

Quarterly Quality Meeting

March 12, 2024



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Agenda

- HLRAC Initiative – *Erin Davis, Liberty Healthcare*
- HLRC Case Note Pilot Provider Experience – *Laura Schenk, Goodwill*
- Final Settings Rule Lease Guidance – *Ashley Knudtson, DDD*
- National Core Indicators Updates– *Ashley Knudtson, DDD*
- 2024 Quality Initiatives – *Kristen Smith, DDD and Natalie Peterson, Liberty Healthcare*

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Human and Legal Rights Advisory Committee (HLRAC) Update



Pilot Phase

The Pilot phase for testing the case note questionnaire in Therap was from 12/26/2023 to 1/26/2024.

Six providers participated and provided feedback regarding the form and the process.

The case note was updated based on the feedback.

Therap Case Note Questionnaire

The case note questionnaire, “Human and Legal Rights Committee” will be utilized by all agency providers to enter their agency Human and Legal Rights Committee (HLRC) information effective 3/15/2024.

DD Provider Bulletin PB 24-02 outlines the new requirements and is available on the DDD Provider Bulletins webpage.

Live training sessions were held on 02/13/2024 and 02/15/2024. A recorded session of the training and a copy of the slides is available on the DDD Providers webpage.

Case Note Assistance

Liberty Healthcare is available for technical assistance with the case note entry process or to talk further about how this will work with your agency's current process.

Please contact Erin Davis at Erin.Davis@nebraska.gov for more information or to setup a time.

For questions regarding DDD policy and guidelines about rights restrictions or agency HLRCs, please contact Sarah Henrichs, Quality Assurance Coordinator with DDD, at Sarah.Henrichs@nebraska.gov.

HLRAC

The HLRAC held its first meeting on 1/30/2024.

The committee reviewed cases and provided recommendations.

Recommendation letters will be attached to the case note that is submitted for the participant's HLRC review information in Therap.

An SComm will be sent to the participant's ISP team notifying them of recommendations for review and consideration.

Therap Mailbox for HLRAC

DDD has created a mailbox in Therap for HLRAC referrals, titled, “HLRCReferrals.” Questions about rights and restrictions can also be sent to this mailbox.

Both Liberty and DDD staff will be able to read and respond to these SComm messages.

More information about the referral process will be shared soon.

Human Legal Rights Committee

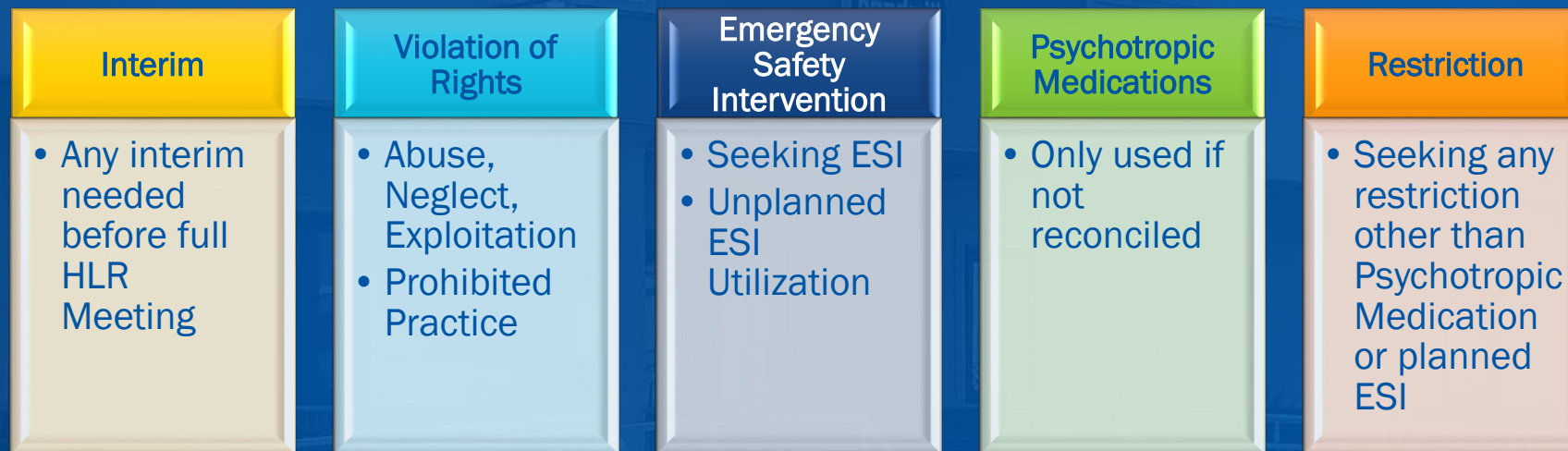
Piloting Goodwill's process with Therap's Case Note Questionnaire

Goodwill's HLRC Process

- **Process completely revised back in 2020**
 - Similar process continues today
 - Full training is provided to all HLRC Members
- **HLRC meets every 2 months – virtually**
 - Managers prepare and present the referrals with all supporting information
 - Designated HLRC Facilitator documents the minutes as well as decisions on the referral forms
 - HLRC Facilitator retains the completed referrals and all supporting documents in our electronic files
 - Recording of every meeting is retained
 - Tracking logs are maintained by Managers and HLRC Facilitator
 - Had not been saving the final forms in Therap but sent to Service Coordination

Goodwill's HLRC Process

- **Present forms specific to the rights referral reason**
 - 1 individual per form
 - 1 rights referral per form
 - Forms are similar to checklist - indicate everything to be attached



HLRC Pilot Phase

- **Goodwill participated in the Pilot from Dec 2023 – Jan 2024**
 - Our HLRC met once during that time
 - Did not have any proposed restrictions presented
 - A few Abuse, Neglect, Exploitation referrals presented
 - Based on peer – peer incidents with no injuries
 - 1 unplanned ESI utilization presented
 - 1 interim submitted for pilot; will be presented fully at our next meeting in March
 - Ultimately, we were confused with aspects of the Questionnaire during Pilot
 - New categories
 - Drop down lists
 - How and where to attach items

Discoveries During HLRC Pilot

Areas of Strength

- Referral forms already for each type and each person
- Referral forms already present all needed information
- Managers already obtain all documentation to support the referral
- Easy process to upload into Therap following HLRC meetings

Areas to Improve

- Pay closer attention to very first (initial) start date of restrictions
- Pay closer attention to court orders (ask more questions)
- Pay closer attention to the number of restrictions a person has
- Need a stronger quality oversight with Interim referrals – **still working on**

Goodwill's Revised HLRC Process

- **Majority of the process remains the same**
 - Added:
 - Electronic folder for Managers to save the Interim referrals and supporting documents in
 - Notify the HLRC Facilitator once Interim completed
 - Conducting more thorough quality oversight on the Interim referrals
 - Requesting enough information upon intake to really support, not just verbal statements
 - HLRC Facilitator responsible for uploading the Interim referrals and all items presented during HLRC Meetings into the Case Note Questionnaire within 10 days as required
 - Placing comments into the Questionnaire “Notes”
 - Updating comments for Interim referrals uploaded

Goodwill's Revised HLRC Process

Updated forms

Changed to selecting:

- Abuse/Neglect/Exploitation
- Annual
- ESI
- Increased Restriction
- Intake
- Medications/Semi-Annual
- New Restriction
- Other Review
- Added Initial Restriction Date
- Added Current Court Orders

Changed from selecting:

- New Referral
- Review

This will help to easily identify what to select within the Case Notes

Goodwill's HLRC Form

Name: _____ Date of Birth: _____
 Date of Meeting: _____ Location: _____
 Service(s) Impacted: DDS: Day Site DDS: Residential DDS: Shared Living DDEP
 Referral Presented By: _____
 Interim Approval Needed: Yes No If Yes, Date: _____ Intake Into Services New Restriction
 Increased Restriction Annual Other Review Initial Restriction Date: _____
 Service Coordinator: _____ Last ISP Meeting Date: _____
 Current Court Orders: _____
 Current Diagnosis: _____

Restrictions

Restriction: _____
 Additional Information: _____

Items to Review for Decision

1. **Description of rights restriction:**
 > When it will be implemented and used: _____
 > How it will be implemented and used: _____
 o *If description is unclear, it cannot be approved*

2. **Reason for rights restriction:**
 > Identified risk being addressed: _____
 > Risk relates to: _____
 Behaviors of Concern Lack of Adaptive Skills/Knowledge
 Medical Needs/Physical Disabilities/Previous Behaviors of Concern that ISP Team agrees are not current
 > How the rights restriction addresses the risk: _____
 o *If the risk does not justify the restriction or the restriction does not truly address the risk, it cannot be approved*

3. **Previous attempts to address the risk:**
 > How the ISP Team has tried to address the risk with non-restrictive or less restrictive supports, which were unsuccessful: _____
 o *If other supports or strategies have not been used before, must consider if it is appropriate to approve or recommend that the ISP Team considers a less restrictive support before approving*

4. **Benefits of the rights restriction:**
 > Summary: _____

5. **Potential negative effects of the rights restriction:**
 > Risk of discomfort or injury: _____
 > Disruption to the participant's life: _____
 > Limiting of the participant's privacy: _____
 > Decrease to the participant's quality of life: _____
 > Limiting of the participant's freedom: _____
 > Limiting of the participant's integration in the community: _____
 > Other potential negative effects: _____
 o *Committee needs to determine if the benefit of the restriction under #4 outweighs the potential negative effects under #5; the risk needs to be serious enough to justify any potential negative effects.*

6. **Supports in place to reduce the need for the rights restriction:**
 > BSP is attached - if restriction is used to address risk related to behaviors of concern: Yes N/A Waiting on requested FBA/BSP
 > Habilitation Program attached - if restriction is to address risk related to lack of adaptive skills: Yes N/A
 > Supporting Documents: Service objectives, appointments, evaluations attached to address or reduce the risk - if

restriction is for medical needs or physical disabilities:
 o *If there is no BSP, habilitation program, or appropriate supporting documents; it cannot be approved*

7. **ISP Team criteria:**
 > Criteria set by ISP Team to reduce the restriction: _____
 o *If no specific, measurable criteria for reduction is set by the ISP Team, it cannot be approved*
 > Progress toward the criteria: _____
If the criteria has been met, but the ISP Team decided not to reduce:
 > Reason for the ISP decision not to reduce: _____
 > New Criteria for reduction set by ISP Team: _____
 o *If no specific, measurable criteria for reduction is set by the ISP Team, it cannot be approved*

8. **ISP Team Approval:**
 > Proof of Documentation is in ISP, applicable portion of ISP attached: Yes No
 o *If no, reason:* _____
 o *Needs completed prior to use and semi-annually thereafter. If ISP Team approval is not obtained, it cannot be approved*

9. **Written Informed Consent by the participant (and guardian if applicable) for the restriction:**
 > It is thoroughly completed and attached: Yes No
 o *If consent is not obtained and/or does not match the information within this referral; it cannot be approved*

10. **6 Months of any relevant supporting documentation attached:**
 o *If not in place for 6 months, all available data*
 > General Event Reports (GERs): Yes N/A
 > T-Logs: Yes N/A
 > Data from Habilitation Programs or Supporting Documents identified under #6: Yes N/A
 > Other information showing need for restriction: Yes N/A
 o *Other information includes:* _____
 > Safety Plan that includes the restriction: Yes

11. **Affects to other participants:**
 > This restriction affects another participant in the same setting: Yes No
 o *If yes, reasonable efforts to reduce the impact of the restriction to the other participant(s):* _____

• Restriction Example

- Bottom of form (not included above) contains HLRC Member names and decision from each

Goodwill's Future Planning

- **Will be updating our training, handbook and protocol to include the few additional steps**
 - Updates to forms
 - Reason options for referrals that match the Questionnaire
 - Initial Restriction Date
 - Court Orders
 - Updated Interim process with supporting documents
 - HLRC Case Note Questionnaire process
 - Reports
- **Build template for Therap reports to paste into for tracking**
- **Update internal audit process for Questionnaire and reports**

Thoughts On Process Changes

Pros of new process

- Easier for Service Coordinators to locate
- Clear ongoing list of referrals for each person
- Reports in Therap for automating and tracking
 - Case Note Dashboard
 - Individual Home Page - Case Note - Search
 - Individual – Case Note – Search
 - Agency Report Library – Case Note Detailed Report
- Will help to identify items quicker:
 - Referrals upon intake
 - New or increased restrictions
 - Court orders

Cons of current process

- Miscommunication with Service Coordinators
- LOTS of manual tracking
 - Tracking of presented referrals
 - Trying to track interim referrals
 - Trying to correctly track psychotropic medication referrals (if not reconciled)
- Difficult to properly track items:
 - Difference on new or intake referral
 - Difference on new or increased restrictions
 - Court orders

Tips And Tidbits

- **Questionnaire “Notes”**

- Enter information to help identifying items in quick reports

Ex:

- “Meeting Date: mm/dd/yyyy”
- “Interim Date: mm/dd/yyyy”
- (Referral categories selected)
- “(Update once HLRC meeting conducted.)”

- **Questionnaire Status**

- “Deleting” does not remove from the list, just shows up as a “Deleted” status

- **Reports:**

- Create an Excel template to export the Agency Report Library – Case Note Detailed Report into
- Will help to automatically track
 - We will be working on this

Final Thoughts

- **Case Note Questionnaire will not change our process much**
 - Will provide additional quality measures to help us ensure we really need to seek a restriction
 - Has been a learning curve and will take time to revise our processes to include instructions for the HLRC Facilitator but the end result will save time
 - Expect this to reduce time from the manual tracking
 - Expect this to help us be more aware of the restrictions across all locations
- **Do not expect the Case Note Questionnaire to really add more time once really started other than to question Interim referrals a bit more.**
- **Excited for the enhanced quality oversight as we move forward with this new module**

THANK YOU!

Thank you for letting us share our experience with HLRC, the HLRC Pilot, and our thoughts regarding the Case Note Questionnaire.

Any Questions?

HCBS Final Settings Rule – Lease Agreements

- Each waiver participant living in a provider-operated setting must have the same responsibilities and protections from eviction that all tenants have under Nebraska landlord/tenant laws.
- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the participant.
- When a participant lives in a setting where landlord/tenant laws do not apply, there must be a written residency agreement.

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HCBS Final Settings Rule – Lease Agreements

The participant must know their rights, including:

- When they could be required to relocate;
- Their freedom to furnish and decorate their sleeping or living units;
- Their right to select their roommate;
- Their right to have visitors of their choosing at any time;
- Their freedom and support to control their own schedule and activities; and
- Their right to access food at any time.

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HCBS Final Settings Rule – Lease Agreements

- **For DD group homes and CDDs:** leases/residency agreements should be between the waiver participant and the agency or landlord.
- **For Shared Living Settings:** leases/residency agreements should be between the participant and the Shared Living Provider (SLP).
 - The agency provider can be a third party if necessary.
 - The DD provider must be able to document that the participant(s) chose their supported living residence, and the lease or mortgage is under control of the participant(s).
- **For Assisted Living Facilities (ALFs):** leases/residency agreements should be between the participant and the Assisted Living Provider.

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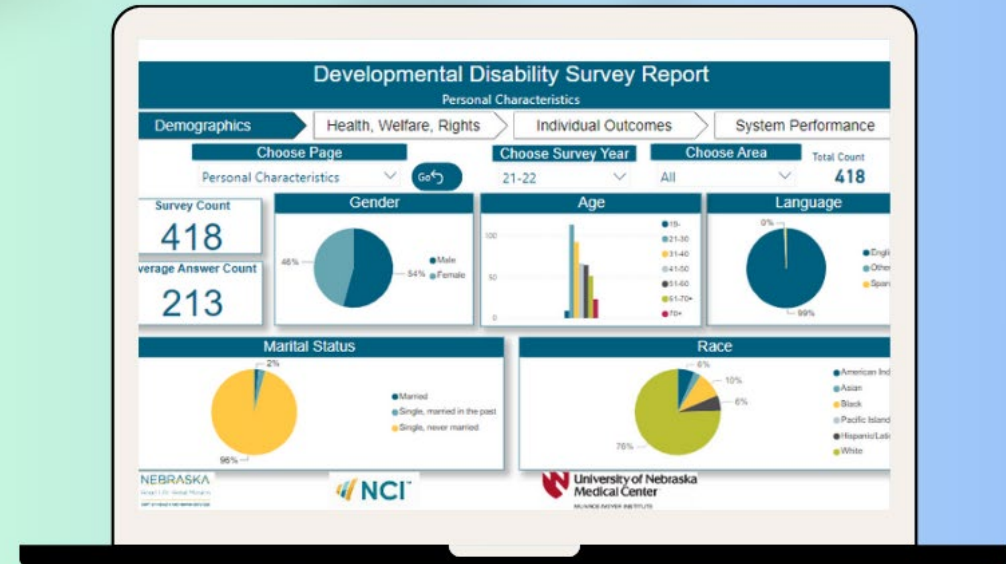
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NCI – National Core Indicators Updates

- State of the Workforce (SOTWF) Surveys are due 6/30/24 for all DD Providers that employed DSPs in 2023.
- UNMC MMI is currently surveying Nebraskans for the NCI-AD and NCI –IDD survey year. The purpose of these surveys is to gather the opinions and experiences of individuals receiving services. Consumer feedback will be used to continue enhancing programs.

Visit the New Interactive Data Dashboard

Developmental Disability Survey Report



www.unmc.edu/mmi/family-resources/community-services/nci/dashboard-reports.html



2024 Quality Initiatives

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