

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 30, 2023

Mr. Brandon Metzler
Clerk of the Legislature
State Capitol Room 2028
Lincoln, NE 68509

Subject: Quality Management Strategy Report

Dear Mr. Metzler:

In accordance with Nebraska Revised Statute § 83-1216.01, please find the attached report regarding outcomes, improvement priorities, and activities of the department during the fiscal year 2023.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tony Green".

Tony Green
Director, Division of Developmental Disabilities

Attachment

Division of Developmental Disabilities

Quality Management Strategy Report

September 30, 2023

Neb. Rev. Stat. § 83-1216.01



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DHHS Mission and Values

DHHS Mission

Helping people live better lives

Our Values

Constant Commitment to Excellence: Takes timely action regarding tasks or information; works to eliminate mistakes; looks for, and embraces, opportunities for organizational improvements; actively seeks to provide prompt, efficient, and courteous service; shows initiative.

High Personal Standard of Integrity: Avoids any impropriety, bias, or conflict of interest; follows through on commitments; is truthful; shows good judgment in decisions made.

Positive and Constructive Attitude and Actions: Maintains constructive communication with others; supports co-workers, customers, and clients; expresses appreciation for the efforts and work of others; is constructive and helpful.

Openness to New Learning: Open to new ideas and trying new ways of doing things; open to the idea that a given view or opinion is often made better by the input of others; open to the challenge of unfamiliar tasks and problems.

Dedication to the Success of Others: Aids in the growth and success of colleagues; treats all people with respect and dignity; views the success of the whole as a personal success; gives the assumption of good intent to others.

Participant Rights

DHHS-DDD holds participant rights in the highest regard and ensures the protection of all participants receiving services and support from the Division and/or its subcontracted entities. All participants have the same legal, human, and civil rights and freedoms guaranteed to all citizens.

Executive Summary

The Quality Management Strategic Report is designed to provide an implementation and status report for quality improvement initiatives that were planned for FY 2023, as well as a summary of the quality improvement (QI) and quality assurance (QA) activities within the Nebraska DHHS-DDD Quality Unit that oversees Home and Community-Based Services (HCBS) Waiver programs. Those quality activities and initiatives are connected to the mission and values described above and ultimately are focused on the primary objective of improving the quality of life of participants receiving waiver services. In addition, the report provides an overview of the quality improvement initiatives and strategic plans for FY 2024.

HCBS Waiver programs are designed to provide community-based services to participants who otherwise would require institutional support. Nebraska waiver programs serve persons with Intellectual and Development Disabilities, as well as a larger population of aged individuals and individuals with other disabilities. The four (4) Nebraska waiver programs include:

- Comprehensive Developmental Disabilities (CDD) Waiver
- Developmental Disabilities Adult Day (DDAD) Waiver
- Aged and Disabled (AD) Waiver
- Traumatic Brain Injury (TBI) Waiver

Ideally, HCBS services, in combination and coordination with informal and family supports, provide a better quality of life for participants and families in the least restrictive environment on a cost-saving or cost-neutral basis. More importantly, supported individuals and their families exercise choice in their services, and person-centered services are geared toward supporting the individual to achieve their vision of a good life.

In 2020, the Division outlined a multi-year HCBS Quality Improvement Strategy in preparation for engaging with a QIO-like entity, Liberty Healthcare Corporation, to implement that strategy. The overarching goal of the FY 2021 strategic plan was to strengthen and expand the focus of the DHHS-DDD Quality Unit beyond regulatory compliance to best practice and person-centered service excellence. The DHHS-DDD and Liberty partnership began in January of 2021 and has resulted in the achievement of many of the objectives outlined in that FY 2021 document.

Strengthen Incident Reporting Review

Serious incidents are now reviewed promptly and are acted upon to support providers and service coordinators to make service improvements to decrease the likelihood of other similar incidents happening in the future. Provider and agency aggregate data from critical incidents is reviewed, resulting in targeted analyses of issues that yield collaboratively developed corrective action plans and systemic provider technical assistance focused on addressing and correcting common quality of care issues.

Improve the Mortality Review Process

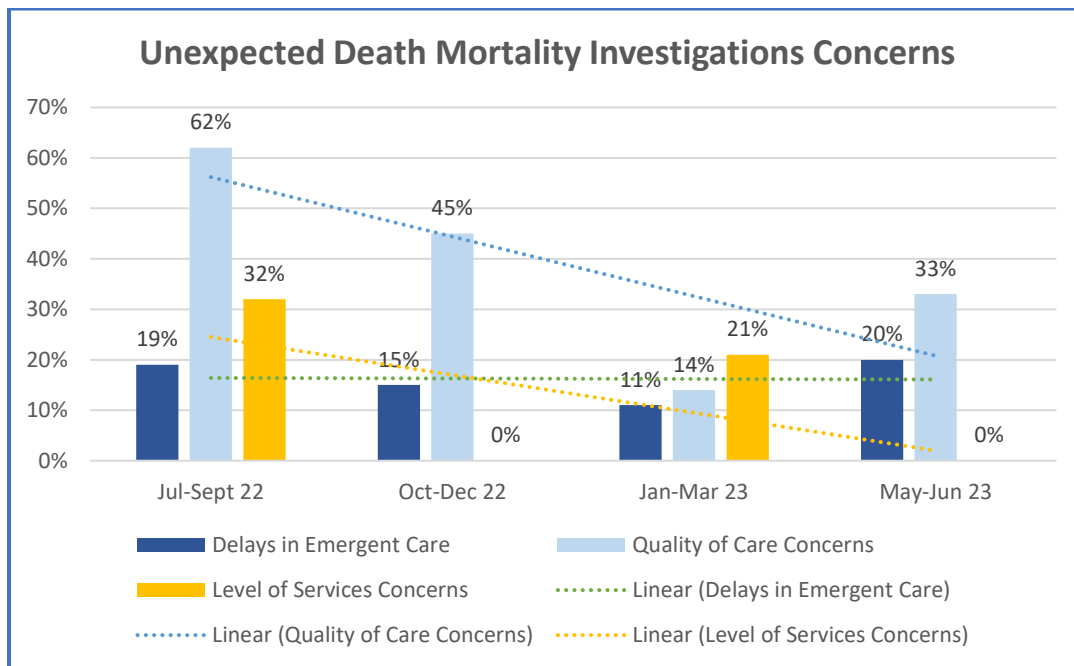
A much more robust and timely mortality review process has been implemented, resulting in a triage review within one business day of notification of death to determine whether a more in-depth expedited review is warranted and whether others are at risk related to the circumstances of death. Others-at-risk issues are reported within 24 hours to the DHHS-DDD Quality Unit leadership, and expedited cases are prioritized for a comprehensive mortality review and referred for physician and Mortality Team secondary

review. Aggregate data analysis has yielded several systemic recommendations for changes and provider technical assistance that has improved the quality of support provided to participants.

Increase Provider Training

Provider training and technical assistance has been provided on a much wider scale through recommendations for improvements based on reviews of critical incidents and mortalities. Multiple systemic trainings were provided based on aggregate data analysis that identified common areas of need for provider and service coordinator education and training.

As a result of the above improvements in quality oversight of services and targeted interventions, we have seen an improvement in the timely access to emergent health services and improvement in the quality of services for participants. Below is an example of that improvement based on aggregate data obtained from mortality reviews. The concerns about the level of service gaps relative to participant needs and quality of care deficits have been trending downward in the past year based on data being tracked from mortality reviews of unexpected deaths of participants.



The development of goals and strategies for the coming year involved a review of our accomplishments and achievements relative to the goals and objectives identified in previous strategic plans, as well as acknowledging the continuing work needed to achieve unmet goals from those plans. The Division also actively encourages and values input and participation in the planning process from participants and families, community stakeholders, and providers. Each year, the Division, with the assistance of Liberty, has hosted a one-day strategic planning session to obtain feedback and input from stakeholders about the service delivery system and to promote dialogue between the Division and those receiving services. These methods, along with a review of the performance metrics results and data obtained from incidents and mortality reviews, shaped the QMS Strategic Plan for FY 2024.

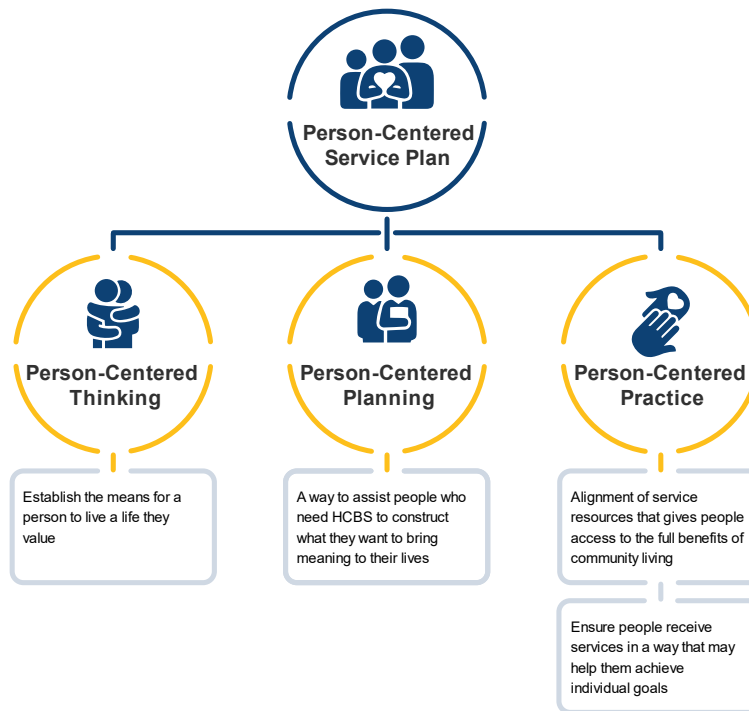
The report that follows includes a summary and current status of the FY 2023 goals and initiatives, goals and objectives for FY 2024, a roadmap of strategies to achieve FY 2024 goals and objectives, and a

summary of the responsibilities of the state of Nebraska related to administering and monitoring the HCBS waiver programs as required by the Centers for Medicare and Medicaid Services.

FY 2023 Goals and Initiatives

Person-centered Planning and Service Delivery

Person-centered planning is a facilitated, individual-directed, positive approach to the planning and coordination of a person’s services and supports based on individual aspirations, needs, preferences, and values. The goal of person-centered planning is to create a plan that optimizes the individual’s self-defined quality of life, choice, control, and self-determination. The person-centered planning process involves meaningful exploration and discovery of unique preferences, needs, and wants in areas including, but not limited to, health and well-being, relationships, safety, communication, residence, technology, community, resources, and assistance. The individual must be empowered to make informed choices that lead to the development, implementation, and maintenance of a flexible service plan for paid and unpaid services and supports (NQF).



The Division adopted *Charting the LifeCourse* framework to underpin the efforts to build and implement a more person-centered service planning process throughout the service delivery network. The Charting the LifeCourse (CtLC) framework is an authentic grassroots activity, driven by the core belief that “all people have the right to live, love, work, play, and pursue their life aspirations.” The CtLC approach to person-centered support was developed to answer the question, “What do families need to know to support a family member with a disability across their lifespan?” and has now evolved into a transformative human-centric movement impacting policies and practices across the country. The CtLC framework evolved within a collaborative process led by the Institute for Human Development at the

University of Missouri – Kansas City, a University Center for Excellence (UCEDD) in partnership with many different national and statewide stakeholders.

The Division entered into an agreement with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) in 2021, and, in 2022 was included in the Community of Practice (COP) with the CtLC Nexus to begin the process of embedding the CtLC framework into the Nebraska service delivery system. CtLC tools and education about CtLC were made available to providers in the Therap platform, and some of the DDD Council members began the process of becoming Ambassadors of CtLC through a funding grant. Starting in July of 2022, CDD and DDAD Services Coordinators began entering a CtLC tool into every new and annual updated ISP. Starting in January of 2023, AD and TBI waiver Services Coordinators began adding the tool to the new and annual updates of POSS.

Mortality Review Process

In FY 2023, as a result of the improved mortality review process, education increased for providers related to care concerns that were regularly discovered in reviews of unexpected deaths. Topics for training in FY 2023 included:

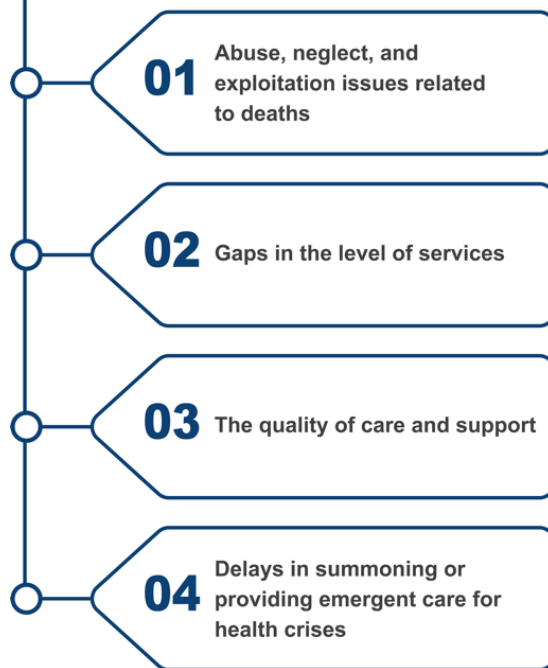
- Identifying changes in health status,
- Recognizing and responding to Fatal Five Plus conditions and
- How to respond to acute care needs.

As a result of this education, the percentage of deaths that were impacted by fatal 5+ conditions has begun to downward.

Additionally, recommendations were sent to individual providers regarding opportunities for improvement identified during mortality reviews with the goal of improving the overall quality of support for participants. The chart below identifies the categories of recommendations that were sent to individual providers:

Recommendation Types Sent to Providers	Number of Recommendations	Percentage of Total Recommendations
Education For Staff	122	80.26%
Other	7	4.61%
Create or Modify Current Procedure	5	3.29%
Modify Current Procedure	3	1.97%
Write a Policy	3	1.97%
Create or Modify Current Protocol	2	1.32%
Medical/Mental Health Visit/Evaluation	2	1.32%
Modify Current Policy	2	1.32%
Advocacy	1	0.66%
Create or Modify Current Policy	1	0.66%
Personnel Action	1	0.66%
Physican Evaluation	1	0.66%
Policy/Procedure	1	0.66%
Targeted Analysis	1	0.66%
Total	152	100.00%

The Four Focus Areas for Mortality Data



In FY 2023, as part of Liberty Healthcare Corporation's focus on continuous quality improvement, work was completed to enhance and strengthen the mortality review process with the intended purpose of improving the quality and consistency of Mortality Reviews, enriching the data collected during the reviews and providing data-driven recommendations to providers and the Division to improve services and better support participants. The results of this improvement project were a more in-depth Mortality Review Summary Tool, an improved data collection system, and improved reporting to DHHS-DDD.

Data collected and analyzed from mortality reviews are grouped into four focus areas: abuse, neglect, and exploitation issues related to deaths, gaps in the level of services, the quality of care and support, and delays in summoning or providing emergent care for health crises.

Critical Incident Management Process (CIMP)

In alignment with CMS requirements, Liberty Healthcare Corporation held workgroups to strengthen the Critical Incident Management Process (CIMP). Utilizing a pilot group of providers and services coordinators on all four HCBS waivers, the process was tested, and improvements were made based on data and pilot participant feedback. The new CIMP process went fully live with DD waivers on October 1, 2022, and then on the AD and TBI waivers on March 1, 2023.

As part of the new CIMP process, the Division and Liberty Healthcare Corporation implemented a root-cause analysis method called Targeted Analysis. This process is conducted both virtually and in person. It is directed towards supporting providers in identifying the root causes of negative outcomes and creating improvement plans to reduce the likelihood of future negative outcomes. Liberty works with providers and service coordination to provide technical assistance and support the quality improvement process by modeling continuous quality improvement techniques.

In FY 2023, the implementation of the Targeted Analysis process was a key focus. Liberty staff completed 158 targeted analyses with 42 CDD/DDAD waiver providers. These targeted analyses resulted in action plan topics illustrated below:

Topic	Count of Topics	Percentage of Total
Write a Procedure	112	20.44%
Other	60	10.95%
Modify Current Procedure	58	10.58%
ISP Team Meeting to Update ISP	53	9.67%
Education For Staff	51	9.31%
Medical/Mental Health Visit/Evaluation	34	6.20%
Update FBA/BSP	31	5.66%
Education For Participant	25	4.56%
Create Form	23	4.20%
Update Form	18	3.28%
Physical Environment Change	16	2.92%
Protocol Development	15	2.74%
General Retraining	10	1.82%
Modify Current Policy	10	1.82%
Advocacy	9	1.64%
Training	8	1.46%
ISP Training	7	1.28%
Personnel Action	3	0.55%
Update Healthcare Plan in ISP	2	0.36%
N/A	1	0.18%
Update Committee Structure	1	0.18%
Write a Policy	1	0.18%
Total	548	100.00%

Enhanced Quality Oversight & Support

In FY 2023, Liberty Healthcare Corporation created and submitted an eight-module training series to the Division, which was offered to the Division’s Quality unit, Division of Public Health (DPH) surveyors, and AD/TBI waiver Services Coordinators with the intended outcome of increasing knowledge around how to build a culture of continuous quality improvement. The modules included:

Charting the Life Course Training

Visioning a best practice HCBS Delivery System

Tying the CMS Final Settings Rule, CQI, and PCP Together: Overview with a Quality Framework

- Creating a Culture of Continuous Quality Improvement (two parts)
- Data-Driven Decision-Making
- Introduction to Quality Assurance/ Quality Improvement (QA/QI) Tools
- Putting it All Together: Case Study on Quality

Through this training, quality coordinators were able to utilize documents and acquired skills to facilitate a workgroup on improving performance measures related to restriction safeguards for DD waiver participants. While work in this area is ongoing, it has already resulted in an increased understanding of restriction requirements and an increased awareness of participant rights.

National Core Indicators (NCI)

The Division renewed a contract with Munroe-Meyer Institute (MMI) to conduct National Core Indicators (NCI) surveys for participants utilizing DD and AD waiver services. NCI IDD is an in-person survey (IPS) conducted with the person receiving DD Waiver services or their proxy (if applicable). Through the same MMI contract, the Division participates in a National Core Indicators – Aging and Disabilities (NCI-AD) project survey to assess the quality of life for adults receiving long-term care through AD Waiver services. These surveys yield invaluable data about the satisfaction of those receiving DD and AD Waiver services, as well as identifying areas in which the system can be improved. Nebraska's DD and AD/TBI Waiver participants have a choice in decision-making regarding good healthcare and wellness. It also showed that we have room for improvement in relation to participant self-determination. The Division's commitment to continuing the Person-Centered Planning initiative will empower participants to plan their lives, find their voice, and work toward reaching their goals.

In FY 2023, The Division included additional funding for MMI to build a public, interactive dashboard for NCI data. This dashboard went live on June 15, 2023, and can be accessed at [Data Dashboard and Reports | Munroe-Meyer Institute | University of Nebraska Medical Center \(unmc.edu\)](#). The dashboard allows easier access and better utilization of the survey information.

Nebraska Olmstead Plan

Olmstead refers to the court case *Olmstead v. LC*, 527 US 581 (1999), which applied the Americans with Disabilities Act (ADA) signed in 1990 to Medicare Home and Community-based waiver services. The Court held that under Title II of the ADA, states are required to place persons with mental disabilities in community settings rather than in institutions when determined that: (1) community placement is appropriate, (2) the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and (3) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with mental disabilities.

This did not create a requirement but established a standard to which states could be held. CMS pushed this philosophy forward in 2014 by promulgating the Final Settings Rule, which established that "individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting." At that time, Nebraska was required to document its compliance with the Final Settings Rule and demonstrate the integration of service settings.

Many of the initiatives to embed person-centered service planning and enhance provider capacity are related to the transition plan for HCBS. Providers have received ongoing communication from the Division about the Olmstead Plan, and DDD developed a compliance assessment tool that assures compliance with the Final Settings Rule requirements in the plan. That assessment tool will be incorporated into the Onsite Provider Review planned for implementation in early 2024.

AD Waiver and PAS Rate Study

The Division has contracted with CBIZ Optumas to complete a rate study for the Aged and Disabled Waiver and Personal Assistance Services. The goal of this study is to establish a rate model for services provided to the aged and individuals with disabilities. A cost survey was conducted with providers to participate in the rate study and provide data on the cost of doing business to be incorporated into the considerations made for a future rate model. DHHS, along with the contractor, this was completed, and the first draft of the rate methodology was presented to stakeholders in August 2022.

Single Case Management System

The main goal of a Single Case Management System is to streamline two case management systems that support Home and Community-Based Services (HCBS) Waiver programs and provide a single point of access. In early FY 2023, work began to transition AD/TBI service coordinators to utilizing the Therap technical platform and discontinuing use of the technical platform Connect.

This work continued, and included incident reporting and case notes transitioning from Connect to Therap. In March 2023, all AD/TBI Waiver Service Coordinators began using Therap to enter case notes and incident reports. The Division and Liberty Healthcare continue to provide support and resources to assist with a positive transition.

Provider Quarterly Reports

Per 404 Neb. Admin. Code § 4-008.01, DDD requires providers of HCBS DD Waiver services to submit quarterly aggregated data of all critical incidents. Per HCBS DD Waivers Appendix A and Appendix G, providers submit a report to DDD every quarter detailing incidents occurring in the quarter and actions taken on both participant and provider-wide levels to address issues and decrease the likelihood of future incidents.

In FY 2023, the Division sought feedback on the provider quarterly report process and responded to feedback, noting that the process of aggregating data was time-consuming and burdensome for the providers. As a result of this feedback, updates were made to the process and the Division provides aggregate data reports to the providers, who then respond to any outlying data with a plan to address. The Division has continued to work to streamline the provider quarterly reporting process with the goal of minimizing the burden on providers.

Goals and Initiatives for FY 2024

Key Challenges and Opportunities

The Division will build on the achievements of FY 2023 and continue to address the key challenges and opportunities identified in its Quality Management Strategy Design Plan:

Increase transparency of DDD initiatives and programs to the public through greater engagement with Nebraska communities and enhancing provider capacity.

Align the current service planning process with the commitment to support the whole person and encourage self-determination through person-centered planning.

Build the foundation and infrastructure for a robust quality management system that supports effective oversight of service delivery and continuous quality improvement.

Streamline all case management into one case management system including ISP, service authorization and billing for services.

Streamline funding mechanisms within the Aged and Disabled Waiver to be consistent with other 1915 (c) HCBS waivers.

Enhancing Provider Capacity

The Division of Developmental Disabilities (DDD) and Liberty Healthcare Corporation are working together through a contract centered around quality improvement to make services better and more centered around the wishes and needs of people supported. DDD has opted to work with Liberty Healthcare this year (FY 2024) on some optional services so that they can enhance provider capacity to improve the quality of services to supported individuals. The implementation of these optional services is supported by several of the “themes” that emerged from the annual strategic planning session with a group of community stakeholders that was held in December 2022:

- Better Tools**
- Tools to address health risks
 - Tools covered by funding

- Communication**
- More collaboration with stakeholders
 - More training for direct care staff

- Consistent Expectations**
- Consistent implementation of new initiatives
 - More collaboration with providers



- Participation/Guardian Involvement**
- Guardians involved in conversations
 - Increased knowledge for participants/guardians

- Aging**
- Supports for aging guardians
 - Supports to meet needs for aging participants

- Provider Burden**
- Burden of incorporating changes
 - Prioritizing staffing shortage
 - More support for training provider staff

The **Technical Assistance and Training Program** will provide training and technical assistance to individual providers based on requests and referrals from Service Coordinators, CIMP, Mortality Review, Onsite Provider Reviews, and Participants/families. The Technical Assistance and Training team will act as coordinator and referral source for Clinical technical assistance provided by the DDD clinical team. The team will also create a resource library of best practice materials that can be shared across providers. The team will analyze data to identify providers or regions that need additional targeted support and provide outreach in the form of consultation as needed. The team will provide at least four systemic education programs per year to providers and/or Support Coordinators based on data analysis.

The **Onsite Provider Reviews and Provider Report Cards Program** will consist of an organizational review of policies and procedures that measure compliance with the Qualified Provider Assurances and sub-assurances performance measures. The review will also conduct a select number of person-centered interviews of participants from the provider to show the quality of services received by the participant. The Onsite Provider Review team will not provide formal remediation in response to the results of an onsite review but will extend technical assistance as a follow-up to providers and an exit report that will provide guidance for improvement in the next steps. The Division will provide remediation in response to onsite review results. Liberty will generate a Performance Report Card for each provider each year that incorporates key data for public posting on the outcomes of the provider reviews, incident information, and other performance measures identified by the Division.

The **Human and Legal Rights Advisory Committee (HLRAC)** shall assess and provide consultation regarding the human and legal rights restrictions imposed through approved person-centered plans (PSPs). The HLRAC shall make recommendations to the Division to ensure the human and legal rights of participants are protected and rights restrictions are compliant with applicable federal, state, and civil rights rules, regulations, and Division policy and procedures.

Person-Centered Service Planning

Service planning is typically facilitated or coordinated by service coordinators and has two key features: (1) providing an interface or connection between individuals with disabilities and the system of publicly funded and generic services and supports; (2) assuring that these services meet reasonable standards of quality and lead to important life outcomes for individuals. The Division introduced the principles of Charting the LifeCourse to DDD service coordination and providers in FY 2022 and FY 2023. In FY 2024, the Division will build on that foundation with education and training in the practical application of the CtLC tools used in person-centered planning, specifically targeting providers, participants, and participant support networks.

In addition, the workgroup established in FY 2022 will complete its work to infuse the individual service plan template and service planning process with person-centered language and principles to better align with best practice service planning across the service delivery system.



Enhancing Quality Improvement and Oversight

The focus in FY 2023 for enhancing quality management and oversight of the service delivery system was building a foundation of quality competence and infusing best practice quality principles and tools into the culture and daily work life of the DDD Quality Unit. DDD and Liberty partnered to provide extensive education about quality to the DDD Quality Unit and made significant strides in building a data collection system that supports data-driven decision-making and drives quality initiatives throughout the system. The CMS HCBS Quality Framework was operationalized as the DDD Quality Management System.

In FY 2024, DDD will develop and implement a **Quality Dashboard** to further enhance data-driven decision-making. This dashboard will produce regularly scheduled reports of key performance measures and quality metrics related to participant and delivery system outcomes that provide a window into the quality and value of services to participants. Rather than rely on annual or semi-annual data collection and review, the Division will be able to review and analyze data to address system issues and performance in a more meaningful and timely manner. Many of the metrics in the Quality Dashboard will be included in the DHHS-DDD dashboard being developed for public access on the DHHS-DDD website.

In addition to the Quality Dashboard, the Division will implement a **systematic schedule and process to review the National Core Indicator (NCI) data** to mark trends, progress, and potential opportunities for improvement. A much more robust data collection and reporting system was made possible by moving to a single case management system that is housed on one technical platform (Therap) and by planned FY 2024 enhancements to the QIDS technical platform to collect additional quality oversight data related to performance metrics.

Plans for FY 2024 also include **additional quality education and training** for the DDD Quality Unit staff, providers, and service coordinator agency staff. Technical assistance will be provided to assist providers and agencies to implement quality improvement practices and tools to address service delivery quality issues with the ultimate goal of assuring the health and welfare of participants.

Solidifying the role and function of the **DDD Quality Improvement Committee** will also be a focus during FY 2024. This committee is a key component of a robust quality management system and should be the driver and coordinator of quality management and improvement initiatives across the Division. As part of this endeavor, re-energizing the role and function of the **Governor's DD Advisory Committee** to provide input and feedback from stakeholders and supported individuals is critical to achieving transparency and a participant-focused service network.

An additional optional service that DDD and Liberty will partner to develop is an enhanced **Utilization Review Process**. Development of that enhanced process will begin in the latter half of FY 2024 and launch in late FY 2024 or early FY 2025. The process will include a review of a representative sample of provider claims to validate that services were provided, as well as a review of a representative sample of authorizations and claims to evaluate the utilization of services authorized. Aggregate data from these reviews will be collected and analyzed to reveal systemic issues with claims submission so that improvements in the system can be implemented, and efficient and effective use of waiver supports is assured.

System Evaluation and Improvement









The Division began the process in FY 2023 of completing a comprehensive **evaluation of the Shared Living Provider** system and developing an action plan for strategic changes that will result in increased support and monitoring of outcomes for participants. That work will continue in FY 2024 with the identification or development of specific quality metrics and benchmarks to map the outcomes of the Shared Living Provider strategic changes.





Legislative Bill LB376 directs DHHS to review the current system. DHHS contracted CBIZ Optumas with Myers and Stauffer to complete the **evaluation of all Nebraska HCBS waivers**. This evaluation is being completed in FY 2024 and DHHS will receive best practice recommendations and comparisons to other states in a final report due December 15, 2023.

Legislative Bill LB376 also directs DHHS to develop a **Family Support Waiver**. This will be a Medicaid Home and Community-Based Services Waiver with developmental disabilities eligibility requirements. The intent of the waiver is to help eliminate unmet needs for children in Nebraska. The new waiver will serve up to 850 children with developmental disabilities. Each participant will have a maximum annual budget of \$10,000. Implementation is scheduled subject to CMS approval.

Quality Roadmap for FY 2024

The initiatives outlined in the previous section align with **Charting the LifeCourse (CtLC)** framework and the vision of a person-centered service delivery network adopted by DHHS-DDD. Below are the six (6) key initiatives with the associated life domains described in the CtLC framework and the expected outcomes for each initiative.

FY 2024 QUALITY IMPROVEMENT INITIATIVES		
Initiative	CtLC Domains	Expected Outcomes
Technical Assistance and Training Team	 Safety & Security	Provider Resource Library to increase provider capacity
	 Healthy Living	Decrease in emergency and safety incidents Improved participant health outcomes
Onsite Provider Reviews	 Community Living	Provider Report Cards
	 Advocacy & Engagement	Increased provider capacity through technical assistance Increased participant input and engagement
Human and Legal Rights Advisory Committee	 Safety & Security	Fewer human and legal rights restrictions
	 Advocacy & Engagement	Decreased psychotropic polypharmacy
Person-Centered Planning Enhancement	 Daily Life & Employment	Increased participant satisfaction with services
	 Advocacy & Engagement	Service plan goals that reflect the person's vision of a good life Increased participant choice in daily life

Initiative	CtLC Domains	Expected Outcomes	
Enhancing Quality Improvement and Oversight	 Safety & Security	 Advocacy & Engagement	Provider use of QI/QA tools and practices to improve services
			Use of Quality Dashboard to monitor service quality
			Increased stakeholder engagement and communication
System Evaluation and Improvement	 Community Living	 Daily Life & Employment	Increased access to services
			Increased supports and safety in shared living settings

Collaborative Approach

One of the themes that emerged from the FY 2023 Strategic Planning Session was a desire for more collaboration and communication between the Division, providers, and community stakeholders. Greater engagement and transparency with community stakeholders inherently require a collaborative approach when identifying, planning, and implementing needed substantive changes. The Division is committed to strengthening and enhancing the relationships with stakeholders so that they can have an active role in the planning process, be fully aware and engaged in the implementation process, and contribute to the evaluation of the outcomes of implementation.

The Division has already taken steps in the past year to engage with community stakeholders, listen to their concerns and ideas, and provide information about upcoming initiatives. DHHS-DDD has been holding monthly Person-centered Champions meetings to discuss progress on enhancing our service planning process. Monthly Stakeholder calls have been implemented as part of a DHHS initiative to be available to the public and provide updates and field questions. A Strategic Planning Session involved community stakeholders in evaluating the strengths and weaknesses of the service delivery system and visioning improvements for the future. The Division will build on these engagement efforts to collaborate with stakeholders to plan and implement upcoming changes and initiatives.

Reliance on Data and Quality Methodologies and Tools

Data analysis and interpretation should drive any quality improvement initiative. Quality methodologies and tools provide the vehicle for quality improvement. The Division will utilize the more robust data collection system developed during the past year to inform, shape, and evaluate the planned quality improvements in FY 2024, as evidenced by the change management process outlined below. Quality methodologies and tools will assist the Division staff and stakeholders in the development and evaluation

of action plans that have a much greater likelihood of success in bringing about meaningful change that will positively impact the lives of supported individuals.

Communication Plan

A robust communication structure and plan are key to implementing any substantive changes in structure or function. An effective communication structure must:

- Support and facilitate multi-directional communication;
- Be easily accessible to all stakeholders and target audiences;
- Be easily updated whenever needed, and
- Be used regularly and appropriately.

An effective communication plan maps out timelines for transmitting and receiving information and feedback, allows for open dialogue about issues and concerns, and assures that messaging is clear and tied to the strategic goals, mission, and values of the Division. The communication plan outlined below contains the high-level strategies that will be used to assure effective communication within the Division and with community stakeholders during the planning, implementation, and evaluation of each of the upcoming changes.

DHHS-DDD Communication Plan		
<p>Purpose: To assure effective, accessible, and multi-directional communication with internal personnel and external stakeholders to facilitate and support quality improvement changes to the service delivery system and its processes.</p>		
Initial Communication		
Message Description	Target Audiences	Methods
Sharing the “Vision” - Describe the “why” of the change, outline the benefits, describe the timeline, address concerns, and answer questions.	Providers, Participants and Support Networks, and Other external stakeholders. Slightly altered message for DDD internal staff.	Provider and Stakeholder meetings, webinars, letters, narrated slide shows on the website.
Planning Phase Communication		
Message Description	Target Audiences	Methods
“Building the Plan for Improvement” – Focus on stakeholder and staff engagement and feedback about the implementation plan, answer questions, address concerns.	Providers and Stakeholders; DDD Staff.	Focus group of provider and stakeholder representatives; Advisory Council meeting; Staff meetings with representatives from functional areas involved in the change.

Pre-Implementation Communication

Message Description	Target Audiences	Methods
<p>“Preparation for Implementation” – Describe the implementation plan and timeline, discuss changes in the plan based on stakeholder feedback and recommendations, discuss the timeline, and discuss change evaluation methods, quality metrics, and benchmarks.</p>	<p>Providers and Stakeholders; DDD Staff.</p>	<p>Provider and Stakeholder meetings, webinars, letters, narrated slide show on the website; Post copy of Implementation Plan on the website.</p>

Training Communication

Message Description	Target Audiences	Methods
<p>“Training Session” – Training geared toward the audience; provide instructions for tasks being changed or added; provide written training materials and how-to guides.</p>	<p>Providers and Stakeholders; DDD Staff</p>	<p>Webinars; Provider meetings; narrated slide show on the website; Post copy of training materials and how-to guides on the website.</p>

Feedback Communication

Message Description	Target Audiences	Methods
<p>“Feedback about Change” – Active solicitation of feedback from stakeholders affected by the change, both internal and external; frame questions to elicit responses that identify barriers and points of resistance so they can be addressed. Discussion of what went well, what did not go well, and persistent challenges to successful implementation.</p>	<p>Providers and Stakeholders, DDD Staff.</p>	<p>Provider meetings; Webinars, Advisory Council Meetings; DDD Quarterly All Staff meetings. Start with a list of questions to be answered to facilitate a productive discussion.</p>

Acknowledgment Communication

Message Description	Target Audiences	Methods
<p>“Acknowledging Success” – Giving acknowledgment to champions and supporters of the change; communicating the results of the outcome measures and benefits of the change.</p>	<p>Providers and Stakeholders, DDD Staff.</p>	<p>Provider meeting recognitions; website acknowledgment postings; email acknowledgments; Advisory Council meeting recognition.</p>

Change Management Process

Half of all implemented organizational and procedural changes that are implemented do not result in lasting improvements unless a **change management process** is utilized that is based on sound quality and change management principles. The change management process outlined below will assure that an effective change management plan will be developed for the implementation of each of the initiatives outlined above.

DHHS-DDD Change Management Process			
Step	Tasks	Resources/Tools	Outcomes
Preparation for Change	<ul style="list-style-type: none"> • Develop project team. • Define the problem or issue. • Gather and review applicable data. • Identify barriers and resources. • Identify goals and objectives. • Identify benefits and risks. 	<ul style="list-style-type: none"> • SWOT methodology • FMEA methodology • Root Cause Analysis 	<ul style="list-style-type: none"> • Problem Statement • SMART Goals and Objectives • List of Benefits related to change • Risk mitigation strategy
Initial Plan Development	<ul style="list-style-type: none"> • Develop a project action plan for change. • Identify champions for change. • Develop evaluation methods during and following implementation. • Develop communication content and visual aids. 	<ul style="list-style-type: none"> • PDSA methodology • Action Plan Template 	<ul style="list-style-type: none"> • Initial action plan with all essential components. • Internal and external communication plans with verbal, written, and visual content for sharing the vision.

Stakeholder Engagement	<ul style="list-style-type: none"> • Meet with stakeholders (internal and external). • Facilitate discussion to obtain feedback about the plan. • Clarify feedback during the discussion. • Summarize feedback in a written document. 	<ul style="list-style-type: none"> • Verbal, written, and visual content developed during Initial Plan Development. • Visual methods to capture feedback to assure clarity and accuracy. 	<ul style="list-style-type: none"> • Written document summarizing stakeholder feedback.
Finalize Action Plan for Change	<ul style="list-style-type: none"> • Adjust the initial plan based on stakeholder feedback. • Finalize action plan with target dates, responsible parties, resources, and evaluation measures. • Develop and deliver communication content for conveying the action plan to stakeholders. • Set up a method of receiving feedback from stakeholders once the plan is executed. • Plan and develop needed training for those affected by and participants in the change. 	<ul style="list-style-type: none"> • Project management methodology • PDSA methodology • Adult learning methodology 	<ul style="list-style-type: none"> • Finalized action plan for change. • Training plan and materials. • Communication aids (verbal, written, visual media) to communicate the plan to stakeholders. • Communication method to receive feedback from stakeholders.

Execute the Plan	<ul style="list-style-type: none"> • Routine meetings of the project team to evaluate the status of the change. • Implement training plan. • Identify unforeseen problems and adjust the plan. • Collect and review feedback from stakeholders. • Routinely review the evaluation data. 	<ul style="list-style-type: none"> • Data analysis of outcomes data • PDSA methodology 	<ul style="list-style-type: none"> • Data analysis reports of outcome measures. • Summary of Feedback from Stakeholders.
Evaluate the Change	<ul style="list-style-type: none"> • Review successes and challenges. • Identify final adjustments needed to the process based on feedback and problems. • Implement any adjustments needed in the project processes. • Identify additional training needs for those affected by the changed processes. 	<ul style="list-style-type: none"> • PDSA methodology • Root Cause Analysis • Data analysis of outcomes data 	<ul style="list-style-type: none"> • Data analysis reports of outcome measures. • Additional training plans and materials (if needed).

<p>Solidify the Change</p>	<ul style="list-style-type: none"> • Finalize the SOP, Policies, and Process Map for the processes involved in the change. • Finalize training plan for orientation for new hires who participate in the processes related to the change. • Acknowledge champions and supporters of the change. • Acknowledge successes during and resulting from the change. • Communicate the results of the outcome measures used to evaluate the change. • Complete the action plan document to memorialize the project activities. 		<ul style="list-style-type: none"> • Completed action plan document. • Orientation training for new hires. • Verbal and written communication to stakeholders and DDD staff acknowledging the successes and benefits of the change. • Finalized SOPs, Policies, and Process Maps for all processes involved in the change. • Reports of outcome measures related to the change. • Report to the DDD QI Committee outlining the change project.
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Waiver Program Oversight and Management

The Centers for Medicaid and Medicare Services grant states federal matching funds for HCBS waiver programs contingent upon states meeting requirements to receive and manage those funds:

- The state must demonstrate that providing waiver services will not cost more than providing those services in an institutional setting;
- The state must ensure protection of the health and welfare of the people receiving services;
- The state must ensure adequate and reasonable provider standards to meet the needs of the target populations;
- The state must assure that services are based on an individualized and person-centered plan of care.

The Medicaid agency in the state retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional agencies or contracted entities. In the case of Nebraska's waiver programs, the Medicaid and Long-Term Care (MLTC) agency delegates operational management and oversight to the Division. As such, the Division must have systems in place to measure and improve its performance in meeting the waiver assurances that are set forth in 42 CFR § 441.301 and § 441.302. These assurances address important dimensions of waiver quality, including assuring that service plans are designed to meet the needs of waiver participants and that there are effective systems in place to monitor participant health and welfare.

As provided in 42 CFR § 441.304(d), CMS may terminate a waiver or may utilize other options to assure state compliance with the Final Settings Rule when it finds that the state is not meeting one or more waiver assurances. CMS may terminate a waiver for one or more of the following reasons:

- The health and welfare of waiver participants has been jeopardized;
- The waiver is not cost-neutral;
- The state has not submitted the required annual waiver reports;
- Accurate financial records have not been maintained to document the cost of waiver services;
- The waiver has not been operated in a manner consistent with the approved waiver parameters and/or,
- The waiver has not been operated in accordance with other applicable federal requirements.

The Division, in partnership with Liberty Healthcare, continues to develop and improve quality oversight and quality improvement processes to assure that waiver assurances are met, that services and supports are delivered efficiently and effectively, and that the quality of life of participants is enhanced.