

November 1, 2011

9:00 AM to 3:30 PM

Department of Health and Human Services Training Administration Building
Lincoln, Nebraska

Attendance:

****Council Members Present:** Mary Jane Austin, Richard Brandow, Janelle Cox, Mary Gordon, Shiloh Hobelman, Leslie Novacek, Lisa Osborne, JoDell Phillips, Mike Schafer and Trenton Waite.

****New Council Members Present:** Bob Courtney and Kim Falk.

****Guest:** Jo Ann Courtney

****Council Members Absent:** Tim Kolb, Joan Luebbers and Mark Smith

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

****Facilitator:** Linda Shandera

Opening and Updates: Linda Shandera introduced the two new members to the Council. They are Kim Falk and Bob Courtney. The required Public Meeting Notice and agenda were posted with Public Comments occurring at 3:15 PM. Kay reported on the status of the new in-home MDS. Regulations must be promulgated before implementation may occur.

2010 Meeting Minutes and Recommendations: The meeting minutes from the October 7, 2010 meeting were distributed, recommendations updates reviewed and discussed with minutes being accepted. The recommendations updates were:

- 100% remediation standard was relayed to staff at the November 16, 2010 webinar and was included in the Quality Improvement System redesign.
- EDN NFOCUS access continues with work between all parties.
- Recommended current (6 months or less) children's medical information and to submit medical and LOC information to the Pediatric RN by the 15th of the month prior to the month the child's review is due was relayed to the EDN and DHHS Services Coordinator at the November 16, 2010 Webinar.
- Supervisors were encouraged at the November 16, 2010 Webinar to use the created report list of LOC client reviews monthly to assure that LOC reviews are completed timely. CONNECT reports will be updated with the QIS redesign.
- Lee Anne Cooper is in the process of getting input and feedback on a few draft ideas for both a Children's Waiver brochure and one for the Aged.
- The On-Site TBI File Review and PES recommendations of exploring client's working and volunteering options plus accessing the Ticket to Work Program was included in the on-site report.
- Linda completed a TBI PES work and volunteer comparison chart between the 2007 and 2009 surveys. The results were inconclusive. Comparisons will occur with the 2012 PES review.
- The need to work with some of the current TBI waiver participants due to their age and no longer be eligible for the TBI waiver was relayed in the PES report.

CMS Quality Improvement System Framework: Linda shared the CMS Quality Improvement System Framework and the HCBS Waiver Assurances. These assurances are: Level of Care, Plan of Services and Supports, Health and Welfare, Qualified Providers, and Financial Accountability. Each state must develop HCBS Waiver Performance Measures to demonstrate how they are meeting those Assurances. The Aged & Disabled Waiver performance measures were accepted by CMS with the 2011 application. Nebraska is currently writing the TBI Waiver Evidence Report that demonstrates performance measure results and is due to CMS by January 1, 2012.

Nebraska's Quality Improvement System Re-design Framework: Nebraska's re-designed Medicaid HCBS Waiver Unit QIS Roles and Functions Framework was presented. The HCBS Waiver Staff, Local Level Supervisors and the Quality Council particular roles and functions were discussed. The Local Level Supervisory Reviews will be reduced in number from 10% to 8%. These percentages were determined by using a sample size calculator tool. Reviews by HCBS Waiver staff will be reduced from 5% to 3%. The HCBS Waiver staff will conduct the PES surveys by regions. The QIS Key Principles were discussed with no additional recommendations.

Discussion also occurred around the need for state-wide review consistency. Review instructions were embedded in the redesigned review indicators which should provide more review consistency state-wide. All HCBS Waiver services coordination/resource development supervisors will be trained in December. The framework charts will be sent out electronically to council members. Waiver performance measures were presented and Don reported there are over 100 reports that reflect the compilation of data that is gathered yearly to demonstrate our compliance with the CMS Assurances.

Quality Council's Purpose, Mission and Roles: Linda reviewed the Quality Council's Mission Statement and the primary role of the Quality Council. A motion was made by Mary Jane Austin to keep the Mission statement as it currently reads. The motion was seconded by JoDell Phillips. The motion carried unanimously. Discussion occurred and Mary Gordon made a motion to retain the Quality Council's primary role as currently stated. The motion was seconded by Mary Jane Austin. The motion carried unanimously. Even though their primary role will remain as written, they recommended that the HCBS Waiver Unit staff send out quarterly newsletter to Council members as a means of keeping Council current on the status of various recommendations and waiver related activities.

Medicaid Eligibility Process: Issues were discussed that related to concerns individual Council members had regarding ACCESSNebraska. The current computer system Medicaid application process appears to have an impact and present barriers to the vulnerable population such as our waiver participants. An identified issue is that clients have their Medicaid case closed if they do not return a certain form or certain type of verification which closes their waiver case. The Council recommended that the leadership in Children and Family Services Division be made aware of their statement, "The HCBS Quality Council has concerns for the disabled and aged persons in accessing Medicaid eligibility through ACCESSNebraska in order to get their needs met timely so as not to jeopardize their health and welfare."

Appeals Report: Don distributed the Report of Appeal Findings 2010. There were no appeals by any participant in the TBI waiver. The data is broken out by Client initiated appeals and Provider initiated appeals. The primary reason clients appealed was because they did not meet Level of Care. The second reason was tied to situations where a safe plan could not be developed and the waiver closed. For providers, the primary reason they appealed was because there was something discovered during a background check that prevented the State from being able to contract with them. The second most frequent reason for provider appeals was related to erroneous billings and/or fraud. Don also shared an analysis of the data which included reasons for reversals, trends and concerns. There does not appear to be any systemic issues related to the increase in the total number of appeals.

APS/CPS: Don also presented the Report of Adult and Child Protective Services Intakes, Allegations and Findings for the Period of Calendar Years 2008-2010. Don reported that it has taken time to ascertain how the data we need is structured. The data we need is located in NFOCUS.

All of the referrals, calls, etc come into NFOCUS as Intakes. The Intakes contain the specific allegations. Allegations may or may not be investigated depending on each individual situation. Don and Sue are working together on this data because of the Incident Reports that Sue manages. It has been difficult to interpret the data correctly. Overall it appears there has been a slight increase in CPS referrals, however, it should be noted that overall, there has been an increase in the number of Intakes across the board.

When allegations are made, they are categorized. Medical neglect is no longer a category used by CPS. Physical neglect and financial exploitation have increased for the adult population. It appears that the number of substantiated CPS/APS cases involving waiver participants has continued to decline each year since 2008. Denial of Essential Services had the most substantiated findings.

The importance of Service Coordinators having good communication with APS/CPS staff was stressed. Even if CPS/APS does not open a case that does not mean there are not safety issues. Anytime there is a referral to CPS/APS, the SC needs to review the Plan of Services and Supports to insure a safe plan is in place, complete an Incident Report, and add any action steps or outcomes that are needed, and continue to monitor the situation.

APS/Incident Reports: Sue reported on APS and Incident Reports, and presented a draft of the Home and Community Based Services Waivers' Local Level Incident Process.

Sue also reviewed the time requirement to report to the HCBS Waiver staff when there is the threat of Imminent Danger. This has been added to the Incident Report format and will be trained on at the same time the new QIS tool training is delivered.

Changes will also be made to the CONNECT manual to reflect current requirements. The Consent Form has been revised and will include language that will insure clients/guardians are given information on how to report abuse/neglect.

There has been an overall increase in the number of Incident Reports. For 2011, the numbers already reflect an increase and the year is not over. It may increase again for 2012 due to better data collection as well as the case review tool.

A discussion was held on the appropriate wording in the Purpose Statement for the Local Level Incident Process. The discussion centered on the intended scope and if we wanted to broaden the scope or narrow it more. Bob Courtney made a motion to leave the Purpose Statement as it is for now and revisit it next year. Janelle Cox seconded the motion. The motion passed so the Purpose statement will remain as it is and will be revisited next year. Training is also needed on Incident Reports.

Local Level Complaints: Sue reported on the HCBS Waivers Local Level Complaint Findings 2010. Inadequate performance by a provider was the complaint most received. When a complaint is made, it must be resolved within 30 days. Only one complaint exceeded this timeframe during 2010.

Rich Brandow made a motion to keep the Purpose Statement for the Complaint Process as it currently stands. Mary Jane Austin seconded the motion. The motion carried.

Formal Complaints: Linda Shandera reported the HCBS Waiver Unit had received no formal complaints.

Web-Based Training: Linda had distributed the Web-Based Training Results for January 1, 2010 through December 31, 2010. Because time was an issue, recommendations were not reviewed. The HCBS Waiver Unit recommendations will be followed.

Death Reviews: Marilyn Jackson, RN, presented the Death Review Data for 2010. More participants in Assisted Living facilities fell in 2010 than in 2009. Marilyn has seen an increase in pneumonia in Assisted Living facilities as well as participants residing in-home. She is starting to track whether or not the participant got a flu and/or a pneumonia shot. She continues to track repeat hospitalizations. People that remain in their own homes appear to be more ill than those residing in Assisted Living facilities. She continues to track chronic illnesses, acute illnesses, safety issues and psychiatric issues. As it relates to place of death, someone living in their own home is treated the same as someone residing in an Assisted Living facility. The number of falls has increased but this could be due to better reporting. She will continue to track the number of participants receiving physical therapies, receiving treatment at the wound clinic and/or the pain clinic. Overall she is seeing an increase in the use of Hospice services.

Public Comment: None was given.