



Community-Based Services Service Coordination

The Developmental Disabilities Services Act requires that service coordination services be provided, directly or by contracted services coordination, to all Nebraska residents found to be eligible for developmental disability services. Service coordination not only involves the coordination of developmental disability services, but it also includes assisting individuals and their families in accessing other state and federal benefits and community resources in order to help the individuals we support live the most independent life possible.

The Division provides service coordination services through approximately 208 service coordinators and 24 community coordinator specialists that are employed by the Division. Based upon caseload demands, some of these positions are part-time. To ensure adequate access to people in services, these positions are spread geographically throughout the state. Significant efforts have continued over the past several years to evaluate caseloads and expand community accessibility.

Oversight, Leadership and Support

Service coordinators are provided oversight and leadership by an Administrator of Services and 24 service coordinator supervisors. This team coordinates the hiring, on-the-job training, and local oversight and direction for the service coordinators throughout the state. Over the past several years, administrator positions have been reduced and transitioned into additional service coordinator supervisor positions. By reducing the service coordination supervisor caseloads, the supervisors are able to provide better support to their teams. The remaining three administrators have each been assigned specific subject matter areas that they are responsible for developing and ensuring state-wide quality and consistency.

Targeted areas of leadership and support include the following:

- In addition to the New Service Coordinator Training that was developed in 2010-11, a standardized, competency-based training curriculum has been developed for the service coordinator supervisors to implement with new staff in the field. This helps ensure that all service coordinators receive quality training and support in their crucial first year. *A copy of the most recent New Service Coordination Training agenda can be found in Appendix D herein.*

- In order to ensure consistency and quality state-wide, all service coordinators attended a training event in April 2013 that focused on the core duties and expectations of service coordinators. With the many changes that have been made over the past few years, it is important that training be provided to experienced service coordinators and not just new staff. Experienced service coordinators and supervisors have also been rotating through the New Service Coordinator Training as time and schedules allow, bringing their experience and expertise to the training classes and allowing them to experience the newly developed and updated curriculum. In September 2014, the Division is offering “It’s My Life.” a conference educating and inspiring Division staff as well as provider staff, professionals and community members from across Nebraska. *A copy of the curriculum for the April 2013 training event is included in the Appendix E herein, as is additional information about the September 2014 conference in Appendix F.*
- Operational Guidelines continue to be developed and refined to provide staff with clear expectation and direction with regard to all core job functions. In our highly regulated environment, it is important that we provide front-line staff with adequate guidance to ensure that we meet all the necessary state and federal requirements. With clear guidance, more decisions can be made at the local level to enhance the provision of services.
- Efforts to transition to an electronic case record are well underway, with service coordinators moving to exclusive use of e-records for new documentation as of July 1, 2013. Additionally, the Division continues the implementation of the Therap state-wide case and incident management system. These efforts will result in streamlining some of the administrative work that is required in service coordination, so that the team has more time to focus on the individuals that it supports.
- A streamlined process has been developed to ensure that service coordinators can address service needs involving funding and resource issues in a timely and consistent manner. Service coordinators often struggle in these areas due to complicated financial rules and regulations, and previous layers of approval resulted in unduly delays. Thus, it is important that the Division provide better supports in these areas so that service coordinators have adequate time and resources to provide quality services to the individuals they support.
- In the fall of 2013, all service coordinators and supervisors attended Compassionate Communication training provided by Jeff Brown of the Center for Non-Violent Communication. This training provided tools, skills and practice for engaging in cooperative and collaborative team discussion and problem-solving, with particular attention to bringing mutual goals out of conflicted or divisive conversations. These trainings were held across the state, allowing service coordination staff to attend the two days of training in their regions.

- Additional support is being provided to the local office to coordinate operational and technology matters (office equipment and supplies, telephone and equipment issues, etc.), so that the service coordination teams can focus on their primary goal of providing support to individuals in services.

The leadership team will continue to evaluate the needs of the service coordination team. Efforts will continue to provide better supports to the service coordination team, which will ultimately improve services to the individuals we support.

Targeted Caseloads

In addition to the Division's general service coordination services, two teams have been developed to support people with specialized needs: the BSDC Transition Team and the Targeted Caseload Team. These teams receive specialized training and support and are subject to enhanced oversight. The individuals they support generally have significant medical and/or behavioral challenges, and many are involved in court proceedings or oversight by another governmental entity.

The BSDC Transition Team includes a transition manager and 18 community coordinator specialists. This team specializes in supporting people who live at BSDC and those from BSDC or other institutions who have transitioned into the community. This team has been instrumental in supporting more than half of the individuals residing at BSDC in 2007 in transitioning to more integrated community settings throughout Nebraska. They also continue to support individuals currently living at BSDC to ensure they have ample opportunities to explore community options and are aware of evolving service options throughout the state. While individuals may continue to choose to live at BSDC, it is the BSDC Transition Team's responsibility to ensure that their choice is informed.

The Targeted Caseload Team (previously referred to as the Early Intervention Team) has been expanded to include a supervisor and 6 community coordinator specialists. This team specializes in three targeted areas: 1) supporting youth with challenging needs to ensure that they get adequate supports during their developmental years to best prepare them to enter into adulthood, with a particular emphasis on youth that are involved with the child welfare or juvenile justice systems and are at particular risk of long-term institutionalization; 2) individuals adjudicated under the Developmental Disability Court-Ordered Custody Act (DDCOCA) who are also at risk of institutionalization; and 3) adults and children who have been institutionalized through the child welfare or juvenile and adult mental health or law enforcement systems. Since its adoption in 2005, Nebraska has successfully supported all individuals adjudicated under the DDCOCA in integrated community settings, and it is the Targeted Caseload Team's responsibility to ensure that all such individuals receive appropriate supports in the community to ensure health and safety so that

unnecessary institutionalizations do not occur. *A copy of the annual DDCOCA report is attached in the Appendix G herein.*

With regard to youth, the team's goal is early intervention and it has the ability to expedite eligibility and funding reviews when necessary to provide support to a youth in crisis to avoid unnecessary court involvement and/or institutionalization. While the team is quite successful at preventing institutionalization for the individual's they support, they also receive referrals for individuals who are already court-involved and/or being supported in an institution and are ready for discharge/transition back to a community setting. In these cases, they operate similar to the BSDC Transition Team and coordinate such transitions.

The Division has found targeted caseloads helpful, because they allows the community coordinator specialists to develop particular knowledge related to the special needs of the individuals on their caseloads – and that can positively impact the quality of supports provided. All community coordinator specialists are limited to caseloads of 25 individuals, with most being assigned to fewer than 20 individuals to support. These teams support individuals with significant and unique challenges, and their efforts prevent unnecessary institutionalization and ensure that individuals live in the most integrated settings possible.

Person-Centered Focus/Individual Family Meetings

Our service coordination team interacts with people receiving our services on a daily basis, and is comprised of quality employees who sincerely care about the quality of developmental disability services in Nebraska. They are excited to learn new skills and techniques, and constantly strive to ensure they are utilizing recognized best practices that focus on each person as an individual. The developmental disability industry nation-wide is touting the importance of “person-centered practices,” but our service coordination team in Nebraska has made this philosophy a reality. Our focus on individuals is simply part of what we do every day.

In an effort to ensure service coordinators are advocating for the individuals on their caseloads, they coordinate a meeting with the individual and their family/guardian/legal representative and any advocate they invite. This Individual Family Meeting (IFM) occurs 60 days prior to each annual and semi-annual team meeting so that the individual and their family may relay concern or satisfaction with their current services, discuss new and alternative services available, and to discuss the hopes, goals and dreams of the individual for their life. Paid provider staff are not included in this meeting; this is an opportunity for the service coordinator to discuss service options (such as employment and community integration) with the individual and their family/friends to ensure that the individual is making decisions without undue influence from providers whose interests may conflict with the individual's preferences.

In recent years, the Center for Medicare and Medicaid Services has reinforced the importance of conflict-free case management for Home and Community Based Waiver services. The Division began movement towards conflict-free case management when it reorganized Community Based Services in 2011 to separate the functions of eligibility determinations and resource assessments away from service coordination and into the duties of the disability services specialists. Now service coordinators are able to focus their time on developing relationships with the individuals they support so they can fully and effectively advocate for them. The Individual Family Meeting is an important mechanism to support this effort to ensure the Division maintains its person-centered focus.

IPP Revisions and QDDP Review Team

Every individual in services has an Individual Program Plan (IPP) that outlines the supports they receive and the formal habilitation they participate in. The IPP format has been revised through the years to ensure compliance with regulatory standards. However, as a part of the Division's implementation of Therap, the IPP is being revised to be developed annually and semi-annually via Therap. The IPP format is being adapted with a particular emphasis on employment and will allow the Division to better track employment and community integration. In conjunction with the IPP, the Personal Focus Worksheet will be used to assist teams with remaining focused on the individual's hopes, goals, dreams and needs.

These improvements to the IPP will not only assist the Division in assessing and ensuring compliance with evolving CMS standards and Division initiatives, but they will also ensure that IPP information is more timely available to all members of an individual's IPP team and will expedite supervisory review and approval of IPPs. This should improve communication and streamline the process, making it easier for IPP teams to adjust an individual's plan when necessary.

With the growth of targeted caseloads and the evolving challenges of supporting individuals served by these teams, a Qualified Developmental Disability Professional (QDDP) Review Team has been created to support service coordinators and community coordinator specialists in the community as well as Qualified Developmental Disability Professionals at BSDC. Throughout 2011-12, the Division utilized the services of outside contractors to assist the QDDPs at BSDC in reviewing draft IPP documents and other relevant processes to improve the quality of services provided and ensure person centered practices were implemented. The BSDC Developmental Disability Quality Control Supervisor oversees the QDDP Review Team and coordinated this project, which resulted in consistent progress in achieving improvements in the quality of services. Thus, the Division enhanced the size of the QDDP Review Team which allows them to increase their efforts. The current review processes are also being enhanced to include review of other

QDDP and community coordinator specialist's functions (such as conducting interdisciplinary team meetings, program drafting, etc.). This will provide further support to the targeted caseload teams and other service coordinators supporting individuals with unique challenges.