

October 7, 2010
9:00 AM to 3:30 PM
Lincoln League of Human Dignity
Lincoln, Nebraska

Attendance:

****Council Members Present:** Richard Brandow, Mary Gordon, Leslie Novacek, Lisa Osborne, JoDell Phillips, Mike Schafer, and Trenton Waite.

****Council Members Absent:** Mary Jane Austin, Janelle Cox, Shiloh Hobelman, Tim Kolb, Joan Lubbers, and Mark Smith.

****HHS Staff Members Present:** Amy Bunnell, LeeAnne Cooper, Marilyn Jackson, Don Severance, Linda Shandera, Sue Spitsler, and Kay Wenzl.

****Other:** Kristin Mayleben-Flott, Mark Smith's intern from UNMC.

****Facilitator:** Linda Shandera

Opening and Updates: Kay Wenzl introduced the three new members of the Council, Richard Brandow, Leslie Novacek and Trenton Waite. The required Public Meeting Notice and agenda were posted. Kay gave an update on the status of the new MDS and regulations.

MDS: The MDS will be managed by Don Severance and Marilyn Jackson. MDS is a web-based tool that will be used for the adult and aged population to determine Level of Care. Kay stated that getting good data will assist in more clearly identifying the client's level of care needs and minimize risks.

Regulations: The regulations are currently in draft and were being reviewed by various divisions within state government. There is not a definitive date for when the new regulations will be finalized and released. It is hoped that hearings can be held in early 2011.

CMS Final A/D Waiver Evidentiary Report: Linda Shandera shared the good news that Nebraska received their CMS final report in response to their October 2009 evidence report with "NO FINDINGS". Copies of the report were distributed. A poster listing all CMS Assurances and Sub-Assurances was posted at the meeting and reviewed. When NE evaluates their Quality Management Framework, it must meet all Assurances and Sub-Assurances. A performance measure is required for each Assurance and Sub-Assurance. There is a 100% standard of compliance. Every discovery of an item that does not meet 100% compliance will need to be remediated at 100%.

Level of Care: CMS recommends the State document the specific remediation strategies conducted including any system improvements for each assurance, sub-assurance, where negative trends are identified or performance standards are not met and include the information in the Summary report. Additionally, the State needs to take an aggressive approach to ensure their CONNECT system is fully functional and accessible so that pertinent data entered can be assessed in a timely manner, and that it can also be readily compared, extracted, and aggregated appropriately. Don Severance and Julie Jurgens will be working to get reports generated in CONNECT to give us this information.

Plan of Services and Supports: It was also recommended that the State implement the identified service plan system improvement including the automation of the standard plan of care format.

Qualified Providers: CMS stated that the State draw a distinction between the two sets of data that are used when reviewing licensed and non-licensed providers.

****Health and Welfare:** It was also recommended that the State continue to provide staff with technical assistance and training to further develop internal processes which will help to give more definitive expectations regarding health and safety monitoring, abuse & neglect, and back-up plan documentation.

****Financial Accountability:** CMS also recommended that the State develop a more comprehensive process for ensuring review and oversight of claims, and possible enhanced connectivity to claims review via NFOCUS.

Council recommendation:

- Council supports the CMS requirement that every discovery of an item that does not meet 100% compliance will need to be remediated at 100%.
- EDN should have NFOCUS access (Jackie Rapier is currently coordinating with Amy Bunnell to try to get access for EDN to NFOCUS).
- To insure that all required information is received from parents in a timely manner, set deadlines and timeframes by which all requested information is due to the Services Coordinator or the waiver case may be closed. Make certain that all medical information on a child in the file is no older than six (6) months.
- Set a date when information on a child is due to the Pediatric RN so that the child's level of care can be certified in a timely manner (i.e. information due by the 15th of the month prior to the month the child's review is due).
- Use CONNECT reports to create a list of clients who are due for a review each month to assist SCs in keeping up to date with their work.
- SC Supervisors to monitor their SCs for timeliness in getting reviews completed.
- Update/revise the informational brochure on the Aged and Disabled Waiver program

On-site TBI File Review and TBI PES: Linda Shandera reported on the TBI Waiver File Review and Participant Experience Review that was completed in August, 2010. Data was reviewed as positive and discussion occurred in the PES area related to community integration and inclusion. Primary barriers to community integration and inclusion were lack of transportation, lack of individual financial resources, and lack of vocational training.

Council recommendation: Explore options for residents to do-

- Volunteer work (QLI to do)
- More social networking
- Working with churches
- Look at information gathered in 2007 to see what the same residents involved in that review were doing compared to what changed for them in the most recent review (*Linda will follow up*)

Also recommended for both case management and assisted living administrators to have a discussion where transition issues related to when/if residents no longer meet level of care and/or will age out of the TBI Waiver.

Multiple 2009 Quality Management and Discovery/Information Source Reports:

****Appeals:** Don Severance presented the report on Appeal findings from 2009. There are two years of data to be compared at this time. There were no significant changes from one year to the next noted

although with only two years' worth of data, the ability to identify any trends is limited. It does appear that the elderly and those in Assisted Living are less likely to appeal.

Council recommendation: No recommendations.

****Adult Protective Services Data:** Don reported there was a significant decrease in APS referrals but it appears the data may not be accurate. He will do some follow up and report back to the Council with his findings. It was announced that Pattie Flury is working with APS to find ways to enhance and foster communication between divisions.

Council recommendation: Don will keep working with APS to assure data is correct.

****Child Protective Services Data:** Don Severance reviewed the hand-outs that were given to the Council. It appears some areas saw an increase in the number of reports than in previous years although the data specifics are not too different. The difference in numbers between the larger geographic areas compared to the smaller areas was discussed. Reasons this may occur were discussed. It may be that different areas used a different screening tool. Within the last year, changes have been made in Children and Family Services so that service areas have been consolidated for some of their activities. The CFS Hotline is an example of one service that was consolidated.

Amy Bunnell suggested that we cross check the Child Abuse and Prevention Act (CAPTA) children (children from birth to age 3) with the A/D waiver children. Amy also stated that there is not specific training given to CFS workers that prepares them for working with medically compromised children. This makes it difficult to determine whether or not the primary caregivers are doing anything wrong, or inappropriate.

Council recommendations and items for follow up are:

- Need to know under what "category" the substantiated cases fell (i.e. abuse, neglect, etc).
- Decision to be made on what data we should collect and analyze. We need some types to cross reference.
- If a child was not getting the medical care he/she needed, what is this considered as an allegation? (Abuse, neglect, etc)

One study found that children with developmental disabilities were at twice the risk of physical and sexual abuse compared to children without disabilities. In order to have a point of comparison, it may be helpful to find out how many children are in each service area, and then determine how many in each service area had CFS involvement. It would also be helpful to know, out of all CFS referrals that are made, if the EDN or A/D waiver worker was notified.

****Local Level Incident Reports,** Don reviewed the information from Incident Reports. Most reports came from providers, followed by families of the consumers and/or consumer relatives. Incident Reports are designed to focus on the Health and Welfare of the consumer. There is a requirement to report life threatening/imminent danger within 24 hours. CMS wanted to know the follow up and outcomes for any reports that were received.

Council recommendation:

- Review the need to report Incidents for the EDN age group (birth to age 3.)
- If a CFS report is made, this should also be indicated as an Incident Report.

- A memo should be sent to all Providers/Contractors on an annual basis reminding them of the 24 hour rule for making an Incident Report where imminent danger existed.
- QC definition of Incident remains valid and no changes of definition will occur.

****Local Level Complaints** Don Severance reported the number of Complaints is low. Sixty percent come from individuals and forty percent come from representatives with the number one complaint being Inadequate Performance. The resolution is hiring someone different to provide the service. Discussion was held as to whether the Council wanted to change the definition/scope of Complaints.

Council recommendations:

- The Council expressed the desire to keep the process Client Driven and did not want any changes made to the definition.
- Having a low number of Complaints means the SC is doing his/her job.

****Formal Complaints Data:** Linda also reported that she had received no formal complaints this year. This tells her that complaint resolution is happening at the local level and working well. The council had no recommendations.

Death Review, Hospitalizations:

Marilyn Jackson presented the Death Review data and reviewed the hand-outs. Marilyn stated that an acute illness is something like influenza, pneumonia, or a heart attack whereas a chronic illness is something such as Shortness of Breath, Diabetes or Congestive Heart Failure. She stated that she has been tracking falls very closely. This is because falls tend to be a precursor to deterioration. There were fewer falls reported but a higher number of people who could not remain in Assisted Living facilities due to the number of falls they had. Marilyn praised Service Coordinators for working with the AL facilities doing safety evaluations to minimize the risk of falling.

She stated they are trying to minimize the number of weeks a Home Health Agency provides services to two weeks a year if at all possible. She has seen an increase in Hospice needs. She stated that if someone is on Hospice and goes to the hospital, then Hospice has to end ASAP. Once the person is discharged from the hospital, Hospice can begin again.

Marilyn stated it is very important to have adequate documentation. It is essential that APS referrals are followed up on by the Service Coordinators.

Council recommendations: No recommendations.

Quality Council Follow-Up

A discussion was held regarding the make-up of the Quality Council, the number of times the Council meets, consumer involvement, and the future of the Council. JoDell will see if any EDN parents might be interested. Linda will explore the option of conducting meetings using technology (webinars, LIVE Office, etc)

Council recommendations:

- Meeting once a year is sufficient.

- More consumer involvement is desirable by someone who currently or in the past has received waiver services.
- More involvement by the elderly and by parents with young children is desirable.

Leslie will check with the ATP Advisory Council to see if there is anyone interested in participating on the Quality Council. Richard Brandow will send a name that has been involved with elderly services. Amy will also look in to having some of her funding possibly utilized to assist families to attend.

Public Comment: None was given.