Division of Developmental Disabilities

Wednesday, 1:00 – 4:00 PM CDT
April 14, 2021

DDD and Agency Provider Meeting
2nd Quarter 2021

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Agenda

- Welcome
- ICAP Training
- Olmstead Plan Overview
- Provider Bulletins
- Electronic Visit Verification
- FBA Discussion: When is an FBA needed?
- DD Waiver Amendments
- GER Discussion: Review of Data and Concerns with Resolutions
- National Core Indicators
- Service Coordination Discussion
- Open Discussion

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ICAP Training for Providers

Joni Gebhard
OAP Manager

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ICAP Training

- DDD is offering ICAP training for providers.
- It will be offered two times:
  - April 21, 10 AM to 12 PM CDT
  - June 16, 10 AM to 12 PM CDT
- The trainings are the same, so you do not need to come to both.
- Invitations to Webex have been sent to DD agency providers.

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Olmstead Plan Overview

Heather Leschinsky
Olmstead Administrator

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What is *Olmstead*?

- Olmstead refers to the 1999 ruling by the Supreme Court that it is a violation of Title II of the Americans with Disabilities Act (ADA) to allow the unjustified institutional segregation of individuals with disabilities;
- The ruling held that public entities (i.e. the State of Nebraska) should develop "a comprehensive, effective, working plan for placing qualified persons…with disabilities in less restrictive settings";
- The ruling went on to say that the plan must contain concrete and reliable commitments to expand integrated opportunities;
- Nebraska's *Olmstead* plan was written in 2019 and is posted to the DHHS website at https://dhhs.ne.gov/Pages/Olmstead.aspx.

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Nebraska's Visions for Community Integration

People with disabilities are living, learning, working, and enjoying life in the most integrated setting

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Nebraska's *Olmstead* Core Values

Nebraska is committed to:

- Person-and family-centered approaches
- Ensuring the safety of, and an improved quality of life, for people with disabilities
- Services that are readily available, at locations accessible to individuals in their needs and their families
- Supporting individuals to live a meaningful life in the community they choose

Nebraska's Olmstead Plan reflects these fundamental beliefs in supporting individuals with disabilities

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Nebraska's *Olmstead* Guiding Principles

- Self Determination and Choice
- Independence and Least Restrictive
- Use of Respectful Language, Including "People First" Language
- Evidence-Based Strategies
- Services Across the Life Span
- Safety
- Diversity
- Inclusion
- Integration
- Accountability

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Nebraska's *Olmstead* Goals

Goal 1:

Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences.

Goal 2:

Nebraskans with disabilities will have access to safe, decent, affordable, accessible housing in the communities in which they choose to live.

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Nebraska's *Olmstead* Goals – Continued

Goal 3:

Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.

3 Subcategories:

1. *Strategies to divert admissions to and facilitate transitions from institutional care*
2. *Strategies to divert admissions to segregated settings*
3. *Strategies to reduce justice involvement and homelessness*

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Nebraska's *Olmstead* Goals – Continued

Goal 4

Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.

2 Subcategories:

1. *Strategies to support integrated education*
2. *Strategies to support competitive, integrated employment*

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Nebraska's *Olmstead* Goals – Continued

Goal 5:

Nebraskans with disabilities will have access to affordable and accessible transportation statewide.

Goal 6:

Individuals with disabilities will receive services and supports that reflect data driven decision-making, improvement in the quality of services, and enhance accountability across systems.

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Nebraska's *Olmstead* Goals – Continued

Goal 7:

Nebraskans with disabilities will receive services and supports from a high quality workforce.

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Olmstead Is More Than A Plan

- Affirms the principles of equality and inclusion for people with disabilities
- Ensures the basic human and civil rights, and health and well-being for people with disabilities
- Provides meaningful opportunities for individuals with a disability to live in the least restrictive, most integrated setting of their choosing

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Provider Bulletins

Shauna Adams
Stakeholder Engagement Manager

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New Provider Bulletin

PB 21-01: Documentation of Participant COVID-19 Vaccination

- Issued 1/20/21
- Outlines requirements for documentation of participant COVID-19 vaccination in Therap.

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Changes to Provider Bulletins

- Provider Bulletins containing guidance in the Policy Manual are being repealed. Providers must follow the Policy Manual.
- The following have been repealed:
  - PB 16-02: Service Provider Agency Directory
  - PB 16-03: Non-Specialized Billing Process
  - PB 17-07: Requirements for Independent Providers of DD Waiver Services
  - PB 17-12: Requirements for Therap Documentation - MAR and Billing/Attendance
  - PB 18-03: Therap Attendance and Billing for Independent Providers
- Provider Bulletins which need changes due to EVV will be updated.

Electronic Visit Verification (EVV)

Micah Miller
Data Management and
Operational Reporting Manager

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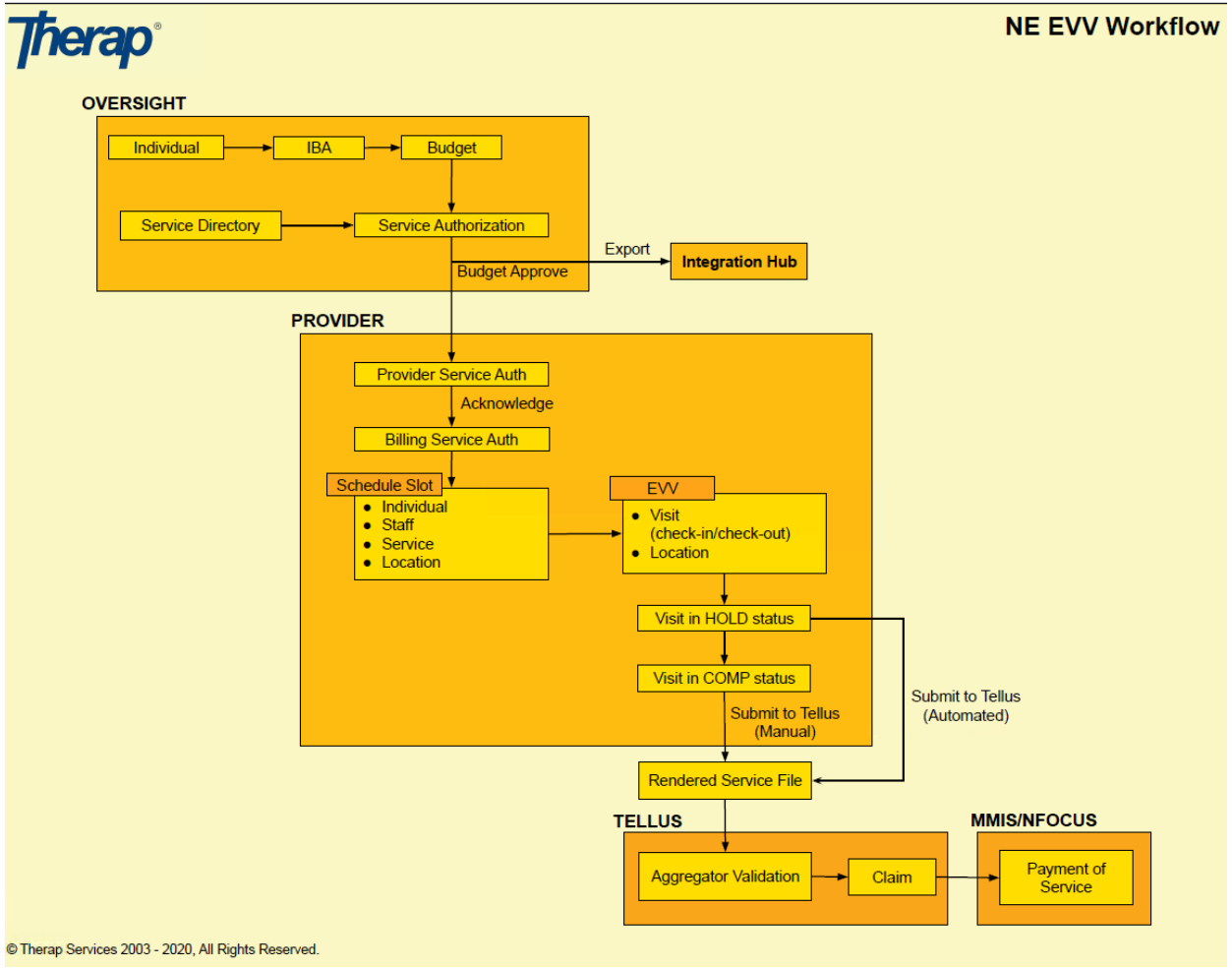
EVV Provider Support



- Systems Integration
  - Therap
  - Tellus
  - DHHS
- Fiscal Reporting
  - 835 (Therap)
  - Claims Report (Tellus)
- Questions and Concerns

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FBA Discussion:
When is an FBA needed?
Behaviors and Mental Health

Nancy Lamb, MS, BCBA
BCBA Clinical Supervisor

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What is Behavior?

- Behavior is ***everything*** living people ***do***, including how we move, what we say, think, and feel.
- "Behavior" isn't just hitting, kicking, and swearing. Behavior is also walking, smiling, brushing your teeth, getting dressed, reading a book, and working on an art project.
- It's not behavior . . .
  - If a dead man can do it, it ain't behavior, and if a dead man can't do it, then it is behavior. *(Malott, Tojan and Suarez, 2004, pg 9)*
- Dead people are very good at *not* bathing, *not* taking their medication, *not* moving, having something put in their hands, refraining from whining, and being knocked over by the wind.

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Mental Health Behavior

- Mental Health Diagnosis and associated behaviors can have an organic origin, brain chemistry.
  - Depression, Schizophrenia, Bi-Polar, Schizoaffective
- A mental health diagnosis can also have a life experience as part of the diagnosis, often some form of trauma.
  - Borderline Personality Disorder, PTSD

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Problem Behavior

- Problem behavior is a learned behavior. In order to get needs met, behaviors, which now interfere with a person's life, were learned so the need would be met.
- A person with problem behaviors and a person with a mental health diagnosis have often learned maladaptive coping and living skills.
  - Maladaptive skills can impact a person's ability to live a full life in which they are able to maintain relationships, have a stable home, maintain employment, and have access to the whole world.
  - Maladaptive skills can lead to safety issues both for the person and others.

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When Behavior Does or Does Not Need an FBA

- Provider Bulletin 17-17
- “If the prescribed psychotropic medication is treating a mental health diagnosis with ***no related behavioral concerns***, a BSP and FBA may not be required, ***but may be completed at the discretion of the team***. If at **any time** behavioral concerns are identified, an FBA and BSP would be required. “

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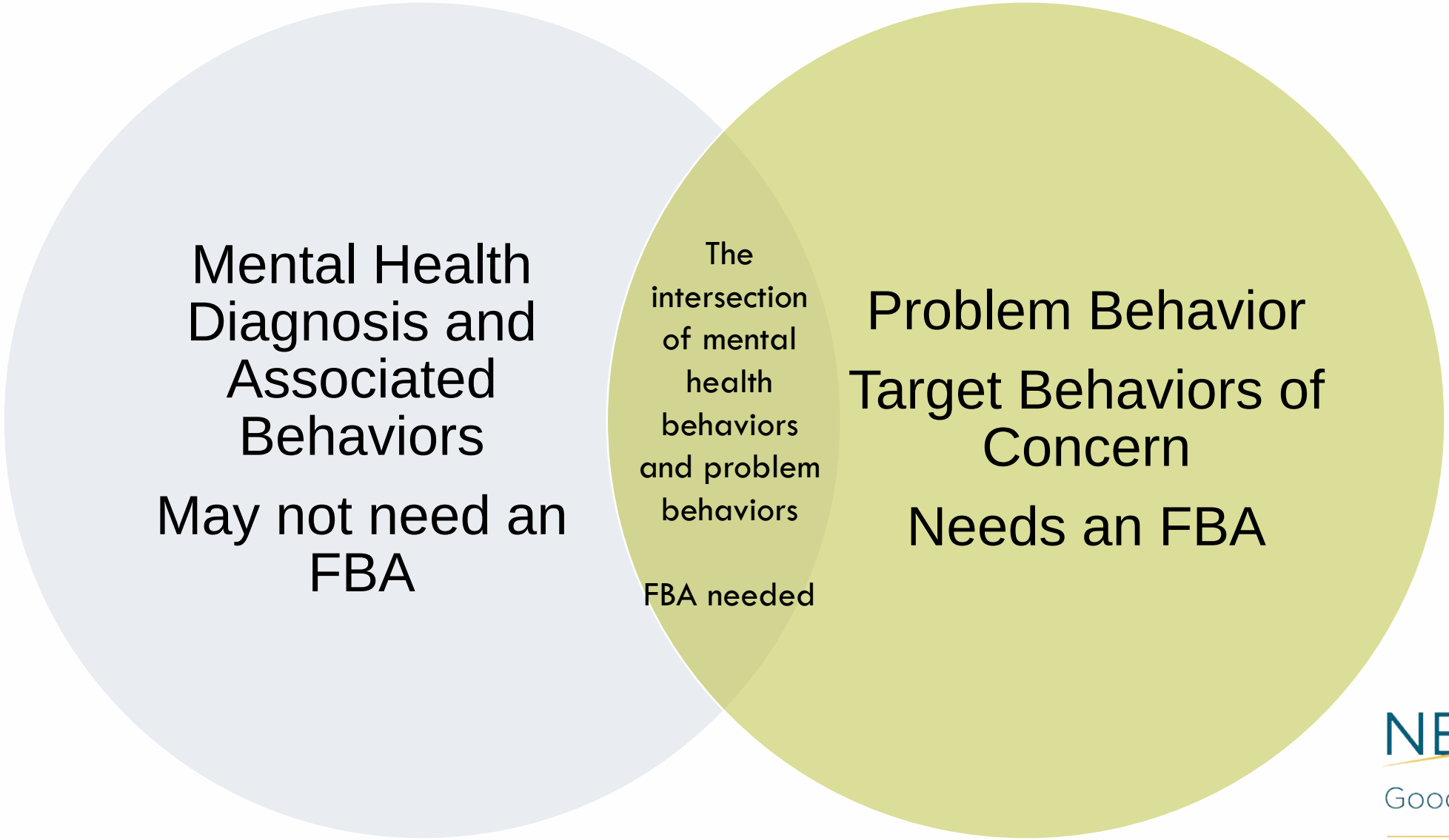

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Discussion Example A

Ann has diagnoses of Schizophrenia and Mild ID. Medication is prescribed for her mental illness. She has hallucinations to which she will respond verbally. Ann will, on occasion (once every 4 months), tap her head with her fist when she is responding to hallucinations, but the taps are not severe or of long duration.

- Is an FBA needed?
- Could an FBA be completed if the ISP Team desires?
- What behaviors would be the focus of the FBA?

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Discussion Example B

Barbara has diagnoses of Borderline Personality Disorder (BPD), Depression and Mild ID. Her medications are prescribed to decrease aggression. She engages in PA, PD, and SIB at least weekly and at times these behaviors are intense, causing injury to Barbara and staff. Some injuries lead to trips to the ER to treat Barbara's injuries.

- Is an FBA needed?
- Could an FBA be completed if the ISP Team desires?
- What behaviors would be the focus of the FBA?

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Discussion Example C

Carl has diagnoses of Autism, Obsessive Compulsive Disorder (OCD), and Moderate ID. He receives medication to treat ASD and OCD. He will repeat the same phrase over and over again. He has no other interfering behaviors. Staff get quite tired of hearing him.

- Is an FBA required?
- Could an FBA be completed if the ISP Team desires?
- What behaviors would be the focus of the FBA?

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Discussion Example D

Deborah has diagnoses of Bipolar, Depression and Borderline ID. She has received medication for both of her mental health diagnoses. She recently engaged in suicidal statements which resulted in a hospitalization.

- Is an FBA required?
- Could an FBA be completed if the ISP Team desires?
- What behaviors would be the focus of the FBA?

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DD Waiver Amendments

Mardy Mead
HCBS Waiver Manager

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Public Comment and Next Steps

- The public comment period for the Medicaid HCBS DD waivers was March 3 to April 2, 2021.
  - The DDD Public Comment page has summaries of proposed changes, the draft waivers, and slides from the public comment presentation.
- DDD is considering comments and making edits to the waivers.
  - When comments have been summarized, DDD will post the summary with responses to the Public Comment page.
- DDD plans to submit to CMS no later than June 1, for implementation of amendments on September 1, 2021.

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GER Discussion: Review of Data and Concerns with Resolutions

Katie Weidner, Quality Assurance Administrator
Elton Edmond, Statistical Analyst

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Provider GER Resolution Review

High Notification GERs needing a Resolution:	High Notification GERs with a Resolution:	Assessment:
2,253	1,898	84% of required GER resolutions were initiated for October to December.

- Providers must complete required GER Remediation reports within 14 calendar days of submitting GER, as specified in the GER manual.
- Providers notify the SC of follow-up completion via SComm.

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Provider Quarterly Report and Incident Review

- The following slides display the results of Quality Reviews of Provider Quarterly Incident Reports and High Notification GERs.
- The Provider Incident Report Card displays rates anonymously, based on the sample, of how:
  - Providers submitted High notification GERs in compliance with waiver standards; and
  - Providers completed Quarterly Incident Reports according to waiver and regulation requirements.
- The Incident Review slides display:
  - The most frequent areas of concern in submitted High notification GERs; and
  - Overall incident numbers for October to December.

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Incident Management Reminders and Recommendations

Providers are reminded to:

- Verbally notify Service Coordination immediately for all High notification events.
- Submit High notification GERs into Therap within 24 hours of SC notification.
- Approve High notification GERs in Therap within 72 hours of submitting.

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Provider Incident Report Card Oct – Dec

Provider	Met Performance Measure GERs	Total GERs Reviewed in the Sample	GER Rate	Provider Report Performance	Overall Provider Incident Report Card
Provider 1	3	3	100%	100%	100%
Provider 2	2	2	100%	75%	83%
Provider 3	9	9	100%	100%	100%
Provider 4	1	1	100%	75%	80%
Provider 5	2	2	100%	100%	100%
Provider 6	7	7	100%	100%	100%
Provider 7	1	1	100%	100%	100%
Provider 8	1	1	100%	25%	40%
Provider 9	3	3	100%	100%	100%
Provider 10	13	13	100%	100%	100%
Provider 11	6	6	100%	75%	90%
Provider 12	8	8	100%	100%	100%

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Provider Incident Report Card Oct – Dec

Provider	Met Performance Measure GERs	Total GERs Reviewed in the Sample	GER Rate	Provider Report Performance	Overall Provider Incident Report Card
Provider 13	31	31	100%	75%	97%
Provider 14	2	2	100%	100%	100%
Provider 15	4	4	100%	100%	100%
Provider 16	6	6	100%	75%	90%
Provider 17	8	8	100%	100%	100%
Provider 18	3	3	100%	50%	71%
Provider 19	17	17	100%	100%	100%
Provider 20	5	5	100%	0%	56%
Provider 21	1	1	100%	100%	100%
Provider 22	4	4	100%	100%	100%
Provider 23	5	5	100%	100%	100%
Provider 24	51	51	100%	100%	100%

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Provider Incident Report Card Oct – Dec

Provider	Met Performance Measure GERs	Total GERs Reviewed in the Sample	GER Rate	Provider Report Performance	Overall Provider Incident Report Card
Provider 25	6	6	100%	0%	60%
Provider 26	4	4	100%	50%	75%
Provider 27	1	1	100%	N/A	100%
Provider 28	1	1	100%	0%	20%
Provider 29	2	2	100%	0%	33%
Provider 30	3	3	100%	50%	71%
Provider 31	1	1	100%	N/A	100%
Provider 32	1	1	100%	0%	20%
Provider 33	19	19	100%	100%	100%
Provider 34	1	1	100%	100%	100%
Provider 35	5	5	100%	100%	100%
Provider 36	12	12	100%	100%	100%

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Provider Incident Report Card Oct – Dec

Provider	Met Performance Measure GERs	Total GERs Reviewed in the Sample	GER Rate	Provider Report Performance	Overall Provider Incident Report Card
Provider 37	1	1	100%	100%	100%
Provider 38	13	13	100%	100%	100%
Provider 39	5	5	100%	75%	89%
Provider 40	8	8	100%	100%	100%
Provider 41	1	1	100%	100%	100%
Provider 42	21	21	100%	100%	100%
Provider 43	1	1	100%	100%	100%
Provider 44	1	1	100%	100%	100%
Provider 45	0	1	0%	N/A	0%
Provider 46	3	3	100%	100%	100%
Provider 47	1	1	100%	N/A	100%
Provider 48	10	10	100%	75%	93%

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Provider Incident Report Card Oct – Dec

Provider	Met Performance Measure GERs	Total GERs Reviewed in the Sample	GER Rate	Provider Report Performance	Overall Provider Incident Report Card
Provider 49	44	45	98%	100%	98%
Provider 50	2	2	100%	75%	83%
Provider 51	4	4	100%	25%	63%
Provider 52	1	1	100%	75%	80%
Provider 53	1	1	100%	N/A	100%
Provider 54	2	2	100%	100%	100%
Provider 55	1	1	100%	100%	100%
Provider 56	2	4	50%	75%	63%
Provider 57	1	1	100%	N/A	100%
Provider 58	4	4	100%	100%	100%
Provider 59	1	1	100%	50%	60%
Provider 60	2	2	100%	N/A	100%
Provider 61	1	1	100%	N/A	100%

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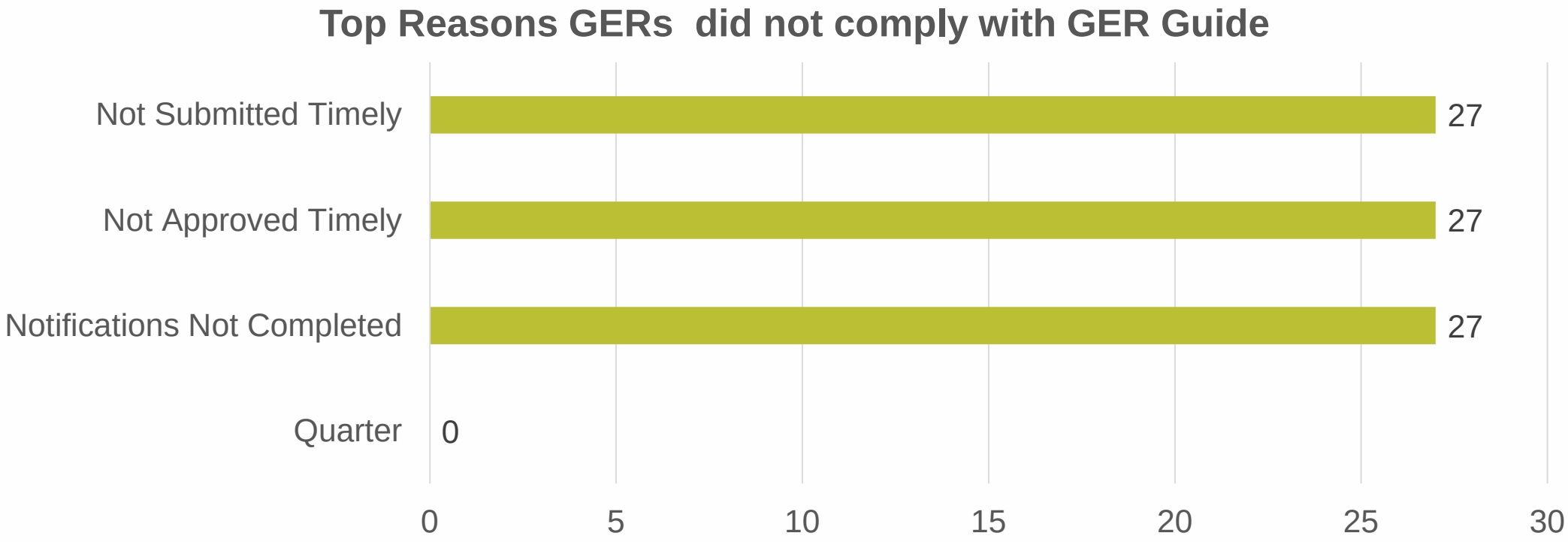
Reasons GERs did not Comply with GER Guide



Reasons are reported separately, non mutually exclusive.

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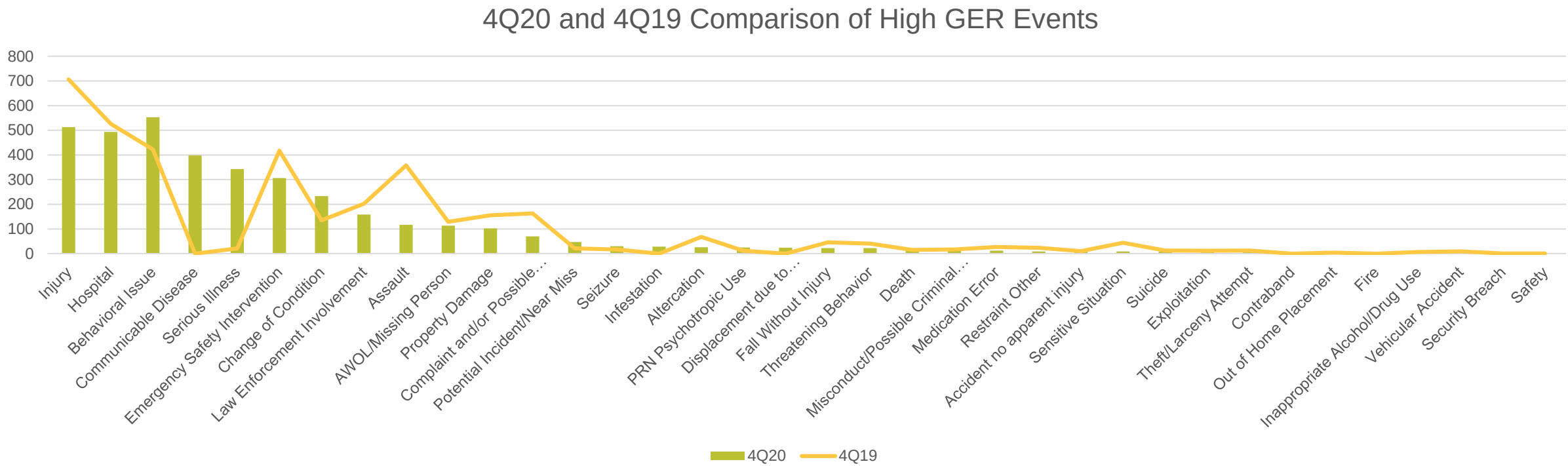
High GER Quarterly Comparison



The Serious Illness and Displacement event categories, when paired with the Communicable Disease event type, were new to the incident reporting guide in 2020 due to COVID-19 data collection.

- There were fewer High Notification GERs completed this year in comparison to this same time period last year.
- Participants with high notification GERs, averaged 2 for the quarter.
- 76 participants (6%) had more than 4 High notification GER events in the quarter.

National Core Indicators

Brad Wilson
Nebraska NCI Coordinator

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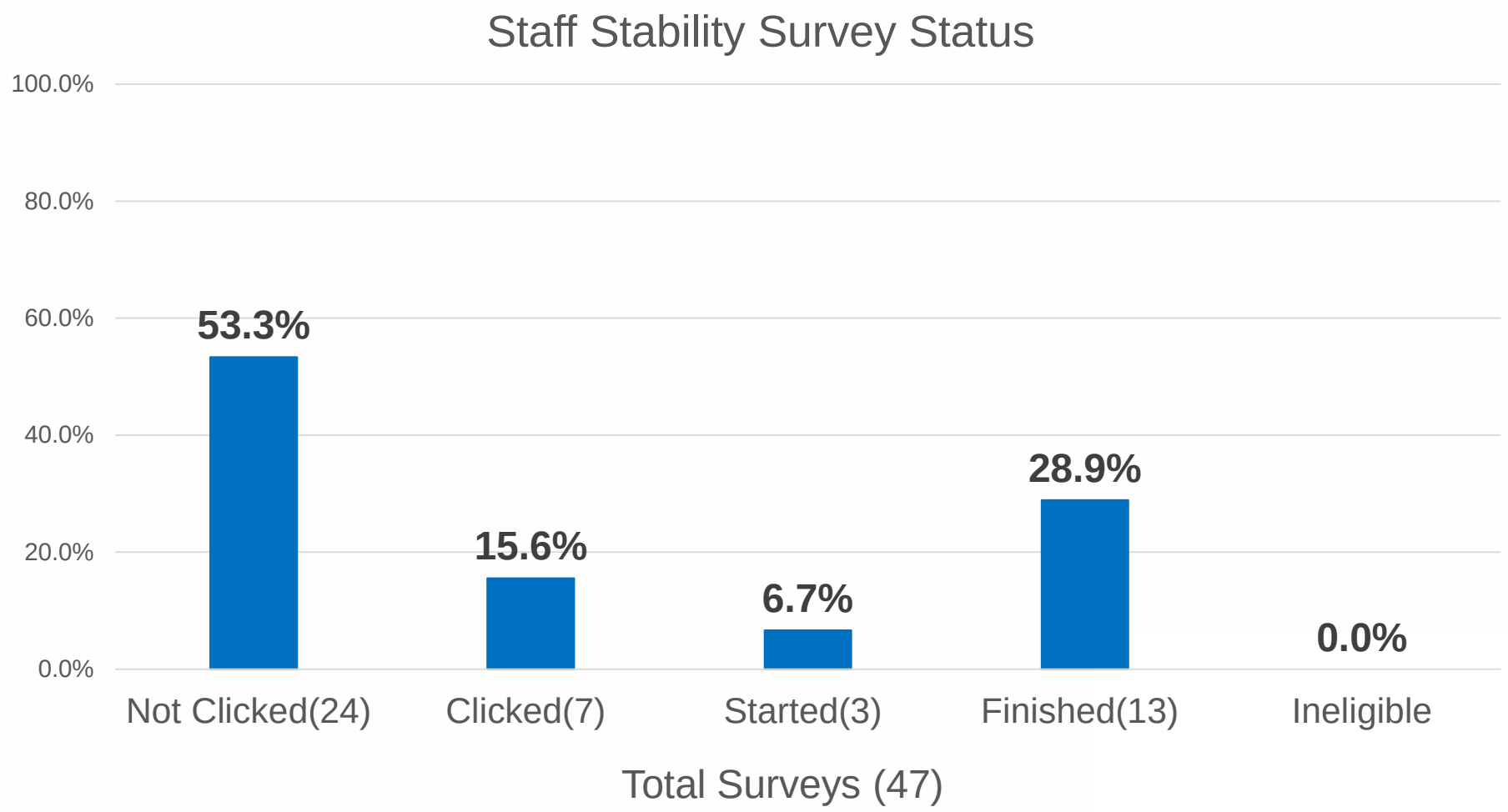
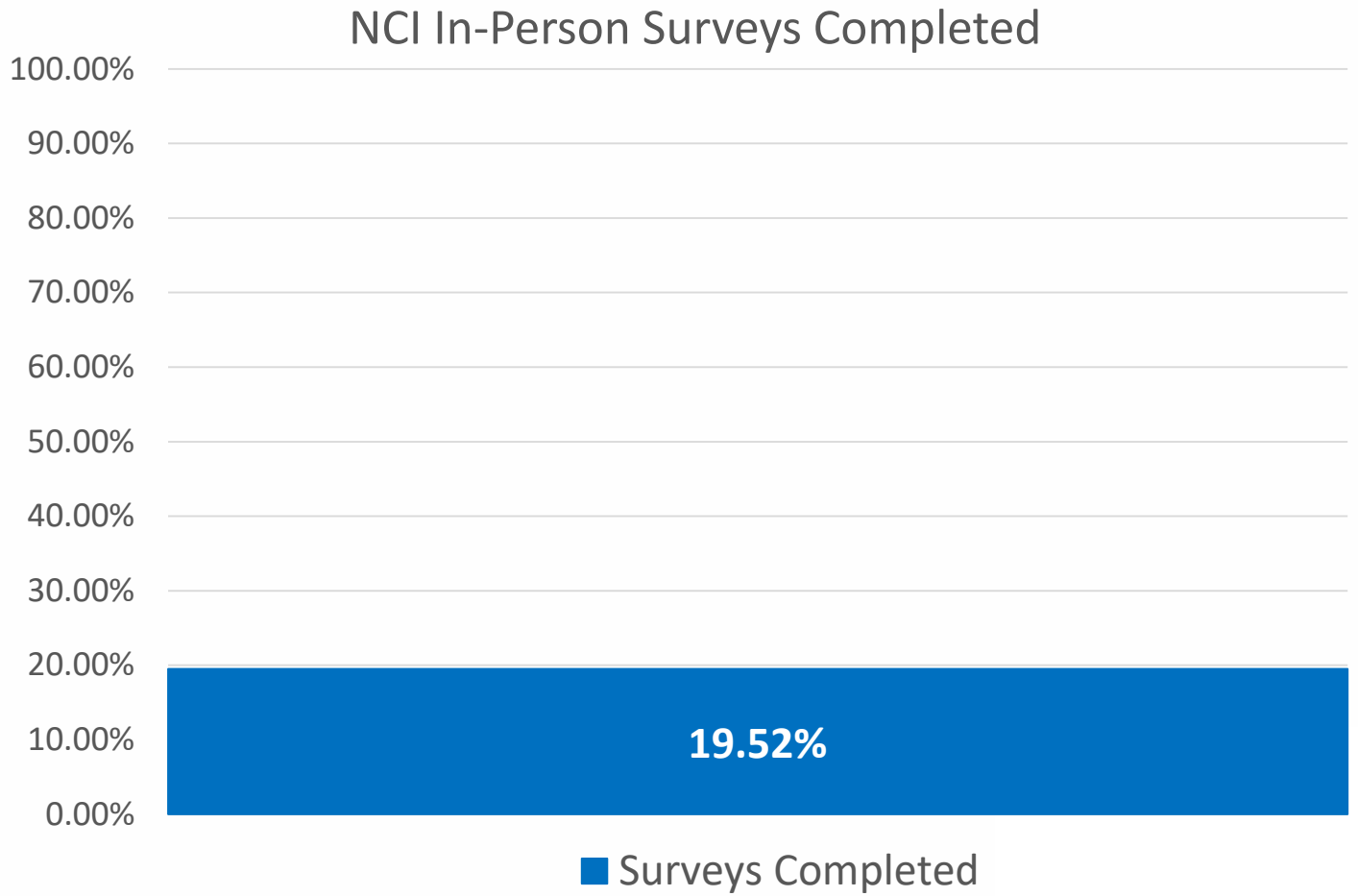
National Core Indicators – Staff Stability Surveys

- The survey portal is open until June 30.
- Agency contacts have been sent three reminders.
- Please do not wait.
- Have your agency contact complete the survey this month.



National Core Indicators – In-Person Surveys

- Thank you for supporting participants and the Munroe-Meyer survey team to complete in-person surveys.



Service Coordination Discussion

Jillion Lieske
Service Coordination Administrator

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Service Coordination Discussion

- Provider Referrals
- Appendix K Transition and Flexibilities
- Therap Documentation
- Service Authorization Changes

Open Discussion

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