Division of Developmental Disabilities

District 1  October 17, 2018
District 2  October 23, 2018
District 3  November 7, 2018

Service Coordination & Provider Meeting
4th Quarter 2018
Agenda

- Welcome & Introductions
- Distribution of District Contact Information
- Rate Rebase & OAP Redesign Overview
- New Provider Bulletins
- DD & Vocational Rehabilitation
- Biennial ICAP Project
- Post Payment Claims Reviews
- ISP Meeting Preparation
- State Transition Plan – STP
- Alternative Compliance -vs- Exception Requests
- GER
- Open Discussion
PHASE I
- Finalized Rates, Services Definitions – Distributed to Provider Advisory Group (PAG) on 7-19-18
  - DD been working with CMS regarding Technical Assistance for Shared Living
  - Public Comment – hopeful November 2018

PHASE II
- OAP Stakeholder Groups
  - Clinical
  - Family/Advocacy
  - Providers
- Biennial ICAPS starting in November 2018
New Provider Bulletins

- **# 18-06**  Sub-Contracting for Direct Provision of DD Services – Issued 8/1/18
  - Upon approval of new NAC – Shared Living only Waiver Service sub-contracting allowed

- **# 18-05**  Title 403 Regulations – Issued 7-24-18
  - Effective 7-16-18
  - DD Providers given until 10-16-18 to update Policy and Procedures
DD & Vocational Rehabilitation

- Interim Process ended 9-30-18
- Supported Employment (Indv. & Follow-Along) requests on or after 10-1-18, must be to VR, DD can not fund
- VR is serving people off of their Waiting List based on date of application
Biennial ICAP Project

- Providers identifying Agency Liaisons now
- DD to begin again November 2018
- The ICAP has high inter-rater reliability
- DDD has no imminent plans to change/replace the ICAP
- ICAP will play a critical role in rate transformation
- 1,744 ICAP Renewals were completed in 2017
- 2,700 ICAP Renewals must be completed prior to October 1, 2019
- DSS conducts approximately 200 Initial ICAPs annually
- CCS conducts approximately 200 Change Request ICAPs annually
- CCS will conduct ICAP Renewals and Change Request ICAPs
ICAP Renewals: Service Coordinators & Provider Liaisons

➢ Service Coordinator
  o Upon request the Service Coordinator will provide the ICAP respondent two names of potential interviewees;
  o Service Coordinators will be responsible for gathering required documentation for submission to the ICAP respondent. This change in protocols is premised upon the assumption that the SC will know the person well and be familiar with documentation that best informs the assessment process;

➢ Agency Liaison
  o Upon request the Agency Liaison will submit the names of two potential interviewees to the ICAP respondent
  o The Agency Liaison will collaborate with the ICAP respondent to determine the two best people to interview
  o The Agency Liaison will schedule the interviews and notify the ICAP respondent
Quality Assurance: Preserving ICAP Integrity

- To help ensure ICAP integrity, DDD will move away from the Team Review and the Parent/Guardian Questionnaire.

- Parents/Guardians who live with the Participant, or are the Participant’s primary caregiver, will still be eligible to serve as interviewees.

- Parents/Guardians who do not live with the Participant and are not the Participant’s primary caregiver will be notified by the Service Coordinator that an ICAP is going to be administered and will be able to suggest names of people to be interviewed.
Quality Assurance: Baseline Data and Inter-Rater Reliability (IRR)

- The current Team Review process will be replaced with a quality assurance tool focused on identifying significant changes between ICAP renewals and the historical baseline.

- The Inter-Rater Reliability (IRR) Review process will require IRR Reviewers to observe ICAP interviews in real time to identify respondent-drift from ICAP protocols and provide greater oversight to new respondents.
Post-Payment Claims Reviews

- DD Program Accuracy Staff reviewing claims
- Excess of 35 hrs. a week of Day Services
  - Single Provider – Letter requesting recoupment
  - Multiple Providers – Conf. call to determine outcome
ISP Meeting Preparation

- Agency staff attending ISP meetings coming prepared
  - Lack of assessment results, at Annual ISP’s
  - Staff attending are unknown to the participant

- Question
  - Do Providers have documentation of a habilitation program daily? During each shift?
DHHS-DD Continues to conduct agency interviews and on-site surveys of Residential Settings. The day sites have been completed, and letters are being sent to providers. There was a hold on the letters to all workshops, pending technical assistance from CMS, which was received on Friday, October 12, 2018. Letters will be sent out over the next several weeks.

To date, 419 total sites have been assessed. 83% of all sites assessed have received a letter informing if the site is compliant, or if remediation is needed.

- Residential Sites Completed: 84% CDD
  77% Group Homes
  24% Extended Family Homes

- Day Sites Completed: 87%
129 Sites are Fully Compliant

139 Sites are/were Partially Compliant
  • 123 are still in the process of remediating
  • 16 have since completed their remediation plans

Of all Partially Compliant settings:
  • 8 Settings did not have a grievance process
  • 76 Settings did not have a process for anonymous complaints
  • 23 Settings did not have a lease or residency agreement that complies with all Tenant/Landlord Laws
  • 16 Settings did not describe the rights regarding housing/relocation
  • 78 Settings did not provide locking bedroom doors
  • 35 Settings did not provide locking bathroom doors
  • 7 Settings had obstructions that prevented full accessibility to all common areas of the home, with no adaptations to ameliorate the obstruction.
Alternative Compliance -vs- Exception Funding

Per 404 NAC 1-003, Alternative Compliance is an “alternative method of compliance with any standards or compliance procedures . . . when the method of compliance meets the purpose and intent of any regulation. “

The Division has the discretion to allow Alternative Compliance to regulations in the rare situations when providing services in accordance to 403 or 404 would not best meet the health and safety of a participant.

Providers must include in the request:

- The citation of the specific part of the regulation for which alternative compliance is being requested;
- Support for the request (medical documentation, documentation of other alternatives attempted, etc.)
- The activities replacing requirement of the regulation (e.g. day services in the residence, due to doctor order);
- The requested alternative compliance start date
- The signature of the director; and
- Authorization from the provider's governing board, or designee.

Alternative Compliance is time-limited, and to be used as a last resort. Requests cannot be considered without all required information, above.
General Event Records – GER’s

<table>
<thead>
<tr>
<th>Event</th>
<th>Current 1Q18 Total</th>
<th>Last year’s 1Q17 Total</th>
<th>Last year’s 2017 Avg.</th>
<th>Completed DD QI Analysis due to Statistical Difference?</th>
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<tbody>
<tr>
<td>Death</td>
<td>16</td>
<td>13</td>
<td>12</td>
<td>None</td>
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<tr>
<td>Injury</td>
<td>722</td>
<td>656</td>
<td>706</td>
<td>None</td>
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<tr>
<td>Medication Error</td>
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<td>57</td>
<td>43</td>
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<tr>
<td>Accident no apparent injury</td>
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<td>20</td>
<td>20</td>
<td>None</td>
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<tr>
<td>Alcohol/Drug Abuse</td>
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<td>2</td>
<td>1</td>
<td>Yes&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>Allergies</td>
<td>99</td>
<td>150</td>
<td>83</td>
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<tr>
<td>Assault</td>
<td>428</td>
<td>513</td>
<td>499</td>
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<tr>
<td>AWOL/Missing Person</td>
<td>107</td>
<td>53</td>
<td>120</td>
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<tr>
<td>Behavioral Issue</td>
<td>479</td>
<td>343</td>
<td>348</td>
<td>None</td>
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<tr>
<td>Change of Condition</td>
<td>42</td>
<td>82</td>
<td>56</td>
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<tr>
<td>Complain and/or Possible Litigation</td>
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<tr>
<td>Contraband</td>
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<td>5</td>
<td>3</td>
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<tr>
<td>Exploitation</td>
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<td>11</td>
<td>12</td>
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<tr>
<td>Fall Without Injury</td>
<td>19</td>
<td>28</td>
<td>22</td>
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<td>Fire</td>
<td>3</td>
<td>2</td>
<td>4</td>
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<td>Hospital</td>
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<td>Inappropriate Alcohol/Drug Use</td>
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<td>3</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
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<td>Law Enforcement Involvement</td>
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<td>Out of Home Placement</td>
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<td>6</td>
<td>Yes&lt;sup&gt;3&lt;/sup&gt;</td>
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<td>Possible Criminal Activity/Misconduct</td>
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<td>Potential Incident/Near Miss</td>
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<td>32</td>
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<td>PRN Psychotropic Use</td>
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<td>2</td>
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<td>None</td>
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<td>Property Damage</td>
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<td>Security Breach</td>
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<td>Severe Situation</td>
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<td>Serious Illness</td>
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<td>None</td>
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<td>Suicide Attempts or Threats</td>
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<td>None</td>
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<tr>
<td>Theft/Larceny Attempt</td>
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<td>13</td>
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<tr>
<td>Threatening Behaviour</td>
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<td>70</td>
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<td>None</td>
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<tr>
<td>Emergency Safety Intervention</td>
<td>506</td>
<td>238</td>
<td>267</td>
<td>Yes&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>Restraint Other</td>
<td>16</td>
<td>17</td>
<td>20</td>
<td>None</td>
</tr>
</tbody>
</table>

*Statistical difference includes events with a significant standard deviation change from the 2017 rates.
General Event Records – GER’s

Critical Incident Reports

Trends:
• Highest number of incidents in the top 5 categories are injuries, hospitalizations, emergency safety interventions, behavioral issue, and assaults.
• Injuries, behavioral issues, property damage, and emergency safety interventions are much higher compared to same quarter in 2017. (41% of the 506 emergency safety interventions were due to one individual)
• Change of condition and sensitive situations are 50% less than the same quarter in 2017.

Issues:
• GERs are not completed according to high notification guidelines (timelines)
• Assigning the correct category to the GERs
• 28 of 49 providers completed 100% of required components of the GER
Tony Green, Deputy Director

Tony.green@Nebraska.gov

402-471-7909