervention	Where/When/Why	Staff's Response	When Not Available
DESCRIPTION OF INTERVENTION	WHERE AND WHEN INTERVENTION IS USED AND THE REASON FOR THE INTERVENTION	INSTRUCTIONS FOR STAFF WHEN INTERVENTION IS USED	WHAT IS THE PLAN WHEN THE INTERVENTION CANNOT BE USED
EXAMPLE: Psychotropic Medication	EXAMPLE: As prescribed to treat anxiety and aggressive behavior	EXAMPLE: Staff administer medication as prescribed	EXAMPLE: If medication is not available or cannot be given on time, contact on-call nurse
EXAMPLE: Locked cabinets/pantry/refrigerator	EXAMPLE: Locked at all times when participant is at home to address risks related to pica and choking	EXAMPLE: Keep cabinets/pantry/refrigerator locked and ensure participant cannot access keys. If participant accesses locked areas, monitor for choking risk and redirect.	EXAMPLE: Spare locks kept in staff office in case a lock breaks

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Description of Safety Concerns

- Includes anything about the participant in regard to supervision needs and other (behavioral and/or health) concerns.
 - For example: physical aggression, self-injurious behaviors, property destruction, falls, dysphasia, etc...
- Includes a description of triggers and precursors.
 - Triggers: What typically happens before the behavior.
 - For example: being told what to do
 - Precursors: Smaller behaviors that lead up to the hazardous behaviors.
 - For example: clenched fists
- Information from Medical and Behavioral screens can be included.

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Behavioral Supervision

Type of Supervision:

- Based on the assessed needs from the ICAP score or exception funding. Instructions to staff in the safety plan must be consistent with the assessed need or approved exception request.
 - See provider manual (Pages 55-57) on funding tiers

Things to consider when writing a safety plan:

- *Where:* Supervision may differ between vocational, residential, and community. Another consideration would be the use of the restroom and how those supports may differ from residential to the community.
- *When:* Supervision may differ depending on the time of day such as during hours of sleep or when awake.
- *Why:* Behaviors may range depending on the setting (example: A participant with elopement concerns may require a higher level of support in the community compared to at home.)

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Health Supervision

- **Type of Supervision:** Same as Behavioral supervision in that instructions to staff must be consistent with the assessed need or approved exception request.
- **How effects safety:** Varies by type of condition. Ex. A participant diagnosed with Dysphagia may have difficulty swallowing which may lead to safety concerns if they are eating without assistance.
- **Description (Where/When/Why):** If there are concerns for choking while eating, supervision might be needed at the location where the participant eats, during the times the participant is scheduled to eat.
- **When not available:** In our current example there needs to be plan to account for times when supervision is not available such as by adjusting meal and snack times when adequate supervision is available.

Supportive Devices

- **List all support devices used.** Example. A door alarm for elopement or a wheelchair for participants at risk of falls.
- **Description:** Include where each device is to be used, the purpose of each device, and why the devices are used.
- **Staff Response:** Needs to include instructions for staff such as when to use the device or how to respond. Example: If the door alarm goes off staff are to go to the location and redirect the individual inside.
- **When Not available:** Needs to address how the supportive device will be replaced or **what will be done to ensure the safety of the individual when the device cannot be used.**

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Other Interventions/Restrictions

- This includes anything outside of what is included in the other sections.
 - Example: Restrictions such as medications, restricted access to sharps, monitored phone calls, etc.....
- Description: As with the other interventions include when, where, and why the intervention is used.

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Exceptions Process

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Revised Request for Exceptions Form

Old form

04/18/2025 Request for Exception Form (03/2015)

Part 2: Provider Complete:

Provider representative, please review all information in Part 1 and verify it is what the team is requesting:

Yes, I have reviewed the information above and it is what the team agreed to submit

I reviewed the information above and it is **not** what the team agreed to submit

Here is what is **not** correct: _____

Explain the reason for exception request: _____

List the current supports in place that are successful: _____

What has the team and provider tried before that has been unsuccessful? _____

What is the plan to decrease supports? _____

Other relevant information regarding the current exception request? _____

The Division will have and review the current ISP, BSP, FBA, Safety Plan, Risk Screens, MAR data, GER data, and Annual Physical. The Division can review up to 90 days of TLoggs* if they are used to track data. If this is the case, the provider will need to supply the date ranges relevant to review. Remember the Division can only review documents in Therap that are in Approved Status, if they are in Pending Status, please attach.

DD Provider, submit with this request the following documentation. If certain types of documentation is not available, please explain:

- Documentation from medical appointments and/or medical testing/procedures within the past year that is not in the Health Module in Therap. *If there is documentation that is vital to be reviewed, provide a link to it in Therap below
- If not attached to the ISP, submit current plans/protocols (health plans, health protocols, etc.)
- Any applicable health data that applies to the request (blood sugar records, height/weight records, vital sign records, lab results, etc.)
- Hospital records for medical or behavioral hospital visits in the past year
- Summary of the last 90 days of behavioral data (minimum)
- Last psychological evaluation
- Any psychiatrist MD records from the past year

If the documentation requested above is in Therap, you must provide link to the specific information you want reviewed or attach to the SComm.

Links in Therap: _____

All other documentation needing to be reviewed, the provider will need to submit with this request.

Provider representative name: _____

Provider Agency: _____

Date DD Provider Completed Part 2: _____

Once Part 1 is completed by the SC/OCS and Part 2 is completed by the provider, the provider sends the form and potential attachments in a SComm to Kathy Arens and copy the assigned SC and SES in Therap. Kathy will then process the request and assign for a clinical review.

New form

Provider please complete section 2:

Please review section 1 and verify the information provided is correct, answer accordingly before submitting request for a clinical review.

If No, please briefly explain what is incorrect and re-submit to the SC: _____

Records from the last 90 days; such as a nursing plan, health plan, safety plan, behavioral assessment, incident reports, medication records, or **habilitative** program data will be reviewed by the clinical team for this request. If the participant is new, please attach proposed treatment plans.

Please choose a reason for this exception request: [Choose a reason](#)

Identify what services and supports are needed that require exception funding; such as additional staffing or additional, or awake, overnight staffing. [Click to enter](#)

List supporting documentation that was submitted with the Request for Exception to the Individual Budget Amount (Request for Exception to the IBA) form: [Click to enter](#)

The plan to decrease supports is: [Click to enter](#)

Section 2 completed by: [Click to enter name](#)

Enter date section was completed: [Click to enter date](#)

Please forward via [Therap scomm](#) to [DDEExceptions](#).

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Review Section 1

- Review to ensure section 1 is complete. The old form had providers checking a box indicated yes or no.
- New Form: After reviewing click on the drop down to indicate if the information is correct
 - Choose Yes or No depending on whether the information in section 1 is correct or not.
- If it is not correct: choose No and fill out the line below explaining why the section is not correct, stop filling the form out at this point, and return the form to SC.
- If the information is correct, select Yes and continue filling out the exception form.

Please review section 1 and verify the information provided is correct, answer accordingly before submitting request for a clinical review.

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Historical Information

Records from the last 90 days; such as a nursing plan, health plan, safety plan, behavioral assessment, incident reports, medication records, or habilitative program data will be reviewed by the clinical team for this request. If the participant is new, please attach proposed treatment plans.

- Identify what supporting documentation should be submitted with the Request for Exception.
 - This is the same if it's a new request or a renewal.
- For participants new to your agency: Please attach the proposed treatment plans (example: safety plans) regarding how your agency intends to provide support to them.

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Reason For This Exception Request

Please choose a reason for this exception request: Choose a reason

- Provider chooses between 3 options (Behavior or Medical or Both)
 - Medical Needs - Example: A participant has been recently discharged from the hospital and needs increased supports through the recovery process.
 - Behavioral Needs - Example: Having extra support due a participant who has high tendency to engage in intense self-injurious behavior and utilizing the extra support to prevent the individual from being a danger to themselves and causing severe injury.

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Services and Supports Needed

Identify what services and supports are needed that require exception funding; such as additional staffing or additional, or awake, overnight staffing. [Click to enter](#)

- *Unlimited text field for the agency type in information*
 - Why is approval needed? What has been tried and has not been successful?
 - If it is a new request what will the supports look like?

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Supporting Documentation and Plan To Decrease Support

- List all supporting documentation that is being submitted with Request for Exception to the IBA form. Examples: GERs, FBAs, medical reports, etc...
- Attach supporting documentation to the SComm
 - No longer will we require links in Therap to be included

Reminder:

- The Plan to Decrease the Support needs to be data driven and realistic. (Zero target behaviors in a year is not realistic for a participant on an enhanced tier.)
- Even if it seems as if this is a support that will never decrease, you still need to be able to show you are actively trying to lessen the participant's supervision.

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Submitting the Request

- Click the box to enter your name and date.
- Make sure all the requested information is filled out and complete.
 - The form has to be completed in entirety to be accepted.
- Forward the form and supporting documentation via Therap SComm to “Exception Requests, DHHS-DD”

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Jesse Bjerrum

DHHS Administrator

Jesse.Bjerrum@Nebraska.gov

(402) 471-8718



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

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Provider Engagement And Training

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Currently Working on Outreach

Target Audiences:

- Schools
- Families
- Social Service Agencies
- Community Partners

Possible Topics:

- Broad overview of agency services
- Eligibility and Enrollment
- Eligibility and Transition
- Changes to Waivers

Contact us:

- (402) 471-8501
- dhhs.developmentaldisabilities@Nebraska.gov
- Use the “Contact Us” on our public webpage

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Julie Johnston

Training Coordinator

Julie.Johnston@Nebraska.gov

(402) 471-8588



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

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Service Coordination

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Preparation for ISP Meetings

- Have the right people at the meeting
- Come prepared to discuss the completed assessments
- Be prepared to discuss program changes or new programs as a result of the assessments or discussion with Service Coordinator prior to the meeting.
- Following the ISP Meeting, submit documents that accurately reflect the agreed upon information at the meeting.

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Monitoring Service Delivery

- Service Coordinators are required to monitor service delivery in the environment in which services are provided.
- Service Coordinators will speak with both the participant and staff to gather needed information.
- Service Coordinators should not be scheduling these visits.
- When action is needed for service reviews, providers have 14 days to respond.

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Risk Mitigation

- When sensitive incidents occur, we need to make sure that others are not at risk.
- Service Coordination will request specific information regarding the incident including other participant names, staff names, action you as the provider are taking to follow-up and ensure everyone's health and safety moving forward.
- Teams should review participant(s) safety plans, protocols, ISP, etc.
- Service Coordination will often increase visits.

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Annual Physicals

- Plan ahead when scheduling Annual Physicals.
 - Do not wait until the Annual Physical is due to actually schedule the appointment.
- Review the physical form for completion before uploading into Therap.
 - Including, participants vitals, review of symptoms, a return date and the physicians signature.
- Upload the Annual Physical Form into Therap in a timely manner.

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Biennial ICAP Update

We have taken a look at our biennial ICAP process:

- The process currently takes a lot of staff time and resources
- Most ICAP funding amounts remain the same following the ICAP assessment
- ISP teams will review the need for an ICAP, based on changes to adaptive skills and problem behaviors:
 - Adaptive skills – both improvement and decline
 - Problem behaviors – both increase and decrease in frequency and severity of behaviors
- The team review will indicate the need for a new ICAP to be completed

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Biennial ICAP Update (cont.)

New process will likely include:

- A checklist for the team review;
- A signature required by guardian/provider indicating agreement with determination;
- Information reviewed by Eligibility and Enrollment Unit staff; and
- QA reviews to ensure that teams are reviewing objectively.

The exact process will be determined over the next 30 days and more information will follow.

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Thank you for attending today's meeting.

Stakeholder Engagement

dhhs.ddproviderrelations@nebraska.gov

402-471-8716



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