



OMB Approval No: 0985-00292, OMB Expiration Date: 1/31/2020 -

# State Councils on Developmental Disabilities (DD) Five Year State Plan for FY 2020

Mary Gordon DD Planning Council/HHS -  
Post Office Box 95026 -  
Lincoln, NE, 68509-5026 -

Grant Number: 2001NESCDD

# Identification

\* - Required field

Part A:	State Plan Period:	<b>10-01-16 through 09-30-21</b>
Part B:	Contact Person:	<b>Kristen Larsen, Executive Director</b>
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PART C:	Council Establishment	
	Date of Establishment:	<b>03-11-71</b>
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	Authorization Citation:	<b>Governor Exxon Order of 3/11/1971</b>

## Council Membership [Section 125(b)(1)-(6)]

\* - Required field

### Council Membership Rotation Plan\*

In the recent past, rotation of Council members was accomplished through a process mutually agreed to by the membership & the Governor's Office. The Governor periodically consulted with the Council & staff to make appropriate provisions to rotate membership. The common practice was that non-agency Council members were appointed to 3 year terms, with the option to renew, if the Governor approved. However, neither the Council nor the Governor implemented the number of terms a non-agency member served. In Oct. 2016, Council Executive Director met with the Governor's appointment staff to clarify AIDD expectations for non-agency membership rotation & term limits as reflected in the Final Rule of the 2000 DD Act. Some of the non-agency Council members who had terms that expired on 10/1/16 did elect to reapply with the understanding that they might not be reappointed if they have already served two terms. In Feb. 2017, the Governor appointed five new members to replace those who had served more than two terms. The Council had planned to form a committee in 2017 to review & update Council by-laws to address the member rotation & term limit requirement. However, staff capacity issues made it difficult to organize this process. In March 2018, the Council hosted an on-site technical assistance visit with iTACC. A major outcome of the visit was that the Council was provided clear, concise information to address identified issues that were found to be inconsistent with DD Council program guidelines. One compliance area identified was that there were no term limits noted in the Council by-laws. iTACC provided clear recommendations to define terms & the specific number of terms members can serve consecutively within the by-laws, & to include within the membership composition area that "at all times a non-governmental representative, & non-profit representative from organizations concerned with services for people with developmental disabilities." The Council formed a Compliance Committee that presented the first draft of Council by-laws revisions at the Nov. 2018 meeting. The Council officially ratified the updated by-laws at the Feb. 2019 meeting. The by-laws now define terms (three years) & the specific number of terms (two) that members can serve consecutively. Throughout 2019 Council staff continued to communicate with the Governor's appointments office about changes made to the by-laws. The Governor's appointments office has been cooperative regarding the need to follow the new term limits, as well as appoint members to fill the non-profit & non-governmental representative positions. In June 2019 a representative for the non-profit opening was filled. In Nov. 2019 the Governor appointed a new individual with a developmental disability, a new family member, & a representative from a developmental disability provider who serves as the non-governmental representative. These appointments also represented geographical areas outside the Lincoln & Omaha area. As of Nov. 5, 2019, all of the Council membership positions were occupied. The Council has three members who are serving a third term appointment through Oct. 1, 2020, & at that time they will be officially termed out. With guidance from iTACC, Council staff have noted changes within the "Council Identification" section of the 2020 State Plan related to urban versus rural representation. We do have a concern regarding the new parameter from the US Census Bureau which defines urbanized areas as those which contain 50,000 or more people, in addition to urban clusters

as those areas which have at least 2,500 people but fewer than 50,000 residents. Historically Nebraska was reporting those living in areas with fewer than 50,000 residents as rural, which included many members serving from different geographical areas of the state outside the Lincoln & Omaha areas. This new parameter does not reflect the perspective of Nebraskans that areas west of Lincoln are considered rural.

**Agency/Organization**

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

**Gender**

- Male : M
- Female : F
- Other : O

**Geographicals**

- Urban : E1
- Rural : E2

**Race/Ethnicity**

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

**Council Members**

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Steve	Milliken		M	D1	E1	A2	Nebraska Department of Education	11-01-17	10-01-22	

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/ Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Courtney	Miller		F	D1	E1	A9	Division of Developmental Disabilities	04-06-16	10-01-22	
Seamus	Kelly		M	D1	E1	A5	Disability Rights Nebraska	09-13-18	10-01-20	Eric Evans
Wayne	Stuberg		M	D1	E1	A6	Munroe-Meyer Institute	08-05-13	10-01-20	
Sara	Morgan		F	D1	E1	A8	Department of Health and Human Services, Public Health	05-05-19	10-01-22	
Heather	Leschinsky		F	D1	E1	A4	DHHS, Medicaid and Long-Term Care	04-06-16	10-01-22	Older Americans Act, A3 as well
Mikayla	Johnson		F	D1	E1	A9	Division of Behavioral Health	09-24-19	10-01-22	

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/ Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Paige	Rose		F	D1	E1	A1	Department of Education, Nebraska VR	07-06-16	10-01-22	
Jessica	Barrett		F	D1	E2	B1		11-05-15	10-01-21	
Dale	Johannes		M	D1	E1	B1		02-22-12	10-01-20	
Haley	Waggoner		F	D1	E1	B1		10-31-11	10-01-20	
Debbie	Salomon		F	D1	E1	B3		11-14-14	10-01-20	
Dee	Valenti		F	D1	E1	C2		10-31-11	10-01-20	
Brenda	DeLancey		F	D1	E2	B2		02-09-17	10-01-22	
Ryan	Moore		M	D1	E1	B1		02-09-17	10-01-22	
Sharon	Orduña		F	D2	E1	B3		02-09-17	10-01-22	
Erin	Phillips		F	D1	E1	B1		11-30-17	10-01-20	
Jane	Ziebarth- Bovill		F	D1	E1	B3		02-09-17	10-01-22	

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/ Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Reagan	Boyer		F	D1	E1	B2		11-21-18	10-01-21	
Jason	Gieschen		M	D1	E1	B1		11-21-18	10-01-21	
Stephen	Morton		M	D1	E1	A7	Non-Profit rep for The Arc of Norfolk	06-25-19	10-01-21	
Jennifer	Meints		F	D1	E1	B2		02-09-17	10-01-22	
Matthew	Kaslon	R.	M	D1	E1	B1		11-05-19	10-01-22	
Rachel	Siffring		F	D1	E2	B2		11-05-19	10-01-22	
Cheryl	Montgomery		F	D1	E1	A7	NorthStar Services - NGO	11-05-19	10-01-22	

## Council Staff [Section 125(c)(8)(B)]

\* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

### Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

### Disability Options

- Yes : Y
- No : N
- Does not wish to answer : DWA

### Gender

- Male : M
- Female : F
- Other : O

Council Staff

First Name of person in position	Last Name of person in position	MI	Disability	Race/ Ethnicity	Gender	Position or Working Title	FT	PT
Joni	Dulaney		N	D1	F	DD Program Specialist	<input checked="" type="radio"/>	<input type="radio"/>
Kristen	Larsen		N	D1	F	Executive Director	<input checked="" type="radio"/>	<input type="radio"/>
Nikki	Krause		N	D1	F	Administrative Assistant I	<input type="radio"/>	<input checked="" type="radio"/> %PT 70

# Designated State Agency

\* - Required input

The DSA is :other

**Agency Name**\* Nebraska Department of Health and Human Services, Public Health

**DSA Official's name**\* Nebraska Department of Health and Human Services

**Address**\* PO Box 95026, Lincoln, NE 68509

**Phone**\* 402-471-9433

**FAX** 402-471-9449

**Email**\* Dannette.Smith@nebraska.gov

## Direct Services [Section 125(d)(2)(A)-(B)]\*

Does it provide or pay for direct services to persons with developmental disabilities? :Yes

**Describe**\*

The DSA provides direct services for persons with developmental disabilities. (Long term care facilities for people with mental illness and DD, public assistance programs, foster care. In addition, HHS contracts for services including community based DD services, mental health services, and Medicaid related services.)

## **DSA Roles and Responsibilities related to Council [Section 125(d)(3)(A)-(G)] \***

**Describe how the DSA supports the Council \*** The DSA provides the following services to the Council: accounting services, legal consultation, administrative support, computer support, and public information support. The new CEO for the Department of Health and Human Services, Dannette Smith, began her position on February 25, 2019. Her phone number is 402-471-9433.

## **Memorandum of Understanding/Agreement [Section 125(d)(3)(G)]\***

**Does your Council have a Memorandum of Understanding/Agreement with your DSA? :No**

**Calendar Year DSA was designated [Section 125(d)(2)(B)] \*** 1971

## State Information

\* - Required field

### Comprehensive Review and Analysis Introduction:

Include a broad overview of the Comprehensive Review And Analysis conducted by the Council. Below is information that can be included in the Introduction:

- The Council's state planning process including obtaining multi-stakeholder and ***culturally diverse*** input to develop the CRA; the process used to identify state plan goals and objectives.
- An data, research and/or information that influenced the Council's goal selections.
- How information was gathered from focus groups including information gathered directly from a ***culturally diverse group*** of people with developmental disabilities and their families.
- Information on any federally assisted State programs, plans and policies that are not included in Parts A-D
- Other, broader issues, such as social policy, culture change, funding issues, etc. that are not incorporated into Parts A-D.

### Describe how the DSA supports the Council

The Council's CRA process began with a review of state agency plans, including education, the new Workforce Innovation & Opportunity Act (WIOA) State Combined Plan, & the recent release of the State of NE's first DHHS business plan. The Council also contracted Munroe-Meyer Institute to do a needs assessment using an electronic survey, interviews, & focus groups. To ensure that self-advocates & minority populations were represented, separate focus groups using the same survey but a written version, including one translated into Spanish, were held. Nebraska is comprised of 77,358 square miles which makes it the 16th largest state in terms of sheer geographic area. In 2014, NE's population was estimated at 1,881,503 residents using 1-year estimates from the American Community Survey, which places NE 37 out of 50 states. Nearly 40% of the state's population was concentrated in the metropolitan areas of Omaha and Lincoln. Nebraska offers the very best in both rural & urban living, a range of industries & occupations providing employment opportunities, a cost of living index that ranked 9th in the nation during the 3rd quarter of 2015, a workforce with a strong work ethic, & several unique regions & areas that contribute to the state's economic climate. However, NE struggles like many states to provide all of its residents with meaningful & gainful employment opportunities. NE's workforce system is driven by several telling pieces of data, shared throughout the WIOA State Plan, revealing some troubling gaps & trends in NE's economy & workforce. These include: (1) the extremely high number of underemployed workers within the state who earn less than a living wage or must hold two or more jobs in order to earn a living wage; (2) the plight of disadvantaged workers such as low-income individuals; individuals with disabilities; ex-offenders; homeless individuals; youth who have aged out of the foster care system; English Language Learners; individuals with low levels of literacy; single parents; farmworkers; those within two years of exhausting

lifetime TANF (Temporary Assistance for Needy Families) eligibility; & the long-term unemployed; & (3) the need for a pipeline of workers with the technical skills & work readiness skills desired by employers, including those in industries that will drive NE's economy well into the future. The Council also reviewed results from the "Family Supports Project" needs assessment, which was completed by The Arc of NE in 2013. Data from the DHHS Maternal & Child Health 2015 Title V Needs Assessment process was also used. The various findings & results were presented to the Council & they were asked to develop the draft goals and objectives for the next five years. These were then presented to various Council partners for comment before being brought back to the Council for their final approval. 2015 brought changes in gubernatorial & state administration leadership in NE, when Governor Pete Ricketts became NE's 40th Governor. In Feb 2015, Governor Ricketts appointed Courtney Phillips as the new CEO of the DHHS. Together, they are focused on crafting a strategic plan for the department to improve customer service & inter-agency collaboration that focuses on a culture of continuous improvement & breaking down silo barriers to services. Leaders & advocates within the DD community are pleased to see some of the positive changes improving services & communication. In June 2016, Governor Ricketts & the DHHS CEO Courtney Phillips released the DHHS business plan, a first for the agency. The plan, "Real Improvements, Sustainable Progress, Better Lives for Nebraskans," details 25 priority initiatives that are guiding the work of DHHS in the coming year. The priorities are grouped under 5 categories that span the work of DHHS, including (1) Integrating Services & Partnerships, (2) Promoting Independence through Community-Based Services; (3) Focusing on Prevention to Change Lives; (4) Leveraging Technology to Increase Effectiveness; & (5) Increasing Operating Efficiencies & Improvements. This business plan stresses accountability & DHHS' commitment to better government, integrity, & fiscal responsibility as DHHS continues to improve their responsiveness & service delivery. The state's population growth has continued to be primarily among minority racial & ethnic groups. The growth has occurred in the more populated cities & counties. For some Nebraskans, specifically racial & ethnic minorities, the good life is elusive when it comes to overall health & quality of life. There continues to be significant gaps in disparities for health & wellness. It has become increasingly apparent that health care professionals, community advocates, & consumers must develop effective ways of meeting the challenges presented by our culturally diverse & rapidly changing communities.

**Poverty Rate Percentage 12.9**

Racial and Ethnic Diversity of the State Population

Race/Ethnicity	Percentage Of Population
<b>Do not wish to answer*</b>	0
<b>Two or more races*</b>	1.7

Race/Ethnicity	Percentage Of Population
<b>Asian alone*</b>	2.1
<b>Race unknown*</b>	0
<b>Hispanic or Latino (of any race)*</b>	10.2
<b>American Indian and Alaska Native alone*</b>	0.8
<b>Black or African American alone*</b>	4.6
<b>White, alone*</b>	80.5
<b>Native Hawaiian &amp; Other Pacific Islander alone*</b>	0.1
<b>Some other race*</b>	0

## State Disability Characteristics

\* - Required field

### Prevalence of Developmental Disabilities in the State 29727

#### Explanation

Used 1. 58% from Larson, Lakin, Anderson, Kwak, Lee & Anderson, 2001.

#### Residential Settings

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2012	4042	166	55	64	78

## Demographic Information about People with Disabilities

\* - Required field

### People in the State with a disability

People in the State with a disability	Percentage
<b>Population 18 to 64 years*</b>	8.8
<b>Population 5 to 17 years*</b>	4.8
<b>Population 65 years and over*</b>	34.7

Race and Ethnicity

<b>Race and Ethnicity</b>	<b>Percentage</b>
<b>Do not wish to answer*</b>	0
<b>Some other race alone*</b>	6.4
<b>Asian alone*</b>	6.3
<b>White alone*</b>	11.1
<b>Two or more races*</b>	10.2
<b>Hispanic or Latino (of any race)*</b>	6.2
<b>Black or African American alone*</b>	11.7
<b>American Indian and Alaska Native alone*</b>	15.7

Educational Attainment Population Age 25 and Over

<b>Educational Attainment Population Age 25 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Bachelors degree or higher*</b>	18.5	29.5
<b>Less than high school graduate*</b>	16.6	9.7
<b>High school graduate, GED, or alternative*</b>	31.9	27.2
<b>Some college or associates degree*</b>	32.9	33.5

Employment Status Population Age 16 and Over

<b>Employment Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Employed*</b>	29.8	74.5
<b>Not in labor force*</b>	66.9	22.6

Earnings in Past 12 months Population Age 16 and Over with Earnings

<b>Earnings in Past 12 months Population Age 16 and Over with Earnings</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Earning \$15,000 to \$24,999*</b>	13.8	15.4
<b>Earning \$5,000 to \$14,999*</b>	23.6	14.9
<b>Earning \$25,000 to \$34,999*</b>	11.9	15.4
<b>Earning \$1 to \$4,999 or less*</b>	18.9	11

Poverty Status Population Age 16 and Over

<b>Poverty Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Below 100 percent of the poverty level*</b>	19.4	10
<b>At or above 150 percent of the poverty level*</b>	67.2	82.5
<b>100 to 149 percent of the poverty level*</b>	13.4	7.5

## Portrait Of State Services [Section 124(c)(3)(A)(B)]

\* - Required field

### Recreation

Within the Council's 2015 Needs Assessment, 43% reported that inclusive and accessible recreational activities were inadequate. Progress has been made in pockets throughout the state, but meeting the recreational, leisure, and social activities of individuals with developmental disabilities continues to be an area with room for improvement.

For children, there were more recreation/community activity options reported in urban areas than in rural. These included sporting activities (baseball programs, Special Olympics, and YMCA programs) and a variety of camps. There were a number of recreational programs and peer mentoring programs run by advocacy groups. Participants noted Rose Theater in Omaha did a number of adaptive programs and some theaters have sensory showings. The issue, respondents believe, is expanding family awareness of these options.

Many of the self-advocates interviewed participated in community activities that were primarily organized for individuals with disabilities. These social events included book clubs, theatre productions, Special Olympics, dances, etc., and were sponsored by community advocacy groups (e.g., local Arc chapters) or agencies, (e.g., Munroe-Meyer, Easter Seals). Many enjoyed attending community/school sporting events. There were still some venues that were not accessible.

Continued work needs to be done to determine the interests of these individuals and help them to find community experiences that match those interests. This will require building community awareness of those with disabilities and partnering with community agencies to build these opportunities, (e.g., YMCA, senior centers). One respondent stated that "I love some of our programs here at MMI where they do social outings for adults that have disabilities and really give them inclusive opportunities. That would be awesome to see scaled up." This illustrated the importance of increasing opportunities for individuals, whether it be to go to the theater or a baseball game, in order to be with community peers.

In addition, for adults, having adequate funds left to pay for recreational activities was noted as a barrier. This may also be related to low wages or lack of employment. Others found the lack of information about available options was a barrier. Strategies to disseminate the information using social media was recommended.

### **Transportation**

Individuals may currently qualify for transportation services if they are low income or Medicaid eligible. The Developmental Disabilities Division is currently addressing draft language to identify transportation as a service designed to foster greater independence and personal choice. Services may be self-directed and could enable participants to gain access to waiver services, community activities, and resources. Scope and limitations such as transportation will not overlap, supplant or duplicate other services provided through the Medicaid State Plan or HCBS waiver services are currently being addressed.

Metro Transit in Omaha, the largest city in the state, is implementing a Bus Rapid Transit (BRT) with the first line scheduled to begin service in late 2018. The BRT will have 25-27 stations along Dodge Street, a major road dividing north and south Omaha, run every 10 minutes during peak hours, every 15 minutes during off-peak, and every 20 minutes during the evenings. BRT will offer affordability and flexibility to individuals with developmental disabilities from culturally diverse backgrounds. They will have easier access to primary local destinations including community sites for major medical, higher education, recreation, shopping, and arts. The outreach coordinator at Metro Transit has reached out to those who work in the disabilities field to participate in a July 2016 focus group to provide insight regarding accessibility.

Resources for accessible transportation and equipment are linked on the Nebraska Assistive Technology Partnership website. Included are links to vendors and products regarding: transportation options for persons with disabilities; driver evaluation centers; manufacturer rebates or reimbursements on new vehicle modification; national organizations & associations & resources; wheelchair accessible vehicle conversion companies; adaptive vehicle companies; trailers/recreational vehicles; rental of adaptive vehicles; and manufacturers of adaptive vehicle equipment.

## **Housing**

In 2006, several agencies began collaborating to develop and support a new online housing database and marketing materials, [housing.ne.gov](http://housing.ne.gov). It is a free online service to list and find rental housing and services in Nebraska. This site's user-friendly features include search criteria (location, accessibility features, rent and deposit amounts, and proximity to public transportation), helpful resources and tools for renters, and daily updated property listings. For individuals who do not have access to the internet or need further assistance, this service is supported by a bilingual call center and toll free number. The following organizations support and make this resource available in Nebraska: Assistive Technology Partnership, Omaha Housing Authority, Lincoln Housing Authority, Region V Systems, Nebraska Investment Finance Authority, Housing and Urban Development, Hotline for Disability Services, Nebraska Department of Health and Human Services, Nebraska Department of Economic Development, United States Department of Agriculture – Rural Development in Nebraska, Nebraska Chapter of the National Association of Housing and Redevelopment Officials, and Nebraska Rentwise. Nebraska Rentwise is a tenant education program that helps people find and keep decent, safe, affordable housing that meets their needs. This program increases community awareness and support for quality, affordable rental housing and reinforces successful renting through education.

## **Child Care**

The Council's 2015 Needs Assessment indicated that respite and child care services are not meeting the needs of many families. Three primary avenues emerged as child care options for families: community child care, after school programs, and respite care. The need for increased opportunities and awareness of existing services were noted across these three options. Child care was most difficult to find for several populations including those children with diagnoses of special health care needs, behavior problems, and autism, or for those youth ages 12 to 21. One participant reported, "Inclusion still has a long way to go with all services provided. There are pockets of good things happening, but it is not consistent. This needs to be driven by policy to be effective."

After-school. Families' experiences varied regarding their child's access to after-school programs. Several families indicated they did not know of any after-school programs that accepted students with disabilities. Other families reported schools were doing a better job of including students with disabilities in their after-school programs. One parent felt that the schools needed to be more inviting of those with disabilities into their after-school activities, e.g., clubs, sports, etc., and that few families knew that they had a right to have their children participate in these extra-curricular activities. Parents who knew their rights often were successful in advocating that their children participate in a number of school activities.

Child care. Families reported that many child care providers would not accept children with disabilities, limiting their options for a much needed service. This lack of openness to accept children with disabilities in child care may be attributed to lack of directors' and teachers' experience with children with disabilities and/or a lack of training needed to build the confidence of these providers to serve this population of children. Often parents have to find less than optimal alternatives such as hiring people who do not have child care experience. Although there were some options for inclusive child care, these options were limited for children with behavioral problems or medical concerns. As one parent voiced, "Given the law, it's surprising that there are not more options. Families as a whole are so busy trying to take care of day-to-day business that they don't have time to push the legal aspect of it."

Respite services. Respite services were not meeting the needs of many families. Primary issues were the lack of well-trained providers, limited available funds, and lack of awareness of the service itself. The problem was compounded if the child had a medical or behavior problem. As one provider noted, "We need to build a base of respite providers and pay providers to adequately be able to care for individuals who have high

behavioral health needs and high medical needs. Those are the two areas that I think we really fall short. And those are, in my opinion, the individuals and the families who need the most support and there's nowhere for them to go." The pool of providers narrows even more for families whose primary language was not English.

Caregivers need to be provided with sufficient compensation in a timely manner for their services. Providers indicated that the subsidy needed to be increased from \$125 per month, a rate that was established several years ago and is no longer adequate. Others commented that the type of provider covered needed to be expanded to include camps. As one parent noted, "Many (families) can't afford camps, so they stop bringing their children." Using respite dollars would be one way to help support this service that families overwhelmingly found helpful.

### **Integracy Initiatives**

Nebraska has several interagency initiatives that help coordinate services to people with developmental disabilities. The Early Development Network is one example. Since the implementation of Part C in Nebraska, the NE Department of Education (NDE) and the Department of Health and Human Services (DHHS) assumed co-lead roles. This collaboration has expanded to include other programs that serve young children with the Early Childhood Interagency Coordinating Council, including Head Start, Early Childhood, and Child Care. Parents of children with disabilities are represented on their Council.

The Assistive Technology Partnership, which is under Nebraska VR, has contracts with DHHS as well as schools to provide assessments for children and adults using school or DHHS services who need assistive technology or home modifications. These are paid for by the schools or home and community-based waivers.

The various councils in NE encourage coordination among programs. The inclusion of people with disabilities in their membership provides an opportunity for their voices to be heard. These groups include the State Independent Living Council, the State Rehabilitation Council, the Traumatic Brain Injury Council, the Special Education Advisory Council, the Money Follows the Person Advisory Committee, the Aged and Disabled Resource

Centers Council, and the ATP Advisory Council. Council staff also serve on the NE Consortium for Citizens with Disabilities (NCCD), a non-partisan, cross-disability coalition of organizations committed to working with the disability community to advance equal rights and disability related public policies.

In July 2014, Congress passed the Workforce Innovation and Opportunity Act (WIOA) to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers needed to compete in the global economy. During the summer of 2015, the Nebraska Dept. of Labor, NDE, and the Commission for the Blind and Visually Impaired hosted three focus groups at six locations (includes satellite sites) to inform and gather feedback on key opportunities that WIOA presents and share strategies on how Nebraska can build and grow its workforce development system. During these focus groups, stakeholders participated in discussion topics including creating a system of workforce services versus individual programs, addressing economic regions, target populations, emphasis on out-of-school youth, and employer engagement. The Council participated in these focus groups. Suggestions from these focus groups were considered in the development of the WIOA state plan. In Jan. 2016, the Department of Labor released NE's Combined State Plan as required under WIOA. The Council and other disability advocacy organizations provided public comment. (See details in Employment section under Portrait of Services for comments.)

The NE Association of Service Providers (NASP), a statewide membership association of community organizations that provide supports to people with disabilities, provided feedback to Nebraska VR on the WIOA Combined State Plan as well. NASP supports organizations and members who provide habilitative services, residential care, employment services, and more to thousands of individuals across the state. NASP has a mission to “enhance quality of services and supports to Nebraskans with DD by promoting and strengthening the Association membership through collaboration and commitment to common goals.” The Council Director is also an active member of NASP. The perspectives that NASP shared with Nebraska VR regarding the WIOA State Plan stresses the importance that interagency initiatives will play as the state implements the WIOA regulations. Interagency initiatives will be critical on local Workforce Investment Boards, through coordinated training and communication, with DHHS when implementing changes in the HCBS waiver services to support the definition of supported employment, with Nebraska VR to market Vocational Rehabilitation services to students and families in the high school system, and more.

Other concerns raised by NASP to Nebraska VR regarding the WIOA State Plan are related to transition. These included the major challenge to increase the capacity of the providers to serve youth with disabilities exiting high school prior to age 21, especially for youth with a significant disability and youth with intellectual disabilities, autism spectrum disorders, and brain injuries acquired as youth. NASP suggested that providers in the developmental disabilities (DD) system should be considered a part of the continuum of transition services, and recommended that Nebraska

VR track and report the percentage of individuals with disabilities involved in competitive integrated employment before transitioning an individual into the DD services system to ensure success. NASP also encourages strong partnerships with DD service providers to leverage resources and to ensure positive transitions, especially partnerships in developing relationships with employers. NASP urges Nebraska VR and DD service providers to share consistent assessments and assessment processes to improve the communication and shared understanding of an individual's capacity and need.

With regards to workshops, NASP members recognize the role that Nebraska VR will have in providing services to individuals transitioning to the DD system and seeking employment, potentially in a workshop setting. NASP members encourage shared assessments, transparency with families, and realistic timeframes for those who may consider work in a workshop setting.

An additional challenge shared by NASP included the issue of transportation for employment & independence for individuals with DD. NASP is advocating for integrating transportation into provider rates and/or waiver services to address this need. Another challenge shared by NASP is to engage businesses to adopt and support a customized employment approach. Additional resources are needed for this purpose and could be leveraged by both Nebraska VR and DD services providers. The challenge of locating, accessing, and coordinating needed community services and supports is clear. NASP concurs that additional efforts and resources are needed to engage and support social services and support networks, both governmental and non-profit, to meet these needs. All of these concerns raised by NASP emphasize the need for interagency initiatives to help WIOA succeed in Nebraska. The Council will look for opportunities to promote and join WIOA interagency efforts throughout the Council's new State Plan.

For families raising children with disabilities, navigating through complex systems of care and support is often overwhelming and confusing. Many NE families have unmet family support needs as reflected in findings from the 2015 NE Title V Needs Assessment, the 2013-2014 Family Support Project survey assessment completed by The Arc of NE (2013. Fischer-Lempke, M. and Cottingham, P.), and the "State of the States in Intellectual and Developmental Disabilities" 2011 & 2013 reports (Braddock et. al., 2011, 2013).

In 2013, the issue of insufficient family supports prompted the Council to invest in the Arc of NE's Family Support Project. The Arc of NE conducted the study of family support concerns in NE for families with children with special healthcare needs and/or disabilities. This was initiated by obtaining input from regional workgroups of families and advocates located across the state. A survey tool was developed and disseminated (451 completed surveys were returned.) The survey data was aggregated and recommendations were developed. The study was completed in May 2014. Four

themes emerged from the analysis: specific challenges for families; service responsiveness; systems barriers; and unmet family needs. The primary concern identified was the lack of information available to families about programs and services that could assist families who have children and youth with special healthcare needs and disabilities.

Based on the findings from The Arc of NE's Family Support Project, the following recommendations were made: strengthen the Aging and Disability Resource Center Program (ADRC); increase reimbursement rates and income eligibility for child care and respite; fund services for intensive therapy during the first three years; and apply for the Community First Choice Option through a 1915(k) state plan and waiver case management. Additional recommendations included: fund and implement the autism waiver; expand Medicaid; expand income eligibility for respite and child care subsidies; strengthen the NE Respite Network and other sources of outreach and information; and promote an independent case management model that separates case management from the funding source. Suggestions included: require collaboration between NDE and local school districts to develop and present training prior to each school year for special education educators and parents on the roles, responsibilities, and legal requirements of IEP team members; and expand the NE Loan Repayment Program. Any and all of these recommendations have been demonstrated to alleviate the strains imposed on families with children with special healthcare needs. (2011. Murphy, N. & Carbone P.)

Recommendations from the Arc of NE's Family Support Project highlight the magnitude that interagency initiatives can have on improving the unmet needs of families. This study spurred additional advocacy efforts. One success was the passing of legislation in LB320 in 2015 that creates the Aging and Disability Resource Center Demonstration Project Act. The purpose of the ADRC Demonstration Project Act is to evaluate the feasibility of establishing resource centers statewide to provide information about long-term care services and support available in the home and community for older Nebraskans or persons with disabilities, family caregivers and persons who request information or assistance on behalf of others, and to assist eligible individuals to access the most appropriate public and private resources to meet their long-term care needs. The Nebraska Legislature allocated funds to support three pilot sites until June 30, 2018. This funding includes three staff positions for each pilot: one each for case management, information and assistance, and options counseling.

ADRCs will serve as an information clearinghouse for Nebraskans who are aging, disabled, and/or family members of aging and disabled Nebraskans. Information and services provided by ADRCs would include, but not be limited to: information and referral, options counseling, streamlined eligibility determination for public programs, person-centered transition support when moving from one setting to another, strategic partnerships with providers, and quality assurance. The State Unit on Aging awarded the ADRC grants to the Northeast Area on Aging, which is

partnering with Eastern Nebraska Office on Aging, and South Central Nebraska Area Agency on Aging, which is partnering with the Aging Office of Western Nebraska. The marketing grant (supporting the new website) is with Aging Partners. The pilot program requires partnerships between the Aging and Disability networks. Organizations participating include Disability Rights Nebraska, NE Statewide Independent Living Council, League of Human Dignity, The Arc of NE, Panhandle Independent Living Services, and Munroe-Meyer Institute. The future success of these ADRC sites or additional ones receiving funding ties to the outcomes of this legislative funded project. The Council is monitoring the evolution of the ADRC Demonstration Project and providing input to ensure its success.

### **Quality Assurance**

In Aug. 2015, the U.S. District Court for the District of Nebraska granted a motion to end federal court oversight of the Beatrice State Developmental Center (BSDC). The court's decision terminated a 2008 settlement agreement that followed a period of challenges in the history of BSDC which included on-site reviews of BSDC by the U.S. Dept. of Justice & Disability Rights Nebraska, & the loss of Medicaid certification & funding. BSDC was previously recertified & had again been eligible for Medicaid funding.

In the 2016 legislative session, the senators strengthened issues relating to provisions & protections for vulnerable adults & senior adults with the passage of the following legislative bills:

LB1007- Introduced to eliminate the statute of limitations for prosecution or punishment for knowing & intentional abuse, neglect, or exploitation of a vulnerable adult. Language of senior adult is added & defined to be any person 65 years of age or older. Exploitation is further defined to mean the wrongful or unauthorized taking, withholding, appropriation, conversion, control, or use of money, funds, securities, assets, or any other property. Language added related to intimidation, force or threat of force, isolation, or breach of a fiduciary duty. LB1007 defines isolation to be intentional acts committed (1) to prevent contact with family, friends & concerned persons; (2) to prevent receiving mail or telephone calls; (3) by use of physical or chemical restraint to prevent contact with visitors, family, friends, or concerned persons; (4) which restrict, place, or confine a vulnerable adult or senior adult in a restricted area for the purpose of social deprivation, or preventing contact with family, friends, visitors, or other concerned

persons, but not including medical isolation prescribed by a licensed physician caring for the individual. An amendment clarified the following: the term “isolation” does not apply to restrictions imposed because of medical isolation prescribed by a doctor, compliance with a protection order, or action of a nursing home administrator for protection of nursing home residents; the offense of “abuse, neglect or exploitation of a vulnerable adult” also includes a senior adult; as well as language changes that did not eliminate the statute of limitations, but increased the time frame to six years.

LB1008 - Provided qualification requirements for guardians ad litem in guardianship conservatorship, & other protective proceedings. Language expands authority & responsibility of a guardian ad litem to include an objective investigation & assessment of the needs of an individual in any guardianship, conservatorship, or other protective proceeding to ensure the protection of the rights of the person who is the subject of the proceeding. Guardian ad litem must be an attorney in good standing in NE & prior to serving must complete the training requirements for a guardian ad litem as provided under the Supreme Court rule. LB1008 requires an appointed guardian ad litem to consult with the person within two weeks following the appointment & make every effort to become familiar with the condition of the person. Guardian ad litem will investigate, gather information regarding & make an assessment of the condition of the person to report to the court. Appointed guardian ad litem will advocate in the best interests of the person & be present at all hearings unless excused by the court.

LB895 - Requires a report regarding the Beatrice State Developmental Center (BSDC) & the Bridges program. BSDC is a licensed ICF/IID & Bridges is licensed as a Center for Developmental Disabilities (CDD), administered by a Program Manager, & overseen by the leadership of BSDC. The Bridges program is staffed with employees who address safety & behavioral challenges of the individuals living at Bridges. LB895 requires DHHS: (1) To prepare a comprehensive plan for BSDC & the Bridges program that includes (a) An analysis of residents & their needs & the ability to serve them in the community; (b) The role of each in the continuum of services offered to persons with DD in NE; (c) The preferences of residents of BSDC & the Bridges program & their families; (d) Nationwide trends in facilities like BSDC & the Bridges program; (e) The cost efficiency of services provided at BSDC & the Bridges program; (f) An analysis of the facilities of both on the effective date of this act & the long-term structural needs of the facilities; (g) Census trends & future needs for services at BSDC & the Bridges program; & (h) The level of community integration for residents of both. (2) To prepare an assessment of the long-term viability of the facilities used to provide services at BSDC & the Bridges program; (3) Analyze NE's compliance with the Supreme Court's Olmstead decision; (4) Hold a public hearing to receive input from the public on BSDC & the Bridges program; & (5) Prepare a report including the plan, assessment, analysis, & results of the hearing, & submit a report to the Legislature on or before 6/1/17.

LB1033 - Created an advisory committee relating to persons with disabilities within DHHS. LB1033 requires DHHS to develop a comprehensive strategic plan for placing qualified persons with disabilities in the most integrated community-based service settings pursuant to the Olmstead decision in 1999 by the U.S. Supreme Court. Language specifies that DHHS will appoint & convene a stakeholder advisory committee to assist in the review & development of the strategic plan. Requires committee members to include representatives from the State Advisory Committee on Mental Health Services; the Advisory Committee on Developmental Disabilities; NE Statewide Independent Living Council; NE Planning Council on Developmental Disabilities; a housing authority; Assistive Technology Partnership; NE protection & advocacy system; assisted living organization; behavioral health regions; mental health practitioners; DD service providers; an organization that advocates for persons with DD - one for persons with mental illness and one for persons with brain injuries; & an Area on Aging. Requires a preliminary progress report to the Legislature & the Governor by 12/15/16, a second report by 12/15/17, & a completed strategic plan by 12/15/18. AM2048 corrects “placing” language to “providing services to.” Members are added to the advisory committee from the Division of Rehabilitation Services in the State Dept. of Education & two individuals with disabilities representing self-advocacy services.

The DHHS Chief Executive Officer developed the Cross-Division Solutions Team (CDST) to find solutions for people who have complex issues needing services/supports from multiple divisions within DHHS. The Divisions of Behavioral Health, Children & Family Services, Developmental Disabilities, & Medicaid & Long-Term Care, as well as Legal Services & Internal Audit, meet weekly to review cases & develop solutions to meet the needs of individuals & families. The Division of Public Health is involved as needed. Referrals for the CDST come from the DHHS CEO, Division Directors, Ombudsman's office, senators' offices, & other system partners. The goal of the CDST is to evaluate the needs of each individual/family to determine how the divisions can work together to increase service accessibility. CDST members identify system gaps & make recommendations resulting in better outcomes while increasing participant knowledge on available services provided within the Department.

The Council provides financial support to People First of Nebraska (PFN), the state's cross-disability self-advocacy organization. Please refer to the progress this state organization has made within the Informal and Formal Services and Supports section.

## **Health/Healthcare**

The Division of Medicaid & Long-Term Care (MLTC) includes Medicaid & Children's Health Insurance Program, Home & Community Services for Aging & Persons with Disabilities, & the State Unit on Aging. MLTC administers non-institutional home & community-based waivers including the aged, adults & children with disabilities, and infants & toddlers w/special needs, & Medicaid eligibility determination, policy, provider enrollment, rate setting/reimbursement activities, claims processing, & program integrity activities. The State Unit on Aging collaborates with public & private service providers to ensure a comprehensive, coordinated community-based services system that assists people to live in a setting they choose within their community and partners with NE's aging network including 8 Area Agencies on Aging.

NE Medicaid provides health care coverage for approximately 231,000 individuals each month at an annual cost of \$2 billion. In NE, 24% of Medicaid recipients account for 67% of the total state budget. Of the top 50 Medicaid recipients, just over half have a primary or secondary diagnosis of developmental disability (DD). The NE Medicaid Managed Care Program, implemented in July 1995, initially provided physical health benefits to Medicaid members in three counties. Today, approx 80% of individuals who qualify for Medicaid receive benefits through managed care. Physical health services are provided by 3 managed care organizations (MCOs); behavioral health (BH) services are provided by a separate contractor.

In Oct. 2015, MLTC released a request for proposal (RFP) to select qualified MCOs to provide statewide integrated medical, behavioral health, & pharmacy services. DHHS awarded 3 MCO contracts in April 2016. The program, Heritage Health, begins Jan. 1, 2017.

Heritage Health will integrate health care for enrollees were previously excluded from the physical health managed care program but who received BH services through the BH managed care contractor. This includes individuals with Medicare as their primary insurance, individuals enrolled in one of DHHS' home & community-based waiver programs, and individuals who live in long-term care institutional settings. Heritage Health will coordinate these individuals' physical, behavioral, & pharmacy health services; their long-term supports & services will continue to be administered as it is today while DHHS works with stakeholders to study reform for that system.

Heritage Health will require a robust care management strategy focused on early identification of members requiring active care management. The program will ensure that members receive the appropriate combination of services & that costly episodes of care are prevented. MCOs will provide evidence-based care options emphasizing early intervention & community-based treatment to improve health outcomes through integration of services & quality of care focused on person-centered care.

DHHS released an RFP in Dec. 2015 to procure an enrollment broker (EB) to assist Medicaid recipients with transitioning to Heritage Health. Automated Health Systems (AHS) was selected. Starting Sept. 1, 2016, AHS will provide outreach, enrollment, & education services to members as they select the health plan that best meets their needs. AHS will work with service provider staff to help individuals enroll, hold webinars, and provide “choice counseling” through phone & live chat consultations.

MLTC had engaged stakeholders in conversations regarding delivery of long-term services & supports (LTSS). This resulted in a plan to implement managed LTSS by integrating services into risk-based contracts with MCOs. MLTC revisited those plans & is currently opening a broader dialogue with stakeholders regarding a comprehensive redesign of LTSS services. The Redesign Project will be a collaboration of MLTC & LTSS stakeholders to evaluate the current LTSS landscape, identify key opportunities for improvement, & redesign the system to meet future challenges & growing demand.

LTSS redesign is focused on improving services; promoting independent living in the least restrictive setting through consumer focused & individualized services & living options; strengthening access, coordination & integration of care through streamlined eligibility processes & collaborative care management models; improving capacity to match available resources with individual needs through innovative benefit structures; streamlining the programmatic & administrative framework to decrease fragmentation; and refocusing & rebalancing the system to match growing demand for supports in a sustainable manner.

In Jan. 2016, MLTC released a concept paper with the general principles to guide the redesign project. In May 2016, MLTC selected Mercer Health & Benefits & their subcontractor NASAUD as technical assistance consultants. In July 2016, MLTC & Mercer began soliciting input & feedback from individuals receiving LTSS, advocacy organizations, providers, managed care organizations, care coordination agencies, legislators, & other interested parties for the final redesign plan. Identified opportunities for improvement will be implemented in 2017.

The Division of DD administers 3 home & community-based services (HCBS) Medicaid waivers as well as state-funded services. There are 3,500 adults ages 21 & older with DD on the adult comprehensive waiver; 190 children younger than 21 (or 21 and in special education with an IEP) with DD on the children’s comprehensive waiver; and 750 adults with DD on the adult day waiver. MLTC oversees a TBI waiver that currently serves 21 individuals between the ages of 18-64.

DBH is the behavioral health authority for the state & directs the administration & coordination of the public behavioral health system to address prevention & treatment of mental health & substance use disorders. DBH provides funding & contract management to 6 behavioral health regions & a variety of providers to ensure community-based mental health & substance abuse prevention & treatment services are available.

DBH operates 3 Regional Centers in Lincoln (LRC), Norfolk (NRC), & Hastings (HRC) serving about 400 people through general psychiatric services for those committed by a board of mental health or court order (LRC), as well as treatment to sex offenders (NRC, LRC). Services also include Psychiatric Residential Treatment Facility treatment for substance use disorders for young men (HRC) & for young men who have sexually harmed (LRC/Whitehall), most of whom have been in the criminal justice system.

DBH provides the Nebraska Network of Care, an online resource for people with mental illness, their caregivers, & service providers that lets people access information about issues such as treatments, resources & diagnoses, & wellness recovery action plans. Consumers can choose to communicate directly with other participants & organize & store their own personal health information.

DBH plans to develop a Centralized Data System (CDS) to address access to timely, reliable & accurate data across the Division; provide updated technological tools for data analysis, data sharing, decision-making & quality improvement; & eliminate time consuming manual data collection & aggregation processes.

In Sept. 2016, DBH plans to implement a System of Care (SOC), a framework for integrating mental health services & supports for children & youth who have a serious emotional disturbance & their families, through a collaboration across and involving public and private partners, families & youth. It will improve access to a full array of coordinated community-based services; build on the strengths of individuals while addressing each person's cultural & linguistic needs; and help children, youth, & families function better at home, in school, in the community, & throughout life.

Nebraska's SOC goal is to increase access to appropriate & effective BH services by integrating the SOC across DHHS divisions & programs in order to develop a common language for care, unify policies & practices including family-centered care, & avoid duplication of services for children & their families. Additionally, NE Medicaid will be growing its BH service array over the next year to provide access to evidence-based services

directed toward at-risk youth. They will begin covering multisystemic therapy (MST) and functional family therapy (FFT). The combination of these services is projected to lead to improved outcomes for at-risk youth, reducing out-of-home placements & preventing recidivism in juvenile offenders while improving family relationships.

The Designated State Agency for the Council is the DHHS Division of Public Health (DPH). DPH is committed to ensuring Nebraskans receive safe, effective, quality care as well as helping them live a healthy lifestyle throughout their entire lives.

In Dec. 2013, DPH released their strategic plan, a roadmap to continue to help Nebraskans live healthier lives now & into the future. DPH is developing another strategic plan, which again includes the priority of reducing health disparities. The new plan will be implemented Jan. 1, 2017. Through the advocacy of Council staff, individuals with disabilities were included in the targeted populations that experience health disparities. Council staff continue to serve on a number of workgroups examining various aspects of this priority. Council advocacy within DPH is laying the foundation for greater inclusion of persons with disabilities in generic public health programs.

Access to quality, timely oral health care for individuals with DD continues to be a challenge throughout the state, especially with fewer dental providers accepting Medicaid, which does not offer enhanced reimbursement rates for persons with disabilities. Issues like these are shared by the Council Director who serves on DPH's Oral Health Advisory Panel. Panel members discuss state dental topics & oral health improvement goals & objectives. The 2015 State Oral Health Plan identifies Nebraska's current dental health needs & existing resources, & has identified special population groups that are vulnerable to dental disease, which includes people with disabilities.

The Medically Handicapped Children's Program provides specialized medical services for families with children with disabilities or ongoing health care needs. In FY2010, 1,490 children & adults were served in their programs.

The issue of shortages and access to quality mental health services is addressed within Part C, section ii. Nebraska's rural nature creates a problem not only for psychiatric services but also accessing other health practitioners. The Council is hopeful that the implementation of Heritage Health will improve the willingness of health care providers to serve people on Medicaid, especially people with DD who may have unique needs & require longer appointment times.

In 2015 the Council Director served on the Maternal Child Health (MCH) Bureau Title V block grant assessment workgroup for “Children & Youth with Special Health Care Needs” (CYSHCN). The MCH Bureau defines CYSHCN as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition & who also require health & related services of a type or amount beyond that required by children generally.” As a result of the Needs Assessment, NE’s Title V/MCH Services FY2016 Block Grant Application includes the following priority needs related to CYSHCN: mental & BH needs and medical home improvements, including empowering families to partner in decision making & access to additional family supports. Infusing all discussions within the CYSHCN priorities was a profound emphasis on family support through the provision of evidence-based parenting education & supports; effective care coordination & communication services sensitive to the life experiences of CYSHCN & their families; & with training, advocacy, inclusion, & empowerment for families themselves.

### **Education/Early Intervention**

The Nebraska Department of Education (NDE) provides early childhood care & education services from birth to age 5 through its Early Childhood Education grant program, through early intervention services (Part C of IDEA), & through preschool special education services (Part b 619 of the IDEA.) There are currently 10,259 preschool children served through 163 local school districts. The breakdown includes: (1) typically developing children birth to age 5 = 5,455; (2) children with disabilities birth to age 3 = 1,709; (3) children with disabilities ages 3 to 5 = 5,557. Head Start grantees serve 6,064 children birth to age 5. Local Head Start agencies are funded directly by the federal Administration on Children & Families & no state dollars support them. Head Start typically identifies around 10% of their children as having a disability. Services for preschool children are funded through a combination of federal, state & local funds.

Nebraska’s early intervention program is unique in that it is administered by co-lead agencies – NDE & DHHS. In the 1970s Nebraska mandated services from the date of birth/diagnosis of the child, so the addition of Part C services was not difficult. Consequently, the eligibility criteria for services for infants, toddlers & preschoolers are the same, so the transition is usually seamless for families. The major concern is the loss of the service coordinator when the child enters preschool.

At the last child count, there were 49,507 children receiving special education services. The majority (26,542) are identified as either speech/ language impaired or have a specific learning disability. Since 2009-10, 3 disability categories have seen significant change in children ages birth to 21 in Nebraska. Children with an autism diagnosis has grown 78%; children with developmental delays has increased by 92%; children with an intellectual disability has decreased by 31% (they probably shifted into the developmental delay or autism categories). There are more males than females in all disability categories. There are 1,179 children in separate classes & 1,025 children who attend separate schools; however, most children are served in regular classrooms for at least part of their day. In the reading assessment done in Grades 3-8, only 8.4% of the children with IEPs took an alternate assessment with alternate standards. Nebraska has received the highest grade of "Meets Requirements" from the Office of Special Education (OSEP) for both their early intervention & regular education programs.

The disproportionate representation of children from diverse racial & ethnic backgrounds in special education is a longstanding national and state issue. The phenomenon of disproportionality is particularly troubling as the national proportion of minority students has risen dramatically within school-age children to 35% as of 2000. Nebraska's schools are dealing with the on-going issue regarding significant disproportionality related to Special Education. OSEP believes there is a serious national crisis of over-identifying & suspending children with disabilities in specific ethnic groups. The proposed OSEP regulations indicates major impact on states. Every state has been given the ability to create their own definition for significant disproportionality. The proposed regulations will create a national definition. There will be fiscal implications if a district is found to have significant disproportionality; districts will be required to take 15% of its IDEA funding & divert it to address the issue(s). Proposed regulations expand the age range from 3 years to grade 12 & includes both students in general & special education.

According to the Center for Civil Rights Remedies, during the 2011-2012 school year, black students with disabilities within Nebraska secondary school settings had an overwhelming 49.83% suspension rate. The average suspension rate for all students with disabilities within Nebraska secondary school settings was 15.28%, so the 49.83% suspension rate is disproportionality related. Nebraska & Wisconsin had the highest suspension rates (26% & 30%) in the country of black students in secondary school settings. Students of color who have disabilities are at a disadvantage when they are suspended or expelled because less instructional time hinders their access to educational success. This contributes to the school-to-prison pipeline epidemic where schools feed troubled students into the justice system rather than provide the supports & accommodations to help them succeed.

According to the Nebraska State DMC Assessment conducted by the UNO Juvenile Justice Institute in March 2012, “compared to their composition among juveniles in Nebraska, Black, Hispanic, & Native American youth were overrepresented in the population of youth with law enforcement contact. These groups were also significantly more likely to be taken into temporary custody/arrested (as opposed to cited/summoned). Data indicated significant differences in dispositions for youth with law enforcement contact. Specifically, Black & Native American youth were significantly more likely to be charged (the most severe disposition).”

The report stated: When compared to the racial & ethnic distribution of youth in Nebraska, black & Hispanic youth were significantly overrepresented in adult court. Black & Native American youth were significantly overrepresented in the population of youth receiving jail time. Both black & Native American youth were still significantly underrepresented in youth who successfully complete juvenile probation. Black youth (OJS wards) were the most likely to be placed in a juvenile detention facility. Black youth & older youth in all forms of detention had more instances of recidivism.

The Nebraska Department of Education (NDE) and the Department of Health and Human Services (DHHS) have been collaborating to address the issue of state wards receiving timely special education services. One particular issue impacts state wards & the population of students who are in youth rehabilitation & treatment centers in York & Kearney. The students, especially those with disabilities, need a continuum of education services while they are in these centers, which are responsible for their education. The state agencies are learning that many of these students have expired IEPs. NDE & DHHS really want to figure out the best way to keep the district in which the child became a state ward, involved, particularly for students in special education. The goal is to reach out to a district as soon as a student arrives & begin communication immediately. Dropout rates are often affected when a student doesn't get assimilated back into the appropriate level of education. It is challenging having multiple systems involved, such as DHHS & Probation. Communication is a big challenge, but NDE & DHHS feel they're making progress.

On April 10, 2016, DHHS released an automation system for the DHHS letter to be sent to district superintendents. A letter is created and automatically sent to the resident district &, therefore, more quickly accessed. The new automation system will be able to track whether DHHS workers are sending what they're supposed to & if districts are receiving & acting upon provided information. DHHS & NDE are also discussing addressing this same issue with children in the birth to 5 population. A process is being developed that will notify the Early Development Network when a young child enters the system.

Additionally, the Division of Children & Family Services (CFS) has also identified an issue with some school districts shortening days of some state wards who have disabilities. The Division of Children & Family Services has assigned a DHHS Program Specialist to address & advocate on behalf of these state wards when this issue arises.

## **Employment**

In 2015, the following average number of people were served per month in the various employment settings within the Developmental Disabilities Division HCBS waivers: (can be duplicative) Integrated employment – 632; Vocational Planning – 3,035; and Workstation – 205. Nebraska does not have an employment first policy but there is recognition that jobs are a meaningful outcome for individuals served in the DD system.

The lack of employment opportunities for people with disabilities has an impact on these individuals and the state as well. According to the Nebraska draft Workforce Innovation and Opportunity Act (WIOA) State Plan report, in 2012 alone, Nebraska's total expenditure on Social Security Disability Insurance benefits was \$594,300,000. This statistic illustrates the need for our state to make employment for people with disabilities a priority and to adopt employment first policies across agencies and funding streams.

In January 2016, the Council, along with other state disability advocacy groups, signed a letter written by the Nebraska State Independent Living Council (NESILC) in response to Nebraska's draft Combined Workforce (WIOA) State Plan. The letter stressed the importance for collaboration amongst the Departments of Labor (DOL), Department of Education (NDE), & the Department of Health and Human Services (DHHS) to help improve employment outcomes by implementing policies that can help facilitate opportunities for competitive integrative employment for individuals with disabilities. The NESILC letter also shared the following themes that disability advocates asked to be clarified or added to Nebraska's plan in order to improve employment opportunities for individuals with disabilities.

- Adopt employment first policies and implement across agencies and programs

- Increase marketing and outreach efforts to raise awareness of disability employment
- Integrate Vocational Rehabilitation and American Job Center programs and efforts
- Increase public awareness and program transparency
- Evaluate employment outcomes

Nebraska VR is the agency responsible for providing adult vocational rehabilitation services and serves all disabilities except visual. Nebraska VR has been an active partner with the DD Council, the DD Division, high school special education programs, DD providers, and employers to promote and provide competitive employment opportunities to individuals with developmental disabilities.

Nebraska VR collaborates with the DD Division and the Division of Behavioral Health (BH) to coordinate the system of service delivery for supported employment services. While the funding models for supported employment services in these two systems are different, both models contain performance-based provisions. Nebraska VR does not fund nor promote employment in sheltered workshops or non-integrated settings, nor sub-minimum wage. They contract with Easter Seals Nebraska for benefits analysis, post successful employment outcome follow-up, and conducts our client satisfaction survey.

The DD Division has expanded supported employment opportunities through its Community Supports Program (CSP). This program option allows clients and their families to hire private individuals, not associated with any agency, to serve as a job coach to help the individual achieve a supported employment outcome. Nebraska VR developed policies to support this effort and to financially participate in this innovative supported employment option.

The Autism Center of Nebraska has successfully provided supported employment and job coaching for individuals with Autism Spectrum Disorders under a performance-based contract. The Autism Center self-funds extended services.

To maximize limited resources and assist individuals to access other programs which can provide services essential to individuals achieving employment, Nebraska VR works cooperatively with and utilizes numerous services and facilities within the state. These services and facilities include Centers for Independent Living, the Parent Information and Training Center, Apprenticeship Program, schools, Educational Service Units, and employers.

Nebraska VR supports 17 Project SEARCH sites across the state. Consistent with the national model, Project SEARCH is a partnership between Nebraska VR, a business, area school systems, the Commission for the Blind and Visually Impaired, Assistive Technology Partnership, and the DD Division. The one-year school-to-work program is business led and takes place entirely in the workplace. The experience includes a combination of classroom instruction, career exploration, and hands-on training through worksite rotations. While completing the rotations, the students have the opportunity to gain transferable skills, practice self-advocacy, and demonstrate work readiness. Nebraska's Project SEARCH programs are hosted in a variety of businesses including hotels, hospitals, retail, and distribution.

There is currently an interagency agreement between NDE – Special Education and Nebraska VR to facilitate the transition of students receiving special education services, which are in the process of being revised since the final WIOA regulations have been issued. The pending revised agreement will address the following:

- Consultation and technical assistance to assist local educational agencies and Educational Service Units in planning for pre-employment transition services and the transition of students with disabilities from school to post-school activities, including employment, post-secondary education, vocational rehabilitation services, or services from an appropriate adult service agency.
- Support for transition planning by personnel of Nebraska VR, local school districts, and Educational Service Units to facilitate the provision of pre-employment transition services and the development and completion of Individualized Educational Plans.
- Procedures for enhancing outreach to and identification of students with disabilities in need of transition services, including those students with disabilities who qualify for assistance under §504 of the Rehabilitation Act, but not a free appropriate public education under the Individuals with Disabilities Education Act.

Nebraska VR and the NDE-Special Education co-fund a Youth Leadership Facilitator and a Nebraska Youth Leadership Council (NYLC). Serving on the statewide NYLC provides an opportunity for youth with disabilities to develop leadership skills and promote self-advocacy. NYLC works with youth and organizations across the state to promote their goals and activities and the maintenance of regional councils. NYLC members reach out to students and youth with disabilities, as well as to community members, to highlight and promote awareness of disability rights issues.

Nebraska VR provides financial support and consultation for five regional Transition Youth Conferences for students aged 16-21, hosted at local community college sites. The conferences focus on employment, post-secondary educational opportunities, self-advocacy, utilizing community supports, and assistive technology. Students are exposed to a variety of interactive and informative discussions and activities to prepare for learning, working, and navigating as a young adult in the “real” world.

In an interagency collaborative effort launched in 2015, Nebraska VR partnered with NDE – Special Education, ESUs, Disability Service Offices at institutes for higher education, and PTI Nebraska to participate in a Capacity Building Institute hosted by the National Secondary Transition Technical Assistance Center. Work has continued at a local level to develop a tool which will help professionals, parents, and students answer critical questions about the coordination of services and access to resources surrounding the five core Pre-Employment Transition Services (PETS) activities. Nebraska VR also has developed a transition services planning resource that Nebraska VR Transition staff will distribute to educators and special education providers in September 2016.

Nebraska VR is providing financial support to the NDE – Career Education to provide training to guidance counselors and special education staff regarding the Career Pathway Advancement Project (CPAP) grant. The Career Education office will educate high school staff regarding the training and employment opportunities for students when referred to Nebraska VR Career Pathway recruiters. Local school staff will also be made aware of the grant by VR staff who work with transition students within the high schools. This will encourage referrals to Nebraska VR for students interested in career pathway advancement.

With upcoming changes resulting from the Centers for Medicare and Medicaid Services (CMS) Final HCBS ruling, coupled with the employment supports outlined in WIOA, employment for individuals with developmental disabilities has the potential to make strong strides and improvements in our state. Where we previously saw a lack of collaboration among schools, DD providers, and vocational rehabilitation, we are now seeing evidence of partnerships and cooperation. There have been struggles in previous years with families and service providers not having an expectation that an individual with a developmental disability, even a significant disability, can or should work in the community. Now the tide is turning.

One additional obstacle that needs to be addressed to help youth in special education transition successfully into competitive employment is to address a potential gap in vocational support services. Some students between the ages of 18 and 21 might opt to leave school early without realizing that they must wait till they are 21 in order to qualify for day services which includes employment supports from the DD system.

#### **Informal and formal services and supports**

The Division of Developmental Disabilities (DD Division) administers publicly-funded developmental disability services to approximately 5,000 individuals within a community-based setting. An additional 4,000 individuals are waiting on the registry of unmet need for a service. An added 116 people live in five DHHS intermediate care facilities for persons with developmental disabilities (ICF/DD) in Beatrice.

The Division administers three home & community-based services (HCBS) Medicaid waivers as well as state-funded services. Services are provided based on each person's identified needs, state &/or federal guidelines &, when applicable, the availability of funds. While some services are delivered directly by DHHS, most services are delivered through a large network of individual & agency contracted providers. The Division collaborates with other agencies, providers, families & self-advocates, increasing opportunities for individuals with developmental disabilities to access the most integrated, least restrictive services & supports.

A clinical team is available to provide dental, nutritional, medical, & psychiatric consultations & support to eligible individuals in the community at large. Additional specialized staff provide training across the state in functional behavioral assessment, physical & nutrition management, & other topics relevant to supporting people with developmental disabilities.

Two of the DD Division's Medicaid adult waivers are in the renewal process & negotiations are underway with the Centers for Medicare & Medicaid Services (CMS) to ensure that the waivers comply with all federal regulations & afford optimal services for Nebraskans with developmental disabilities. The Division has requested an extension to respond to questions & address the gaps in the waiver applications & will resubmit these waiver applications, as well as the DD children's waiver application. to ensure consistency in administration of the waiver programs. The Division will rewrite the DD waivers by October 1, 2016 utilizing best practices with guidance from a national expert. The Division recently submitted service definitions to CMS for review & is waiting for feedback to continue the waiver renewal process.

The federal mandate is that the state Medicaid agency retain ultimate administrative & financial authority & responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state & local/regional non-state agencies (if appropriate) & contracted entities. The current waivers lack adequate Division of Medicaid & Long-Term Care (MLTC) oversight. The DD Division will be correcting this critical administrative & structural gap through the waiver renewal process. One critical example of the lack of oversight is that the Division has closely managed the utilization & corresponding financial performance of its waivers with little to no oversight by MLTC. Waiver budget cycles are not aligned with the state's fiscal year & waiver services are underutilized.

The DD Division has been working closely with Medicaid leadership to tighten fiscal management of the waivers & ensure that the State maximizes their Medicaid program to benefit Nebraskans with developmental disabilities. An important federal rule, 42 CFR 441. 301, took effect on March 17, 2014. There are three parts to the new rule: the person-centered planning process, which increases the person's input in how services are planned & what is included in the plan of care; conflict-free case management; & home & community-based services settings which increase protections related to where people receive home & community-based services (HCBS).

The goal is to develop & implement DD HCBS waivers focused on person-centered, customer-focused planning; indicate the priority system in Nebraska for waiver funding; indicate the appropriate number of waiver slots available & utilized; & provide CMS accurate information on the waiting list in Nebraska.

Regarding the new rule regarding person-centered planning, the DD Division will develop & implement a transition plan that complies with CMS requirements while maintaining their service array & provider network. In July 2016, the Division shared that more work is needed on the transition plan. CMS has requested additional detail on the systems & settings assessment (rules & regulations).

The DD Division will ensure compliance of CMS regulations on the waiver process to accurately identify & articulate the service delivery for people with developmental disabilities in Nebraska, & build on best practices in the nation to serve people in the least restrictive community setting. The Division continues to meet with internal & external stakeholders for ideas & strategy development to build the best transition plan possible for Nebraska.

Nebraska has an Aged & Disabled Medicaid waiver which offers an array of services to support individuals of all ages to stay in their homes. Individuals must be eligible for Medicaid & have needs at a nursing facility level of care, want to live at home rather than a nursing facility, & be able to be served safely at home. Services include service coordination, in-home help, respite, independence skills building, childcare for children with disabilities, adult day services, transportation, & assisted living services. Services coordination for the aging population is provided by the local Area Agencies on Aging (AAAs), for the disabled population by an Independent Living Center, & for children by DHHS. There are 4,700 individuals receiving services on the Aged & Disabled waiver. Of these, 2,800 are adults ages 65 & older, 1,200 are individuals between the ages of 18-64, 580 are children between the ages of 3 & 17, & 120 waivers serve young children ages birth to 3. AAAs serve aged & adults over the age of 65 with disabilities. League of Human Dignity serves adults 18-64 years of age with disabilities. DHHS serves children 3-17 years of age with disabilities. Early Development Network serves children birth to 3 years of age with disabilities.

The Council provides financial support to People First of Nebraska (PFN). The mission of PFN is to teach people with disabilities to speak for themselves, promote awareness of their rights & responsibilities, & support self-advocacy & development as leaders in the disability community. The Board of PFN is comprised of self-advocates who are in leadership positions within their local chapters. Members meet quarterly for official business meetings. PFN staff & advisors have decades of combined experience in supporting self-advocacy for people with disabilities. The partner agencies (The Arc of NE, the NE Statewide Independent Living Council, & the Munroe-Meyer Institute) that provide the core support network for PFN have a strong commitment to PFN.

PFN is collaborating with the three state self-advocacy organizations & the three UCEDDs in the Heartland & Self-Advocacy Network (HSARN). This partnership develops state-specific & regional events, materials, & mentoring to build & support self-advocacy in the region.

PFN rebuilt their state organization after its near collapse in 2012. Last year, PFN board members decided to create a training to share their success story. Board members reviewed all of the challenges & barriers PFN had experienced, how PFN addressed those problems, & which strategies worked well & which did not. All the input from that discussion was included in the webinar presentation titled "Building (or Re-Building) a State Advocacy Organization." A PFN officer, advisor, & staff support hosted a webinar training in March 2016 through the HSARN initiative, & over 35 individuals participated in it from across the country. Afterward, PFN was contacted by self-advocates in Iowa & Utah, who do not currently have statewide self-advocacy organizations, for technical support to help launch organizations. PFN was also asked to present this webinar again to the national Autistic Self-Advocacy Network (ASAN) & the Pacific Alliance on Disability Self Advocacy Project.

PFN has expanded their support staff, increased the number of chapters in Nebraska, sponsored an active Facebook page, launched a new website ([www.PeopleFirstNebraska.com](http://www.PeopleFirstNebraska.com)), promoted self-advocates to serve on disability & other community boards, developed & distributed a series of awareness posters promoting respect & self-determination, funded a micro-grant to support a chapter to develop a health & wellness training module for PFN presentations, continued to sponsor a two-day annual state convention, & empowered self-advocates to practice self-determination within their personal lives. The reputation of PFN among their chapters & other disability organizations has been greatly improved from the image of an ineffective "social club" to a self-governed, strong organization that has the ability & resources to collaborate with their disability partners in Nebraska.

The Disabled Persons & Family Support Program provides state-funded assistance to individuals of all ages who meet specified income & disability criteria. The program assists people with disabilities to remain employed, maximize their independence, & remain in their homes with their families. Eligible individuals may receive funding up to \$300 a month or \$3,600 annually for services such as personal care, housekeeping, transportation, special equipment, & vehicle or home modifications. In FY10, 482 persons were served with over 82% of them being over age 65. In general, these individuals are not eligible for Medicaid or other programs. However, this program is limited as the funding for the program has remained level since 1988.

The Nebraska Lifespan Respite Services Program consists of a network of agencies across the state to coordinate community respite services & a subsidy program to provide funding to caregivers to purchase respite services. The latter program is centralized & administered through DHHS. In FY2010, the Lifespan Respite Subsidy Program served 877 individuals. Many of these individuals experience a developmental disability. The DD Division changed their waivers to allow families to access respite through non-specialized providers so they are able to access this network in addition to specialized providers.

The Social Services Block Grant offers services as well to children & adults with disabilities who may not qualify for other programs or who may have been identified by protective services as being at risk. In 2015, the SSBG served 36,225 individuals.

Nebraska's child welfare system is currently in transition. Nebraska has a high rate of children being placed out-of-home &, in an effort to try to decrease that number, several initiatives are being tried.

The Nebraska Council supports a system of six regional councils. Their membership includes service agencies, schools, individuals with developmental disabilities & family members, & advocates. They encourage greater awareness & inclusion at the community level as well as leadership development by supporting training opportunities for individuals & their families. Many community programs still struggle with full inclusion of people with disabilities. There are still more separate recreational programs & social activities for children and adults with disabilities than integrated ones. Adults with DD are often limited in their access to community activities or to pursue their leisure interests since staffing issues may require that everything is done in groups. However, traveling in a group makes interaction with individuals in the community difficult.

## Analysis Of State Issues and Challenges [Section 124(c)(3)(C)]

\* - Required field

### Criteria for eligibility for services

Eligibility for services from the Developmental Disability Division is mental retardation or a severe, chronic disability other than mental retardation or mental illness which is attributable to a mental or physical impairment; is manifested before age 22; is likely to continue indefinitely; and results in a substantial limitation in three or more areas of major life activities. Determinations are based on documentation submitted to the Division. People with co-existing conditions of a developmental disability and mental illness can face barriers. Nebraska's services for these two populations are not set up to serve people who experience a dual diagnosis. As a result, these individuals can find themselves caught between these two systems with neither able to provide appropriate services. This is also a problem for children. Currently, the Medicaid system will not authorize behavioral health services for children who have certain diagnosis such as a developmental disability. It maintains that the behavioral health concerns for this population are the result of the disability and require habilitative treatment, which is not covered. They do authorize active treatment only if they determine the person can be expected to benefit from that treatment.

Nebraska has had an ongoing eligibility issue for transition age youth since a law was passed in 1993 which provided day services to all Nebraska youth graduating from special education who experience a developmental disability. The DD Division has interpreted this to mean that the youth must be 21 before they are eligible for adult services. The rationale is that youth are entitled to educational services until they are 21, while DD services are not an entitlement. If a student leaves early, then they still must wait till age 21 to receive DD services. This has been an ongoing issue between DD, the schools, and Vocational Rehabilitation since the interpretation was made shortly after the bill was passed.

Adults on one of the adult HCBS waivers are eligible for assistive technology up to \$5000. This amount has remained the same for a number of years and it is becoming more and more difficult to make needed home modifications within this cap. It has become necessary to cobble several sources together to cover the cost of a needed home modification. It can take a while to locate other resources and there is a risk that a person may be forced to go to an institution if the modification takes too long.

Possibly one of the largest barriers for people with developmental disabilities receiving services is the misperception that the Developmental Disability system is responsible for providing for all their needs. Many state generic programs do not seem to understand that the DD Division provides only specialized services such as habilitation. So when individuals with developmental disabilities need services that are typically available to other Nebraskans who are eligible, they can be turned down and directed to get these services from the DD system.

During the waiver renewal process stakeholders raised concerns regarding how to work with older individuals who want to apply for DD services who may not have records for DHHS to review in order to determine eligibility and how to provide information to other targeted populations such as an individual with TBI who may not see themselves as qualifying for DD services.

On April 11, 2016, the DHHS announced that the state's Medicaid program had received federal approval to cover behavioral modification services to support the needs children with autism spectrum disorder and other developmental services, and their families. DHHS submitted a Medicaid state plan amendment in December 2015 to the Centers for Medicare and Medicaid Services and received federal approval March 30, 2016 to cover the services through its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Services approved for coverage include day treatment, community treatment aide, and outpatient therapy. Treatment models approved for coverage include cognitive behavioral therapy, comprehensive behavioral intervention, and applied behavioral analysis for children.

### **Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families**

Nebraska continues to become more diverse. Minorities represented 19.5% of the total Nebraska population (1,881,503) according to 2014 estimates. Between 2010 and 2014, Nebraska's racial and ethnic minority population grew from 324,634 to 367,117, an increase of 13.1%, while the non-Hispanic White population increased by only 0.8%. Most notably, the Asian population grew by 24%, the largest of any racial and ethnic group. Hispanics were the largest minority group, at 10.2% of the state population and African Americans were the second largest minority group, at 4.6%. Hispanics accounted for 52% (191,325) of the total minority population (367,117), while African Americans, Asians, and American Indians/Alaska Natives accounted for 24%, 11%, and 4.2%, respectively.

As in other states, this population change has been complicated by the immigration issue. A state law requires an attestation of citizenship or qualified alien status in order to receive any public benefit. It can be assumed that this has had an impact on people's willingness to come forward to apply for disability services. In addition, language barriers can create problems when trying to find care providers.

In the mid-1990s, the U.S. Census Bureau projected the minority population in Nebraska would reach 15% of the total population by the year 2025. It was also estimated that the number of Hispanic Americans in Nebraska would reach approximately 111,000 by 2025. The Hispanic population was 167,405 in 2010, 50.8% more than the U.S. Census Bureau's 1995 projection.

The trend in racial and ethnic minority population growth will likely continue for the foreseeable future. It has been estimated that the White population will increase 7% during the 2005-2025 period, while the Asian/PI population will increase by 45%, the American Indian population by 39%, and the African American population by 33%.<sup>5</sup> With this expected growth in minority populations in Nebraska, it is imperative that efforts be made now to eliminate disparities in health and wellness.

Among American Indians/Alaska Natives under 18 years old, 6.6% of them have a disability; additionally a little more than 50% of the American Indian population 65 and older reported the same. American Indians also had the largest proportion of 18-64 year olds who have a disability. Hispanics and Asians reported similar proportions for all age groups. Non-Hispanic Whites generally had lower percentages than the other groups.

Health disparities are not results of a single component. Multiple factors combine to influence the health status of a person. Social determinants of health are circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. As inequities are addressed through better social policies, the ladder to better health will be less steep, and more rungs within grasp for more people, as they experience greater access to education, livable income, employment, and safe neighborhoods and housing.

Nebraska is a very rural state making some services including health care and long term supports, hard to access for everyone. However, when trying to find a provider who has the expertise that may be needed to work with people with developmental disabilities and their families, it becomes even more difficult. The lack of direct care staff/service providers can cause individuals with developmental disabilities to be underserved. Some individuals and families are not able to locate someone to provide a service that has been authorized.

People with developmental disabilities and mental health issues often have a very difficult time finding appropriate services. The two systems tend to operate in silos and people may find themselves caught between the two systems with each expecting the other to be the responsible agency. Nebraska has few psychiatrists. Eighty-one of the 93 counties do not have a psychiatrist practicing in the county. Some rural counties do have a psychiatrist practicing in the county at least part-time but their primary location may be in Lincoln or Omaha. There are 163 psychiatrists practicing in the state and few of these have experience working with children and adults with developmental disabilities.

As noted within Part B, section vi, Education, the Council has identified the issue regarding Significant Disproportionality related to Special Education and the over-identifying and suspension rates of African-American male students with disabilities. This serious issue contributes to the school to prison pipeline epidemic. The Council plans to address the targeted disparity issue with African-American male students with developmental disabilities who are incarcerated or enter the criminal justice system at higher statistical rates with specific strategies in the new State Plan.

### **The availability of assistive technology**

Assistive Technology Partnership (ATP) is the state Assistive Technology Act Program in Nebraska and is located within Vocational Rehabilitation. ATP does not directly fund the purchase of devices, however, it is a vast resource for individuals with disabilities and their family members, school staff, services providers, counselors, employers, and others to: (1) Obtain information about Assistive Technology (AT) and appropriate funding sources; (2) Borrow equipment on a trial basis (or device repair); (3) Purchase selected equipment or software at discount prices; (4) Consult with specialists regarding accessibility issues; (5) Receive training ; and (6) Receive on-site support at home, in schools and on the job.

ATP utilizes their [atp.ne.gov](http://atp.ne.gov) website, Facebook, Twitter, and YouTube to enhance accessibility to their featured products and resources which include:

[AT4ALL.com](http://AT4ALL.com) - A free online service to find equipment in Nebraska.

[Housing.NE.gov](http://Housing.NE.gov) - A free online service to list and find rental housing in Nebraska.

[nebraskaATP](#) - On YouTube, posting technology demonstration videos and consumer success stories.

[nebraskaATP](#) – Via Twitter or Accessible Twitter, find regular updates on assistive technology.

Service & Device Application – Application online in English and Spanish to apply for ATP services.

Resources for Accessible Transportation and Equipment – For informational purposes, lists adaptive vehicle vendors, driver evaluation centers, and manufacturers of adaptive equipment.

ATP Advisory Council - Role of the ATP Advisory Council and application to be a council member.

The Nebraska Department of Health and Human Services, Developmental Disabilities (DD) Division includes assistive technology and supports, home modifications, and vehicle modifications (\$5000 cap) under all their HCBS waivers for adults, as well as for people funded through state general funds. The DD Division has a service agreement with ATP to provide consultation on all referrals for these services.

ATP offers a free on-line service to list and find equipment in Nebraska. This website is accessible to the public and equipment is available either for free, for sale, for demonstration, or for loan. This provides the opportunity for individuals with disabilities to find more affordable equipment without having to meet eligibility criteria and limitations for public and private programs. The identification and use of used equipment makes it possible for programs with limited resources to extend their funds to assist more individuals. The trial use of equipment in a loan situation provides valuable experience and information to individuals with developmental disabilities as they make choices about what will best meet their needs. A brochure developed by ATP both in English and Spanish assists with marketing of the website [AT4ALL.com](http://AT4ALL.com).

ATP has a number of programs that individuals with developmental disabilities may access. In the housing area, they support and promote [www.housing.ne.gov](http://www.housing.ne.gov), a free online service to list and find rental housing and services in Nebraska. The search capacity includes accessibility features and other criteria to assist individuals with disabilities locate appropriate rental housing. ATP collaborates with other agencies to address housing barriers with transitioning individuals going back to community-based living options.

ATP's educational offices provide statewide assistive technology services to children (birth to twenty-one) with special needs and their families, caregivers, teachers, and service providers. Core services and activities include individual consultations, professional development/training, device demonstrations, device loans and awareness of assistive technology. The Educational Specialists work in conjunction with students, school administrators, teachers, special education teachers, paraprofessionals, occupational and physical therapists, speech language pathologists, and parents. There are currently five regional locations for schools with statewide service provision. When appropriate, Educational Specialists also coordinate with Vocational Rehabilitation to provide transition solutions for students who are planning for and working towards higher education or work goals. One of the supported activities is a transition conference on school-to-work or post-secondary education that has been held in western, central, and eastern Nebraska on an annual basis for the last decade. One theme for the events is successful employment or education with technology. The ATP website has a "Transition Self Advocacy Handout" that includes assistive technology considerations when transition students are college planning.

Nebraska Health and Human Services (HHS) Aged and Disabled Home and Community-Based Medicaid Waiver expanded its services in 1998. Assistive technology and home modifications were included in this expansion to help the elderly and individuals with disabilities to continue to live in their homes. The HHS expansion was at the same time the partnership was forming. Joining the partnership gave service coordinators the ability to make referrals to ATP after eligibility had been determined. One of the Solutions on Site vans was available for Technology Specialists to conduct onsite assessments, design plans, obtain quotes, and oversee projects (ramps, handrails, door widening, etc.) until completion. When devices are needed they coordinate the ordering and installing of these items (vehicle hand controls, adaptive silverware, etc.). In 1992, the Request for Coordinated Services and Device Form was developed to assist consumers to identify funding and eliminate the need to complete an

application for each funding source. The form, now known as the Service and Device Application (S & D), continues to expedite the funding process and continues to be updated to meet current needs. In 2014, requests were received from 370 consumers and referrals made to 13 cooperating agencies and 20 out-of-state programs. More than half of the requests were for home modifications.

Easter Seals Nebraska, as part of a cooperative agreement with the Assistive Technology Partnership and First National Bank Omaha, is able to offer alternative financing to those with disabilities who qualify. Funds are available at a reduced rate, and specifically set for the purpose of purchasing approved equipment, assistive technology devices, and services. ATP works with contractors to complete home modifications, accessible additions and rehabilitation work. A brochure regarding "Visitability, Accessible From the Ground Up" is marketed highlighting Nebraska's Visitability Design Standards.

ATP has personnel able to communicate in a wide variety of alternative communications modes. These include sign language, augmentative communications devices, and amplification systems. ATP provides information and materials in alternative formats as necessary, including electronic formats and Braille through an agreement with Nebraska Commission for the Blind and Visually Impaired. ATP utilizes the AT&T Language line services for communication with non-English speaking individuals over the phone, and contracts with sign language interpreters as necessary for face to face meetings. The United States Census Bureau estimated that as of July 1, 2015, the population in Nebraska would be 80.0% white and 10.4% Hispanic or Latino. ATP provides outreach and marketing materials in the Spanish language. ICanConnect, the National Deaf Blind Equipment Distribution Program, is funded by the Federal Communication Commission (FCC). ATP began administering the program for Nebraska in July 2014. Individuals who qualify for the program are able to access specialized equipment to make a phone call, send an email, or access the internet. Braille devices, software, signalers, iPads, and phones are all eligible items. Ten consumers in Nebraska began the process of identifying solutions during the first three months of the program.

Nebraska's One Hundred Fourth Legislature, Second Session adjourned April 20, 2016. In-depth research studies proposed by senators are called Interim Study Resolutions. The study of a particular issue offers the senators a more thorough understanding of the issue for them to make informed decisions. Interim Study Resolutions proposed this session that would research disability issues include: LR412 – Interim study to improve communication access for movie theaters in Nebraska to ensure all persons can fully experience the movie theater experience; LR452 – Interim study to establish a study group to examine issues surrounding the need to provide financial assistance for home accessibility modifications

for people with disabilities, including the elderly; LR463 – Interim study to examine ways to improve the coverage of hearing aid costs for Nebraska families; LR507 – Interim study to examine the development of a public notification system to broadcast alerts when vulnerable adults go missing; LR602 – Interim study to examine existing barriers to the delivery of health care services through telehealth technologies in Nebraska.

Council Staff

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2015	18.961	4002	211	141	103.892	0
2014	18.263	4980	273	147.8	89.742	11.553

**a. Entity who maintains wait-list data in the state for the chart above**

Countries

**b. There is a statewide standardized data collection system in place for the chart above**

Yes

**c. Individuals on the wait-list are receiving (select all that apply) for the chart above**

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No Services :true

Only case management services :true

Inadequate services :

**d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list**

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Comprehensive services but are waiting for preferred options :

Other :true

**Use space below to provide any information or data available related to the response above**

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For many years the Developmental Disabilities Division has maintained a single wait list based on the date identified by the individual or family. The wait list is not broken down into categories or prioritized other than the date that services have been requested for. In Nebraska, the wait list has been used to provide an estimate for those waiting primarily for residential services. Eligible youth exiting special education at age 21 from a Nebraska high school have received day services since 1993. However, there are people who are waiting for day services if they have graduated before September 1993 or have moved into the state and did not graduate from a Nebraska high school. Recent leadership changes in DDD have recognized that the current waitlist is inadequate and does not provide a clear picture of the services and supports that many individuals and their families currently have. Based upon statutory language, Nebraska uses a system of authorizing services based upon emergency needs. Individuals in a situation that is deemed threatening to their health or safety, as defined by state statute, are termed as Priority One status. These individuals receive day and/or residential services based upon their assessed need. All individuals determined eligible for developmental disabilities services are entered into this Registry database through the completion of a comprehensive demographic and risk assessment instrument. The purpose of the Registry is to identify the service needs of individuals deemed eligible for Division of Developmental Disabilities services. This includes a risk assessment to prioritize those in need of residential placement or identify the need for other critical services, whether they are eligible for services under the Medicaid DD waivers or the DD Service Authorization entitlement program. New leadership within DDD is communicating that the purpose of the Registry is to identify the service needs of individuals deemed eligible for Division of Developmental Disabilities services, and, through the Registry, track those services by funding source. The DD Division set a goal to use a better identification of service needs of individuals deemed eligible for DD services and to network these individuals to

the correct services from the correct agency at the correct time in their lives by June 2016. Recent efforts in 2015-2016 have included the Division of Developmental Disabilities reviewing all individuals on the Registry of Unmet Need to ensure that the individuals meet residence requirements and still desire services, encourage all individuals over 18 years of age to apply for Medicaid since they may no longer have an ability to pay, offer service coordination to individuals listed on the Registry, and work with individuals receiving service coordination to access other services inside and outside DHHS including programs such as the Program of All-Inclusive Care for the Elderly (PACE), Personal Assistance Service (PAS), and Aged and Disabled (AD Waiver). The following goals have been set by the DD Division: • By January 2017, the DD Division will track services by funding source and utilize data for future budget considerations. • By June 2017, the DD Division will demonstrate improvement in identifying individuals in need of residential placement and other critical services. • By June 2017, the DD Division will have develop a more complete and useful Registry.

**e. Description of the state's wait-list definition, including the definitions for other wait lists**

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The Developmental Disabilities Division in Nebraska maintains a registry of all individuals (children and adults) who have requested specialized services. Once an individual is determined eligible, the individual or family indicates the date that services are wanted. This is commonly termed the individual's request date. It could be same day or a day in the distant future. This information is placed on the DDD tracking system. The individual is considered to be on the waiting list when the stated request date has been reached or passed. Historically, as funding has become available for those on the waiting list, the order of selection has been by request date. Under special initiatives in the past, there have been instances where other priorities for funding have been established. Services are categorized into residential and day. If people are receiving any service that falls into a particular category, they are not considered waiting for that service.

**f. Individuals on the wait-list have gone through an eligibility and needs assessment**

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Yes

**Use space below to provide any information or data available related to the response above**

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Individuals on the wait list have had an eligibility determination made by the Developmental Disability Division. However, a needs assessment is not done until there is a determination that funding for requested services is available. Since youth exiting special education at age 21 are eligible for day services, they receive a needs assessment prior to entering day services.

**g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services)**

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No

**h. Specify any other data or information related to wait-lists**

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At the time funding becomes available, the Service Coordinator reviews all options for the individual/family and assists in planning the use of supports. In the table (a), the number of \"Total persons waiting for other services as reported by the State, per 100,000\" is so small that the numbers are masked. This is because Nebraska has offered day services for youth exiting special education since 1993 so the majority of people on the waiting list are wanting residential services. Regarding services that individuals on the wait-list are receiving: Most individuals in Nebraska are receiving day services as those have been provided if they graduated after September 1993 from a Nebraska high school. However, they may be on the wait list for residential services. The opposite may be true as a youth may be receiving residential services through a children's waiver but waiting for day services until they reach the age of 21. Case management is offered to all individuals on the waiting list but some individuals opt not to receive it.

**i. Summary of Waiting List Issues and Challenges**

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Applicants for Developmental Disabilities (DD) services have indicated a lack of understanding about the eligibility process in general, including how to fill out an application, and what documents are needed in order to determine eligibility for DD Services. As a result, applicants gather many documents in excess of what may be needed in order to determine DD eligibility. In addition, DHHS staff have also learned that individuals and families do not have working knowledge of the wide variety of other DHHS or community services that may be available to them and are unaware of how the various programs function and relate to each other. For example, families often assume that DD and Social Security are a single program, and that ineligibility for DD services also affects their eligibility for other programs such as Medicaid and Social Security. By providing information upfront about the eligibility process, requirements, and other resources and services that the individual may be eligible or qualify for, individuals and their families have some assurance relative to other choices about services that might best meet the individual's needs. The goal of the DD Division is to create a more user-friendly application process and ensure an accurate and timely eligibility determination. The past DDD eligibility process used to follow a 90 day

timeframe, and in 2016 the eligibility process has been shortened to 45 days. DHHS is striving to create a user-friendly access point to DD to expedite the application handling process and tighten the timeline for DD responsiveness to eligibility determination requests. Staff have been instructed to work closely with applicants to ensure that the most relevant and current information is available to make sound eligibility determinations.

### **Analysis of the adequacy of current resources and projected availability of future resources to fund services**

According to The State of the States in Intellectual & Developmental Disabilities, Tenth Edition 2015, Fiscal Effort for I/DD Services for FY1977-2013 in NE has risen with the exception of Institutional Services which decreased. Data indicates the following: Spending (\$) per \$1,000 Personal Income began in 1977 at \$2.62 for All Services & Settings; \$1.26 for Community/Family Services; & \$1.36 for Institutional Services. In 2013, data indicated \$4.31 for All Services & Settings; \$3.52 for Community/Family Services; & \$.78 for Institutional Services. Until 1987, spending remained fairly consistent between dollars spent on Community/Family Services & Institutional Services. Institutional Services spending remained relatively consistent with a slow decline after 1987. Community/Family Services began rising in 1987 & began to sharply increase in 1997 to the current level.

General Fund budget appropriations made by the legislature in the 2016 session (LB956) included the following: Beatrice State Developmental Center – General Fund appropriations of \$26,202,247 for FY2016-17. Developmental Disability Aid – General Fund appropriations of \$150,667,981 for FY2016-17. Special Education Aid – General Funds of \$222,063,117 were provided for FY2016-17.

The Centers for Medicare & Medicaid Services (CMS) did not approve the state's request to amend the waiver for services for adults with developmental disabilities until July 7, 2015. The amendment allows a new rate methodology to go into effect. DHHS paid the new higher methodology rates beginning in FY2014-15. Since CMS did not approve the waiver until FY2015-2016, the state will have to pay the federal government back its share of funds that were reimbursed for services which amounts to about \$13.8 million in FY15 & \$5.8 million in FY16. Existing general funds cover some of the payback, but an additional \$11.3 million of General Funds was provided to cover all current year obligation for DD services.

The Legislature included \$3 million (\$1.5 million GF, \$1.5 million FF) beginning in FY2014-15 for a State Ward Permanency Pilot Project to provide developmental disability services to state wards in order to provide supports which promote permanency. The funding was continued in each year of the current biennium. Individuals in the State Ward Permanency Pilot Project were administratively enrolled into the Medicaid DD children's waiver. The enrollment of these individuals, who were not on the waiting list for services, inadvertently created a prioritized class that is not in compliance with the waiver. Noncompliance with the waiver means the state will have to reimburse \$965,928 of federal funds paid for services per this project.

The Division of DD also needed an additional \$450,000 of General Funds to cover the cost of services to individuals currently being served through the State Ward Permanency Pilot Project. 40 youth have participated in the project since its inception on July 1, 2014. 20 youth are still active in the project. The other 20 have achieved permanency by reaching the age of majority(7), reunification with their family(7), guardianship(4) or transfer to another agency (2 -probation). The budget includes \$1.37 million General Funds in FY15-16 to reimburse federal funds & to continue the pilot project as a state-only program. An additional \$500,000 is included in FY16-17 to increase the base appropriation for the project to \$2 million. This assumes federal funds will be claimed for the project in FY17.

Governor Ricketts announced in April 2016 that State Spending Growth was 6.5% when he took office & it has now almost been cut in half to 3.6%. Over the past few months, tax receipts have lagged behind forecasts, due in part to lower commodity prices & a slowdown in the agricultural sector, our state's number one industry. Recently, the NE Department of Revenue announced tax receipts had performed 2.2 percent below the certified forecast upon which the first year of the current biennial budget is based. The Governor recently noted that slowing the growth of government in this biennium not only helped provide tax relief, but it will also be important to allowing us to effectively address a growing gap between projected revenues & actual receipts.

On July 14, 2016, the Dept. of Revenue reported that net General Fund tax receipts were \$24 million below the certified tax receipt forecast for the month of June. As a consequence, NE state government ended fiscal year 2015-16 \$95.0 million, or 2.2 percent below the certified forecast upon which the first year of the current biennial budget is based. The NE Economic Forecasting Advisory Board in Feb. had increased the tax receipt forecast by another \$17 million which causes this shortfall to total \$112 million when compared to the revised tax receipt forecast of the Board. The Governor gave new directions regarding hiring, travel, technology & equipment. He noted that since the tax receipt report specifically impacts the state budget financed from the General Fund, he had instructed the State Budget Division to reduce the quarterly allotment of fiscal year 2016-17

appropriations to state agencies, boards, & commissions by 1 percent to cause additional spending restraint & to prepare for possible reductions to current budgets. The Governor further noted that budget instructions had already been issued for preparation of the upcoming 2017-2019 biennial budget that require state agencies, boards, & commissions to identify 8 percent budget reductions in general fund appropriations for consideration by Governor Ricketts & the Legislature in preparation for the 2017 legislation session. He stated that this shortfall, combined with a likely downward revision in future tax receipt forecasts, is a clear indicator of our need to closely review all spending decisions to provide the greatest efficiency in the delivery of state service. While this does not mean the state has a budget deficit, it does mean state agencies will need to cut back & slow their spending.

Two of the Division of DD's Medicaid adult waivers are in their renewal process & negotiations are underway with the CMS to ensure that the waivers comply with all federal regulations, & afford optimal services for NEnS with developmental disabilities. DD requested an extension for the waiver applications, & will resubmit these waiver applications as well as the DD children's waiver application to ensure consistency in administration of the waiver programs. The federal mandate is that the state Medicaid agency retain ultimate administrative & financial authority & responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state & local/regional non-state agencies (if appropriate) & contracted entities. The waivers lack adequate Division of Medicaid & Long-Term Care (MLTC) oversight & Developmental Disabilities (DD) will be correcting this critical administrative & structural gap through the waiver renewal process. One critical example of the lack of oversight is that DD has closely managed the utilization & corresponding financial performance of its waivers with little-to-no oversight by MLTC. Waiver budget cycles are not aligned with the state's fiscal year & waiver services are underutilized. DD Division has stated they will be working closely with Medicaid leadership to tighten the fiscal management of the waivers & ensure that the state does maximize our Medicaid program to benefit NEnS with developmental disabilities. To comply with the federal Rule, 42 CFR 441.301, effective March 17, 2014, which includes the following: person-centered planning process, which increases the person's input in how services are planned & what is included in the plan of care; conflict-free case management; & home & community-based services settings which increase protections related to where people receive Home & Community-Based Services (HCBS), DD meets with internal & external stakeholders for ideas & strategy. The goal is to develop & implement DD HCBS waivers focused on person-centered, customer-focused planning, indicate the priority system in NE for waiver funding, indicate the appropriate number of waiver slots available & utilized, & provide CMS accurate information on NE's waiting list. When the 104th Legislature Second Session adjourned April 20, 2016, two legislative bills (LB 895 and LB 1033) supported by our Council passed & have the potential to impact budget determinations & how state resources may be allocated in the future related to individuals with I/DD. More details about these bills and their potential fiscal impact are found in the Quality Assurance summary.

**Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive**

There are fourteen ICF/IIDs in Nebraska including five state facilities and nine private facilities. The Nebraska Department of Health and Human Services, Division of Public Health, is identified as the survey agency within Nebraska. All facilities have been surveyed within the past year by representatives of Regulation and Licensure within the Division of Public Health. Regulation and Licensure is responsible for surveys and complaint investigations for all ICF/IIDs in the state and surveys and complaint investigations for all licensed Centers for the Developmentally Disabled (CDD) facilities in the state. There were 137 licensed CDDs in the state as of 6/30/2014. Survey reports are shared with the Council as required.

In response to the de-certification by CMS of Nebraska's ICF/IID, Beatrice State Developmental Center (BSDC), the state had put resources into correcting the deficiencies cited and had chosen to split its campus into five separate ICF/IID's and license them individually. Surveys continue to be positive, finding those surveyed to be in compliance with all eight ICF/IID Conditions of Participation. There had been an investment in additional medical personnel, both staff and consultants. Medical professionals and others can participate during meetings through videoconferencing. Residents who previously lived at BSDC and now live in community settings may return to BSDC for dental care at their onsite clinic. In addition, Nebraska has nine additional ICF/IIDs operated by Mosaic – two are larger facilities while the other seven are smaller with six to nine residents each. These smaller ICF/IIDs primarily serve individuals with complex medical needs and were established as a result of the decision to downsize BSDC and move individuals closer to their families.

Review of ICF/IID survey reports for various facilities over the past nine months reflect trends in licensure deficiencies cited. The focus was related to lack of written direction for a client relocation process and the provision of basic needs of food, water, and medications under the conditions of loss of water, gas, electricity, or presence of hazardous materials for an extended timeframe. Federal tags related to dietary issues were also written several times. Other deficiencies cited were isolated across the settings. One deficiency related to peer to peer aggression and failure to implement policies and procedures. Another incident was initially reported as staff abuse when staff fell asleep, but was determined to be a staff

performance issue. Other issues cited included: no effective intervention implemented when client exhibited behavior of spitting at mealtime; failure to implement communication program; no documentation of informed consent regarding risk, alternative treatment, or right to refuse medication when guardian approved medication; and personal property not listed as required. Other tags included lack of documentation of evidence needed for qualification of Qualified Intellectual Disabilities Professional; client not meeting ICF level of care; failure to implement vocational training program; failure to ensure privacy during treatment of personal care needs; Human and Legal Rights Committee did not include required member of consumer and /or parent/guardian; no evidence of specific written instructions in medical records for provision of additional activities related to nursing direction; and lack of documented rationale for hiring an individual with adverse finding on criminal history and registry check.

A total of 368 individuals lived in the fourteen ICF/IIDs at the time of the surveys. Current licensed beds verses filled beds at time of survey are recorded on the following chart:

**To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act(42 U.S.C. 1396n(c)))**

The state has systems in place to assure the health and welfare of its waiver participants. Each DD provider agency must have policies and procedures in place for internal quality assurance and quality improvement that specify the frequency of monitoring activities. The state requires providers to report all critical incidents to their central office.

Nebraska requires all specialized providers to be certified. In addition, all residential settings of four or more individuals must be licensed by the Department of Public Health. All non-specialized providers must meet the standards outlined in the regulations and complete a provider background check which includes both criminal and abuse registry records.

In addition to the quality of DD services in Nebraska, there is the issue of whether there are an adequate number of providers. A number of new providers have recently become available but the majority of them are in Lincoln or Omaha, so there remains a limited number of providers in rural Nebraska with some areas only having a single provider available. The expansion of the Community Support Services (self-directed) opens up options for individuals who want services in their own communities or choices other than the available providers in their region. Of course, whether an individual chooses specialized or non-specialized services there is a need for qualified direct support staff. This continues to be an issue in Nebraska.

## Rationale for Goal Selection [Section 124(c)(3)(E)]

\* - Required field

### Rationale for Goal Selection

The Council contracted with Munroe-Meyer Institute (MMI), Nebraska's UCEDD, to implement the needs assessment process. Three key informant groups were identified: individuals with developmental disabilities, their family members or guardians, & community providers. Data were collected through surveys, interviews, & focus groups. Data collection was conducted from June through Nov. 2015.

More than 350 people with disabilities, families, professionals, & advocates provided feedback in a needs assessment survey distributed state wide. The goal of the survey distribution was to have a broad representation including geographic distribution, language & ethnic diversity, & multiple developmental disabilities. A number of strategies were adopted to obtain the views of parents & self-advocates from minority populations.

The Needs Assessment Survey was created based on the guidance from the DD Act. The eight areas of emphasis included: child care, community services and support, special education, employment, health, housing, quality assurance, and transportation. Items were rated on a five point scale (very inadequate to very adequate). In addition, individuals were asked to select two service areas they felt Nebraska should prioritize. The surveys were available in both English & Spanish & were available in web & print formats. The survey was broadly distributed through targeted email lists & requests to agencies to disseminate. A special effort was made to reach out to minority populations. In the Omaha area, MMI staff partnered with two key Omaha parent leaders, one African-American and one Hispanic, who helped to recruit participants to complete the survey or participate in interviews.

The second phase of the assessment process included the completion of interviews & focus groups. Participants either volunteered to be interviewed when they completed the survey or were identified by the Council Director and agreed to participate. The interviewees represented a cross section of providers, family members, & individuals with disabilities. Due to the lower number of self-advocates who completed the survey, they were prioritized as focus group participants.

The Needs Assessment report was published in Dec. 2015 & was made available on the Council's website. Survey, focus group, & interview participants were asked to prioritize the top areas where the Council should focus future efforts. Employment was the top priority, followed by other community services & supports, including issues regarding knowledge of & access to successful transition into adult services & other community resources for adult living. Other concerns tied directly to challenges faced in experiencing inclusion in all facets of community life. This included access to respite care & childcare services, inclusive education, social environments, & other programs and services offered throughout the state.

The Council considered the results of their needs assessment & the results of the Comprehensive Review & Analysis to determine the goals & objectives. In addition, they took into consideration those areas in which they believed they could have the greatest impact & the current efforts of other agencies in addressing gaps & barriers so as not to duplicate these efforts.

The first goal is focused on improving transition across the lifespan of more individuals with intellectual and other developmental disabilities of diverse identities & their families. The Council selected an objective to address this area for students with I/DD and their families who are transitioning out of special education. Respondents in the Needs Assessment shared resoundingly that more planning needs to happen in the school to assist students making the transition into adulthood & that continuity in transition planning was viewed as important. Unfortunately families and students with I/DD have been trying to navigate the array of transition services that have been operating in silos.

The transition goal also ties directly to the Council's employment goal. Positive employment outcomes are tied directly to a robust transition planning process, & stakeholders have shared that there is room for great improvement. Multiple barriers to successful transition were identified, including: lack of funding, limited support services, transportation, and limited colleges and/or trade schools or higher education options. The Council has clearly identified the priority of improving access to information to expand families' knowledge of adult services & other community resources for adult living.

Likewise, the Council recognizes the need to improve this access to knowledge about adult services & other community resources to an unknown number of adults with I/DD & their aging families/caregivers. Currently there isn't any accurate data that reflects how many adults individuals with I/DD are living at home with their aging family members & caregivers. Advocates are concerned that these individuals are at risk for a crisis when their aging caregivers no longer have the ability to care for them and a transition plan is not in place. The Council plans to address this concern

through outreach activities to educate & empower aging families and their adult children with I/DD to develop a proactive transition plan later in life. Additionally, the Council wants to empower families and individuals with I/DD across the lifespan to expand their knowledge & acquire skills for developing self-directed, person-centered plans.

There continued to be an issue of finding adult health care providers to care for individuals with disabilities, especially if they had special health conditions. As a result, young adults tended to extend their care with their pediatric-trained specialists. Needs Assessment feedback recommends that tools be created to help family members & their young adult children support their transition to adult health providers. We plan to accomplish this within the transition goal.

The Council selected the focus to improve advocacy, self-advocacy, & self-determination for more individuals with intellectual and other developmental disabilities & their families as their second goal. Objective A is focused on strengthening support for an increased number of self-advocates through leadership development and coalition participation by: 1) supplying direct funding to People First of Nebraska for advocacy activities; 2) supporting opportunities for individuals with I/DD who are considered leaders to provide leadership training to individuals with I/DD who may become leaders; 3) supporting participation of self-advocates in cross-disability and culturally diverse leadership coalitions; and 4) supporting the development of a curriculum to be used statewide for teaching self-advocacy and self-determination skills.

Objective B encompasses overall Council advocacy efforts for positive systems change impacting the lives and health of individuals with I/DD & their families through active participation in: statewide advisory committees & cross-disability workgroups; public policy advocacy; cross-systems dialogue; & DD Network collaboration. Objective C provides specific detail on how the Council will collaborate among the DD Network Partners to advocate for positive systems change. The final objective within the advocacy goal will address the targeted disparity issue with African-American male students with developmental disabilities who are incarcerated or enter the criminal justice system at higher statistical rates. The Needs Assessment spoke to the concern regarding the school to prison pipeline, particularly for students with behavior issues that are not addressed adequately. Details regarding the selection of this targeted disparity are provided in Part E.

Employment for people with developmental disabilities was the highest priority identified in the needs assessment. The Council's third goal is to influence systems change to provide increased opportunities for more individuals with intellectual & other developmental disabilities (I/DD) of diverse identities to pursue an employment path of their choice. Identified objectives utilize targeted approaches to make improvements. Objective

A will provide support to address barriers, advocate for, and expand opportunities for an increased number of individuals to participate in community integrated employment or entrepreneurship. Objective B will provide opportunities for self-advocates to share employment experiences & promote community integrated employment & entrepreneurship with peers and stakeholders. Objective C is designed to improve access to benefits planning services for an increased number of service providers, individuals with I/DD and their families to support the person's employment choices.

Many families fear that their adult child will lose their Social Security benefits if they earn too much. Both self-advocates & parents need to understand the laws to aid the balancing act of earning money & losing benefits. Not only was it difficult for many parents & self-advocates, it was reported that some Service Coordinators did not have a good understanding of the benefit analysis process. Feedback in the Needs Assessment illuminated a clear need for benefit planning, which may include additional training and supports for family members, self-advocates and Service Coordinators. Currently the only source for benefits planning is through Vocational Rehabilitation who contracts with Easter Seals of Nebraska. There are only a small number of professionals trained to perform benefits analysis, and many individuals are unaware of this service. Capacity building and greater access to the benefits planning service is desperately needed.

The fourth goal focuses on continued efforts to increase community inclusion for individuals with intellectual and other developmental disabilities. Objective A provides a broad emphasis on increasing opportunities for community inclusion for individuals with I/DD. The Council has a desire to support efforts that increase opportunities, programs & services that support full integrated community inclusion. One strategy is to support a project that will identify, engage, train, facilitate, & mentor volunteer organizations/associations to recruit community volunteers who have developmental disabilities, resulting in increased inclusion of people with developmental disabilities in their communities.

Objective B will address the need to expand & enhance respite care services throughout the state. The Needs Assessment reflected that respite services are not meeting the needs of many families. Primary issues include the lack of well-trained providers, limited available funds, & lack of awareness of the service itself. The problem is compounded if the child has a medical or behavior problem. The pool of providers narrows even more for families whose primary language was not English. Improving overall access to respite services & empowering families to utilize these services will be a focus.

Likewise, Objective C also concentrates on the need to expand & enhance inclusive childcare opportunities throughout the state. Families reported that many child care providers will not accept children with disabilities, limiting their options for a much needed service. This lack of openness to accept children with disabilities in child care may be attributed to lack of directors' & teachers' experience with children with disabilities and/or a lack

of training needed to build the confidence of these providers to serve this population. Often parents have to find less than optimal alternatives, e. g., to hire people who do not have child care experience. Although there are some options for inclusive child care, these options were limited for children with behavioral problems or medical concerns. The Council plans to use strategies to improve access to inclusive childcare.

### **Collaboration [Section 124(c)(3)(D)]**

The Directors of the State Council, the UCEDD (Munroe-Meyer Institute) and the P&A (Disability Rights Nebraska) meet each month to keep each other updated and discuss possible collaborative efforts. For the last few years, the Boards of these three Network Partners have met for a joint training. These meetings have covered topics such as the use of seclusion and restraint, improving employment outcomes for individuals with developmental disabilities, and updates on national topics by professionals within their three national associations.

The UCEDD Director serves on the Council and Disability Rights Nebraska is represented by a Board member. The Council Director sits on the Advisory Committee of the UCEDD and the Protection and Advocacy for Developmental Disabilities Advisory Committee. All three programs have an interest in improving the quality of services that are available to children and adults with developmental disabilities. Munroe-Meyer targets professional training, Disability Rights Nebraska focuses on rights and abuse and neglect issues, and the Council works on making long-term systems change that will result in quality services across the lifespan. The Council and Nebraska Advocacy collaborate with Munroe-Meyer on their needs assessments and state plan development processes with the resulting common data set leading to some shared goal selection. The three agencies plan to continue meeting and identifying joint issues based on their goals and objectives.

At the Council, P&A, (Disability Rights Nebraska) and UCEDD (Munroe-Meyer Institute) quarterly meetings, the DD Network representatives review activities and plan possible collaborative efforts. Since the Council uses a Request for Applications process, it is not possible to identify specific projects that they will work on with the individual Network partners. Both formal and informal interactions between staff of the three agencies insure that collaboration will occur when appropriate.

The UCEDD Director serves on the Council as well as on the Council committee that reviews grant applications and makes grant recommendations to the Council. Munroe-Meyer has been funded for projects related to previous State Plan goals. (The UCEDD Director refrains from voting or making a suggestion if Munroe-Meyer submits a grant application. ) Additionally, the Council Director serves on the UCEDD Advisory Committee. The Council Director also serves on the Protection and Advocacy for Developmental Disabilities Advisory Committee. A representative from the Board of Directors from Disability Rights Nebraska serves on the Council. Disability Rights Nebraska included the Council Director in their strategic plan development as did the Council include their Deputy Director in their planning process. Disability Rights Nebraska plan to collaborate on identifying legislative issues and statewide policies that are important to people with developmental disabilities and their families.

Recently Disability Rights Nebraska received Council funding to plan, organize and conduct an Inclusive Education Advocacy Institute with a focus on children with developmental disabilities in pre-school, kindergarten, elementary, and middle school. The Institute training is a new initiative with Disability Rights Nebraska to create a lay advocacy model to promote inclusive educational practices across the state. The Council Director attended the institute, and sees potential future collaboration within this area in the coming year(s) to support the Council's fourth State Plan goal pertaining to inclusion.

The three DD Network Partners are all members of the Nebraska Consortium for Citizens with Disabilities (NCCD). This is a cross-disability coalition of organizations committed to advancing the rights of people with disabilities and statewide policies that affect them. NCCD and its member organizations monitor and respond to legislation and policies pertinent to Nebraskans with disabilities, and provide a resource for the Unicameral to call upon when developing legislation. NCCD hosts an annual "Common Grounds" event for state Senators and their staff members where legislative session policy brief summaries are distributed to educate policymakers. Besides their legislative activities, NCCD members have hosted several ADA related events. All three DD Network Partners are represented within NCCD.

The representatives of the various state agencies on the DD Council insure collaboration with the Council and the other Network members on a number of issues. Council staff serve on a number of committees for various state agencies and will continue in these roles to insure continued coordination of activities. At the monthly meetings of the three directors, they provide updates to each other on their activities with other agencies in the state. As mentioned previously, it is through membership in the Nebraska Consortium for Citizens with Disabilities, that collaborative activities with other agencies are most commonly planned and carried out.

The Nebraska Developmental Disabilities Division launched several stakeholder work groups in 2015 and 2016, and representatives from the three Network Partners were active participants. Involvement will continue when representatives from the DD Network will serve as key stakeholders on the Advisory Council for the DHHS' Medicaid and Long-Term Services and Supports Redesign Project. The Project will be a collaborative effort with stakeholders to evaluate the current delivery of services, identify opportunities for improvement, and redesign the system to meet future challenges and growing demand. Additionally, DD Network partners plan to serve on the LB 1033 Advisory Committee (launching in September 2016) to begin the Olmstead strategic plan process.

## 5 Year Goals [Section 124(4); Section 125(c)(5)]/h4>

### Goal #1: Improve Transition Across Lifespan

#### Descripton \*

By September 2021, improve transition across the lifespan of more individuals with intellectual and other developmental disabilities (I/DD) of diverse identities and their families.

#### Expected Goal Outcome \*

Objective A Measurement: Number of individuals and their families trained on adult services and other community resources. Objective B Measurement : Number of: • Adults and aging family members trained on adult services and other community resources. Objective C Measurement : • Number of individuals and family members trained on development of self-directed, person-centered plans. • Percent of trained participants who report that they implemented self-directed or person-centered plans as a result of training.

#### Objectives

- Objective 2.** An increased number of adults with I/DD and their aging families will be provided with information to expand their knowledge of adult services and other community resources.
- Objective 3.** An increased number of individuals with I/DD and their families will be provided with information to expand their knowledge and acquire skills for developing self-directed, person-centered plans.
- Objective 1.** An increased number of individuals transitioning out of special education and their families will be provided with information to expand their knowledge of adult services and other community resources for adult living.

## Goal #2: Improve Employment

### Descriptor \*

By September 2021, influence systems change to provide increased opportunities for more individuals with intellectual and other developmental disabilities (I/DD) of diverse identities to pursue an employment path of their choice.

### Expected Goal Outcome \*

Objective A. Measurement: • Number of employment programs or policies created or improved. • Number of organizations involved in coalitions, networks, or partnerships related to employment. • Number of public policymakers educated on employment for individuals with I/DD. • Percentage of individuals with I/DD who are in community integrated employment. • Percentage of individuals with I/DD who are working towards community integrated employment. Objective B. Measurement: Number of: • Opportunities for self-advocates to share their experiences related to employment. • Stakeholders informed of ways to support community integrated employment and entrepreneurship opportunities. Objective C. Measurement: Number of: • Individuals and families trained on the use of benefits planning services. • Individuals and families who utilize benefits planning services. • Resources available for benefits planning.

### Objectives

- Objective 2.** Objective B. Increase opportunities for self-advocates to share employment experiences and promote community integrated employment and entrepreneurship with peers and stakeholders.
- Objective 3.** Objective C. Provide access to benefits planning services for an increased number of service providers, individuals with intellectual and other developmental disabilities and their families to support the person's employment choices.
- Objective 1.** Objective A. Provide support to address barriers, advocate for, and expand opportunities for an increased number of individuals to participate in community integrated employment or entrepreneurship.

### **Goal #3: Improve Advocacy, Self-advocacy, and Self-determination**

#### **Descripton \***

By September 2021, improve advocacy, self-advocacy, and self-determination for more individuals with intellectual and other developmental disabilities (I/DD) of diverse identities and their families.

#### **Expected Goal Outcome \***

Objective A. Measurement: Number of: • Individuals trained in leadership, self-advocacy, and self-determination. • Individuals participating in cross-disability and culturally diverse activities or organizations. Objective B. Measurement: Number of systems change activities involving: • Active participation in coalitions/networks/partnerships. • Dialogue and collaboration with organizations engaged in systems change efforts. • Education of public policymakers. Objective C. Measurement: Number of systems change activities involving: • Active participation in coalitions/networks/partnerships. • Dialogue and collaboration with organizations engaged in systems change efforts. • Education of public policymakers. Objective D. Measurement: Number of: • Collaborative activities. • Activities and additional strategies implemented to reduce the number of out of school suspensions for African-American male students with developmental disabilities. • Out of school suspensions for African-American male students with developmental disabilities.

#### **Objectives**

**Objective 2.** Objective B. Advocate for positive systems change impacting the lives and health of individuals with I/DD of diverse identities and their families through active participation in: statewide advisory committees and cross-disability workgroups; public policy advocacy; cross-systems dialogue; and DD Network collaboration.

**Objective 3.** Objective C. Collaborate among the Nebraska DD Network Partners (Disability Rights Nebraska, Munroe-Meyer Institute University Center for Excellence in Developmental Disabilities [UCEDD], and the Nebraska Planning Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with developmental disabilities. 2. Serving as cross-agency representatives on the Council and Advisory groups for the DD Network Partners. 3. Working in conjunction with disability advocacy organizations to inform state senators about disability issues and assist in the development of policies and legislation favorable to this population. 4. Participating in the Nebraska Consortium for Citizens with Disabilities (NCCD), a cross-disability advocacy organization focused on advancing the rights of Nebraskans with

disabilities through policy research and development, legislative testimony, and the development of educational materials for policy makers. 5. Hosting training on a mutually selected topic for DD Network Partner members at the annual Tri-Board Meeting.

**Objective 1.** Objective A. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by:  
1. Supplying direct funding to People First of Nebraska for advocacy activities. 2. Supporting opportunities for individuals with I/DD who are considered leaders to provide leadership training to individuals with I/DD who may become leaders. 3. Supporting participation of self-advocates in cross-disability and culturally diverse leadership coalitions.

**Objective 4.** Objective D. Address the targeted disparity issue with African-American male students with developmental disabilities who are incarcerated or enter the criminal justice system at higher statistical rates by: 1. Improving systemic collaboration in the areas of education, developmental disabilities, behavioral health, children and family services, and the judicial system. 2. Decreasing, through systems collaboration, the number of out of school suspensions resulting from zero tolerance policies. 3. Conducting additional activities to reduce this disparity, including outreach, training, and education.

#### **Goal #4: COMMUNITY INCLUSION**

##### **Descripton \***

By September 2021, increase community inclusion for individuals with intellectual and other developmental disabilities (I/DD) of diverse identities.

##### **Expected Goal Outcome \***

Objective 1. Measurement: Number of: • Individuals who report opportunities for community inclusion. • Programs or services offered. • Community members or organizations trained to provide opportunities for community inclusion. Objective 2. Measurement: Number of: • Individuals and families who report access to respite services. • Individuals and families who utilize respite services. • Respite options across the state.

##### **Objectives**

**Objective 1.** Increase opportunities for community inclusion for individuals with I/DD.

**Objective 2.** Expand and enhance respite care services throughout the state.

## Evaluation Plan [Section 125(c)(3) and (7)]

\* - Required field

### Evaluation Plan \*

#### 1. Outline how the Council will examine the progress made in achieving the goals of the State Plan.

Council staff will implement formative and summative evaluations through multi-method approaches to evaluate the goals/objectives in the State Plan. The purpose of formative evaluation is to determine the extent to which goals/objectives are achieved; provide a description of the strategies that contributed to achieving the objectives; and provide a description of factors that impeded progress. The purpose of the summative evaluation is the collection of data that measures intended project outcomes.

Of particular importance is the evaluation of the advocacy and self-advocacy goal/objectives (Goal 2). The goal/objectives are designed to improve advocacy, self-advocacy, and self-determination. Activities utilized to address general advocacy and self-advocacy will be wide-ranging including training, coalition development, citizen participation, informing policy makers, and demonstration of new approaches to reduce the number of out-of-school suspensions for African-American males with intellectual/developmental disabilities. Both formative and summative evaluations will be carefully designed to match planned activities so that progress can be evaluated throughout the life of the project and the degree to which intended outcomes are achieved. In some cases, the Requests for Applications will state the type of evaluation which needs to be completed.

All Council funded projects must submit results from a standard project activity satisfaction survey at the end of the subaward project. In October 2017 when performance measures changed, Council staff developed a single survey that captures demographic data as well as satisfaction results from individuals with intellectual/developmental disability or family members. General stakeholders also use this same satisfaction form, although their demographic data is not collected. Those within the general stakeholders' category include state advocacy organizations, provider organizations, state agencies, legislative/policymaking groups, and other agencies or organizations. The survey is intended to measure project participants' satisfaction with the project the Council has funded.

Funded projects may also complete a more focused satisfaction survey to further refine the participants' experience. Outcome data will be collected through administration of post-course or post-workshop survey of participants. These surveys will focus on participants' assessments of knowledge and skills acquired through participation in the project activities. Other surveys will measure the extent to which the project activities enhanced program/agency capacity to serve individuals with intellectual/developmental disabilities, and the extent to which project activities increased participant and stakeholder awareness of diverse issues related to areas in intellectual/developmental disabilities.

**2) Explain the methodology which may be qualitative or quantitative that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.**

Council staff will analyze projects and determine the type of evaluations to be completed for each specific project. Council staff will incorporate all or some of the following methods in the review of project activities. Official records of each project's progress in reaching stated work plan activities are maintained by the Council office. Evaluation methods employed include the following:

- Council subrecipients are required to submit Quarterly Progress Reports for Council funded projects. In addition, subrecipients are required to submit a Final Report after the end of the subaward year. The Quarterly Progress Report is the primary source of information concerning progress made in completing activities related to the project work plan. The Quarterly Progress Report serves as a formative evaluation tool. The Quarterly Report is reviewed by Council staff and is used to evaluate progress made in reaching the project work plan's time line and work scope. Subrecipients are asked to list accomplishments and activities related to each goal and objective listed in the subaward proposal; identify any problems in reaching goals that the project is experiencing; and note if technical assistance is needed. The Final Report serves as a summative evaluation tool. The Final Report requires subrecipients to summarize project accomplishments and results including designated measurements; impact of project activities on target population; barriers or problems encountered and actions to overcome; satisfaction survey data; and project sustainability.
- Council subrecipients are required to submit performance measures/indicators with each Quarterly Progress Report and with the Final Report. Performance measures/indicators are goals that each project meets or exceeds as a result of the project activities and measures participant satisfaction with the project. The Project Director for each subaward is informed via the Nebraska Council on Developmental Disabilities (NCDD) Subaward User Manual, to become familiar with the performance measures/indicators to track the numbers of persons/programs/policies, etc., impacted by the project on an ongoing basis. The NCDD Subaward User Manual recommends that the subaward Project Director initiate data collection methods before the project begins rather than collecting the data after the fact. A complete list of performance measures/indicators and

definitions is provided in the NCCD Subaward User Manual. The Performance Measures/Indicators Report is used in conjunction with the Quarterly Progress Report to evaluate progress on goals/objectives and as a summary of statistical accomplishments once the project has been completed. It serves as a formative evaluation tool when reported each quarter and a summative tool at the end of the project.

- Council projects that started October 1, 2017 were provided the updated NCCD Subaward User Manual with the new performance measures/ indicators and demographic data requirements. Council staff provided additional technical assistance to subrecipients while transitioning to the new reporting requirements.
- Monitoring of subaward projects is accomplished through several methods including review of written program and expenditure reports, review of source documentation as required by the Office of Management and Budget Supercircular, telephone conference calls, and electronic mail and/or on-site visits. The purpose of on-site visits is to review project activities and progress made in reaching the work plan goals/objectives. Site visits by Council staff are conducted to assist subrecipients by providing technical assistance. Subrecipients may request a site visit any time during the project period. In addition, Council staff may conduct an impromptu visit.
- Pre/post tests may be used to measure participants' assessments of the gains they make from participating in project education and training programs. Pre/post tests will be designed to demonstrate participants' increased knowledge and skills, changed attitudes, and/or increased motivation in alignment with project specific outcomes.
- Product review will be used if the primary outcome of an objective is a product. Outcome attainment will be assessed by an in-depth review of the completed product, and quality and relevance attained through product review instruments.
- Focus groups may be used to identify emerging trends and needs as well as stakeholder input on current projects. Results will be analyzed and, to the extent possible, incorporated into Council activities.

The Council's five-year logic model is broad and reflects the nature of the projects utilized to achieve the goals/objectives stated in the State Plan. The initial outcomes provide an overview of increased awareness, knowledge and skills gained by our partners through project activities. Intermediate outcomes reflect the translation into application of new and enriched skills, enhanced organizational capacity, improved practices and

greater availability and access of higher quality services and opportunities for people with intellectual/developmental disabilities and their families. The intermediate outcomes are linked to the desired impact of long-term outcomes/positive transitions across the lifespan, positive system change, competitive employment and entrepreneurship, and community inclusion.

**3) Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.**

The Council meets four times per year. Time is designated at meetings to review overall progress in meeting State Plan goals and achieving intended results. The Council determines the status of each goal and discusses strategies for addressing those objectives and assess goals that have not been met or activities that have not been successful. Recommendations are made regarding modifications to the State Plan in response to emerging trends and needs, with amendments made as necessary.

Updates on active projects are provided to the Council by Council staff and project quarterly and final reports are available to Council members. The Council takes action or makes recommendations, as necessary, to address project barriers.

**4) Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.**

Focus groups and satisfaction surveys provide the Council with feedback on emerging trends and needs. State agency representatives who serve on the Council, as well as members representing other constituencies, provide the Council with updates on emerging issues related to their area of interest and expertise. Additionally, participation of Council staff and Council members in state and national level groups provides a perspective on trends and needs. As a result of this collection of information from varied sources, the Council reviews the Comprehensive Review and Analysis and in collaboration with Council Staff, makes updates and adjustments as necessary.

## Logic Model

\* - Required field

### Logic Model \*

see attachment.

Attached document: Logic Plan updated Nov 2019.pdf (/api/file/5dde974002a17952c56db64b)

Attached document: Logic Plan updated Dec 2019.pdf (/api/file/5df41e1402a17948e11ef4e0)

Council Budget -

**Projected Council Budget [Section 124(c)(5) (B) and 125(c)(8)]**

\* - Required field

Projected Council Budget

<b>Goal</b>	<b>Subtitle B \$</b>	<b>Other(s) \$</b>	<b>Total</b>
<b>Improve Transition Across Lifespan</b>	\$65677	\$24329	\$90006
<b>Improve Employment</b>	\$31608	\$0	\$31608
<b>Improve Advocacy, Self-advocacy, and Self-determination</b>	\$286575	\$64920	\$351495
<b>COMMUNITY INCLUSION</b>	\$50085	\$9823	\$59908
<b>General management (Personnel, Budget, Finance,Reporting)</b>	\$149658	\$0	\$149658
<b>Functions of the DSA</b>	\$25315	\$0	\$25315
<b>Total</b>	\$608918	\$99072	\$707990

Assurances -

## Assurances [Section [124(c)(5)(A)-(N)]

\* - Required field

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living , United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) -- (N) in the Developmental Disabilities Assurance and Bill of Rights Act. :

true

### **Approving Officials for Assurances**

For the Council (Chairperson) : true

### **Designated State Agency**

A copy of the State Plan has been provided to the DSA : true

## Public Input and Review [Section 124(d)(1)]

\* - Required field

**Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment \***

The Council posted their State Plan Goals and Objectives (both in English and Spanish) on their website for a 45-day comment period. In addition, they sent printed copies to several organizations that serve underrepresented populations to address concerns regarding their access to the electronic version. The State Plan Goals and Objectives were also distributed through the Council's email distribution lists, reaching an approximate total of 360 individuals. 270 postcards were also mailed to Council stakeholders encouraging them to access the State Plan Goals and Objectives on the Council website, or to contact the Council office for a written copy or alternate format. An email account was created to receive written comments. Six written comments were received during this 45-day comment period. These comments were reviewed by the Council's Planning Committee, Council staff, and the full Council, yet the comments didn't warrant any significant changes to the State Plan.

As described in the Introduction to the Comprehensive Review and Analysis (Section III) and from Part D, Rationale for Goal Selection, special efforts were made to collect input from self-advocates and minority populations early in the State Plan development process. Data collected from the Needs Assessment Survey and various focus groups and interviews truly guided the Council's Planning Committee and Council with the State Plan Goals and Objectives development process. 350 people with disabilities, families, professionals, and advocates provided feedback in the needs assessment survey, and others provided input through the completion of interviews and focus groups. Draft goals and objectives developed in March 2016 were shared with stakeholders for public comment. Comments from the public comment period are shared below.

**Describe the revisions made to the Plan to take into account and respond to significant comments \***

Comments made during the development stages of the plan were reviewed by the Council and incorporated into the draft and final document as determined appropriate. During the Public Comment period, one stakeholder noted that they were pleased to see I/DD aging population as a focus within the lifespan transition goal, particularly the outreach efforts noted towards those families who do not currently use state DD services. This same stakeholder also shared that community volunteerism must be addressed as many within the DD population volunteer within their communities. She also shared that obtaining and training self advocates is very important, and recommended the Council advocate for those self-advocates who cannot verbalize on demand by providing supports (such as someone who can interpret for them) to ensure their voice is heard. Another guardian submitted comments with recommendations for rewording some of the goals and objectives. These suggestions recommended mostly writing style change preferences. Other comments critiqued federal required language found within the DD Act regarding self-advocates participating in cross-disability and culturally diverse activities or organization, as well as the term “systems change.” His comments were taken into consideration, but did not result in any plan changes. Comments from a DHHS DD Division Service Coordinator shared that the information in the Needs Assessment was very enlightening. She noted that Services Coordination is always evolving and she has witnessed many changes in her 27 years as a Service Coordinator. She noted that priorities in her work frequently change, and it was interesting to read the stakeholder viewpoints. She also expressed interest in serving as a Council stakeholder in future planning processes in order to contribute valuable information and insight into the DD systems. The Council definitely plans to reach out to this Service Coordinator to serve on the 2017 Planning Committee. A director of a state wide DD Service Provider shared that his concerns that families and individuals with developmental disabilities are required to use technology to apply for state DD waiver services and other supports. He encourages the Council to consider strategies to help these families and individuals access technology to help them connect to services. Other comments echoed the need for improved Benefits Planning within Nebraska. Another stakeholder stressed the need for the state to collaborate with Medicaid to provide an effective Medicaid buy-in program for individuals with disabilities.

Comments from the Nebraska Commission for the Deaf and Hard of Hearing (NCDH) addressed their concerns that some Nebraskans who are Deaf, Deaf-Blind and Hard of Hearing often do not have full inclusion and participation in all aspects of community life. NCDH recommended advocacy focused on effectiveness of communication, including funding to hire sign language interpreters and captioning service providers where occasionally needed; funding to provide opportunities for sign language classes for service providers, residential and group home employees, families or guardians, and contemporaries; and funding to hire employees or non-specialized providers / contractors who are fluent in sign language (includes potential Deaf, Deaf-Blind and Hard of Hearing individuals). NCDH also noted that funding for assistive technologies and auxiliary aids needed; such as but not limiting to: visual /tactile/audible fire alarm signalers; visual/tactile/audible signalers for door bell, alarm clock, and

telephone; accessible specialized telephones where public and residential telephone access are offered - (i.e. amplified telephones, captioned telephones, Videophones and text capability telephones); access to high-speed internet service at residential facilities (nursing homes, group homes, state operated in-patient facilities) for Videophone and captioned telephone access; and Assistive Listening Devices. Additional comments stressed the importance of inclusion to minimize or eliminate isolation, depression, behavioral problems and communication barriers. Suggestions to improve inclusion included enhancing auxiliary aids and services for full participations in all activity, program and service opportunities, as well as enhancing placement options for deaf, deaf-blind and hard of hearing individuals w/DD to enhance social and emotional growth by ensuring providers are fluent in sign language. NCDH also suggested that the Council advocate for a local and state demographic data count to determine the number of Deaf, Deaf-Blind and Hard of Hearing individuals with DD living in residential facilities or in private residential places. NCDH continued by advocating for adequate and accessible mental health services for those who are Deaf, Deaf-Blind and Hard of Hearing individuals living within residential facilities. The need for sensitivity training for all administrators, employees, and contractors working with this population was also noted. NCDH extended an offer to work with the Council as a collaborative stakeholder as a resource, including providing training or workshop activities.

The Council reviewed and discussed the public comments shared, and decided that the comments did not warrant any revisions to the State Plan. A few minor revisions were discussed and agreed upon, followed by the Council approving the updated draft State Plan Goals and Objectives at the May 20, 2016 quarterly meeting.

On Thursday, June 16, 2016, Council staff received some technical assistance from Sheryl Matney with iTACC. Prior to this discussion with Sheryl, the Council Director had shared a rough draft of a Systems Collaboration (school to prison pipeline Request for Application- RFA) with her, along with our Draft State Plan Goals and Objectives that were approved by the Council. The Council Director was seeking feedback from iTACC regarding the draft RFA. Sheryl immediately followed up with the Council Director about a concern.

Council staff learned that we had important information to clarify in our State Plan objectives as required by AIDD. Sheryl encouraged us to elaborate on what we plan to do to address the targeted disparity issue in addition to the DD Network collaboration efforts. Council staff decided to

incorporate the issue into our State Plan Goals and Objectives as the targeted disparity, and wait to release the RFA in an upcoming federal fiscal year. Council staff added information as objectives under the second goal clarifying the targeted disparity and DD Network collaboration efforts. These changes were shared with Council members in July and were formally approved at the August 12, 2016 quarterly meeting.