

Health and Human Services Committee
LB 417
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Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Courtney Phillips (C-O-U-R-T-N-E-Y P-H-I-L-L-I-P-S) and I am the Chief Executive Officer of the Department of Health and Human Services (DHHS). I am here to testify in support of LB 417.

LB 417 contains several important changes to the following areas:

- Alternative Response Extension;
- Reports required by statute;
- Behavioral health peer support training and certification;
- Quality management within the Division of Developmental Disabilities;
- Nursing assistants;
- Notifications under the Uniform Credentialing Act; and
- Senior companion volunteers.

LB 417 extends Alternative Response, which was passed as a pilot program until July 1, 2017. Alternative Response helps families with a low risk of child abuse and neglect receive the local services they need to keep children safe. Under Nebraska's Title IV-E waiver, the state has flexibility in utilizing Title IV-E funds for these alternative services versus the traditional limitations outlined in Title IV-E. The waiver allows DHHS to use Title IV-E funds for services to keep families intact and at home. Without this waiver, Title IV-E funds are primarily limited to expenses relating to out-of-home care. In order to maintain the federal waiver, Alternative Response must be implemented statewide by 2019. Alternative Response is currently in 57 counties, this bill will authorize continuing and expanding the program.

LB 417 will eliminate the following reporting requirements to the Legislature:

- Biannual Regulations Report (Section 68-909(4):
This biannual report requires information on the implementation of Medicaid rules and regulations, State Plan Amendments (SPAs) and waivers. Currently, the Division of Medicaid and Long Term Care (MLTC) provides public notice of these regulations to the Legislature, providers and the general public prior to hearings and promulgation. Since this notice is already provided, this report is not necessary.
- Care management report (Section 81-2233):

This report, created in 1987, requires information on care management from the Area Agencies on Aging. The requirements of this report are outdated since Area Agencies of aging provide more services than care management. Since the current report does not reflect these current new practices. This report should be eliminated.

- Medicaid Reform Council Report (Section 68-949):

MLTC has determined that the Medicaid Reform Council is no longer necessary since it no longer meets. The last meeting was in December of 2013. Since this council may no longer be necessary, the reporting requirements and process involving recommendations, in Section 68-949, should be eliminated.

- Juvenile Associations Annual Report (Sec. 43-296):

This report, created in 1981, requires information on the care provided by juvenile associations for juveniles. To our knowledge, juvenile associations are no longer in operation or receiving juveniles under the Nebraska Juvenile Code. As a result, this report is obsolete and no longer needed.

- Waiver of Training Requirements for Relative Foster Care (Sec. 71-1904):

The information in this report can be provided in a better way. DHHS and partners such as the Foster Care Review Office have the ability to capture this information in a more comprehensive and detailed way. For example, the Legislature receives information about relative placement in the annual Foster Care Review Office report.

- Behavioral health data management report (Section 71-810(7)(a-h):

The Division of Behavioral Health (DBH) requests to eliminate the language specific to the data management and reporting responsibilities. Since these data elements are obsolete and duplicative of current reports. (Annual Reports, Strategic Plan)

- Occupancy rate of regional center hospital beds (Section 71-810(6):

The report, created in 2004, is required when the occupancy of any regional center reaches 20% or less of its licensed psychiatric hospital bed capacity. It has never reached 20% or less since 2004. This report was created prior to the creation of specialty Regional Centers and since then the structures have changed.

LB 417 will also align state law with current practice and authorize the Division of Behavioral Health to ensure the training, credentialing and competencies of a peer services and supports workforce.

Per LB1083 (2004), the Division of Behavioral Health is statutorily charged with ensuring quality services, including, but not limited to “*services that emphasize beneficial treatment outcomes and recovery, with appropriate treatment planning, case management, community support and consumer peer support.*” Under LB 603(2009), the Division of Behavioral Health was charged with training individuals to provide peer services through the Family Navigator Program. Under the auspices of the Office of Consumer Affairs, the Division of Behavioral Health implemented peer support training in 2009, developing a quality peer workforce of consumers or family members of consumers in recovery from mental illness or substance use disorders to expand the array of services and supports available to the behavioral health population.

Services and supports that reduce the number of admissions and days spent in hospitals or other higher levels of care, reduce average services costs per person, increase family unification, increase hope and quality of life and improve changes for long-term recovery. A peer workforce, as a component of mental health and substance use disorder care, positively impacts those outcomes. Further, the Division of Medicaid and Long Term Care has submitted a State Plan Amendment to include peer support as a covered service. This movement necessitates clear authority for setting service description, standards for peer training, testing and continuing education; regulations on minimum qualifications, credentialing and supervision; and developing quality assurances for service delivery.

LB 417 will remove the specificity of the Quality Review Team requirement from the Developmental Disabilities Services Act as outlined in Nebraska Revised Statute §83-1213 and replace it with language that requires the department to provide for an effective quality assurance plan that includes a variety of internal and external mechanisms to promote and monitor quality. This broader language of allowing the Department to develop a multitude of quality assurance mechanisms will lead to continual learning, adjustments and improvements to the services provided by our Division of Developmental Disabilities. In addition, the Developmental Disabilities Advisory Committee, as established in Nebraska Revised Statute §83-1212.01, will be tasked with oversight on the quality assurance strategy to ensure accountability to those we serve.

The Division of Developmental Disabilities is in the beginning stages of developing its comprehensive quality assurance plan. One component of this plan that is already underway, is the utilization of the National Core Indicators. These are statistically normed measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of our system including employment, rights, service planning, community inclusion, choice, and health and safety. This will assist us in identifying our areas of success and areas where additional improvement is needed. We will be able to identify and collaborate with other states in areas of high performance, as well as areas needing improvement. Nebraska is now the 47th State to participate in this project.

The sole purpose of the Quality Review Teams were to make observations regarding quality of life for persons residing in residential settings and offer recommendations to improve the quality of residential services delivered. The Department plans to initiate a much more comprehensive approach to quality assurance, which not only uses internal methods to collect data but also utilizes external independent reviews. Removing the existing statutory language of the Quality Review Teams, established in 1991, and replacing it with a more global process, with oversight, allows the Department the flexibility to accomplish such a comprehensive plan.

LB 417 amends Nebraska's statutes to change the title of nursing assistant to nurse aide. This change will provide for consistent use of the term nurse aide and align State statutes with the federal statutes governing nurse aides (CFR 42 483.75-483.158). It also expands the definition of work settings so nurse aides may work and stay active on the registry based on the definition

of a nurse aide (i.e. home health agency, health clinic). Nursing aides maintain active registration based on working in an approved setting. Therefore, nursing aides will be able to be employed in a variety of health care settings, and more nurse aides will be able to maintain their active status in the Nebraska workforce.

LB 417 also amends the Uniform Credentialing Act pertaining to notifications that are sent to credential holders. The current statute requires that a written notice be mailed. It is proposed to change the statute to require sending a notice. Allowing for the use of electronic notification of credential holders in certain situations which provides for operational efficiency by offering a faster way to send notices.

LB 417 will revise the Nebraska Senior Companion Volunteer Program Act to allow for a broader volunteer program within the State Unit on Aging. The current program is very restrictive including limitations on those who may volunteer, the number of hours they are allowed to volunteer and the individuals that may be served. This bill will broaden the scope of the program by providing additional community supports to our seniors including:

- Driving them to appointments,
- Providing companionship,
- Performing small chores, and
- Volunteering in a senior center serving multiple individuals.

I ask the Committee to advance LB 417 to General File. Thank you for the opportunity to testify before you today. I'm happy to answer any questions you may have.