



## **Community-Based Services Quality Assurance/Quality Improvement**

The Division of Developmental Disabilities (DDD) is statutorily responsible to ensure maximum quality in services provided to eligible individuals with developmental disabilities throughout the state. The Division initiates self-auditing and self-correcting processes to assure the sustainability of regulatory compliance, and the flexibility to pursue excellence in service to individuals with developmental disabilities.

The Division's Quality Assurance/Quality Improvement Section is comprised of three areas: Waiver Management, Survey and Certification, and Technical Assistance. In addition to these three areas of focus, the Quality Improvement Section also includes a Contract Coordinator and Public Information Officer providing support to the Division. To further support the individuals served in the community, the Division has two Program Specialist Registered Nurses (RN) and one Psychologist available to provide professional assessment, review, and consultation services for the Division.

### ***Waiver Management***

The Division's Waiver Manager has a team that consists of two Staff Assistants, and sixteen Disability Services Specialists (DSS) who are physically located in local offices throughout the state. With minimal technical assistance provided by the Centers for Medicare and Medicaid Services, Nebraska's current HCBS Waivers meet, and in many ways exceed, national standards for person-centered practices that emphasize true community integration and employment opportunities.

This team ensures compliance with CMS's increasing quality assurance requirements, and are responsible for developmental disability eligibility determinations. Centralized oversight ensures consistency and accuracy of eligibility determinations throughout the state. Eligibility for DD Services and waiver funding determinations are significant for the Division because federal funding is contingent on valid and well-documented determinations. In addition to training on eligibility requirements, the team has access to the division's Psychologist when such expertise is required. This well-defined centralized process has been well received since its implementation in April 2011.

Ensuring waiver compliance is crucial for the Division since almost 56% of the funding for developmental disability services is reliant on this compliance. During the last year, approximately 96% of the individuals served by the division met requirements for waiver funding. The Division continues to establish a service array through our current waivers in order to meet the needs of the individuals we support. The most recent additions to the array of services includes expanded options for individuals being served through the HCBS Waiver for children and their families, commonly referred to as the Child Developmental Disability (CDD) waiver . The most recent enhancements to the service array for persons age 21 and under through this waiver include: Additional services for older youth (ages 18 – 21) were added to allow for focused vocational habilitation, or training, work experiences during summer breaks from school, and transition to independent living and self-direction. The following services were added to the CDD Waiver: specifically for transitioning youth, Day habilitation, prevocational habilitation, vocational planning, integrated community employment, workstation services, companion home services, and community living and day supports.

In 2014, the Division developed and implemented a tool within SharePoint to better track waiver eligibility reviews. A centralized library of documentation related to waiver reviews has created a more efficient and effective method of monitoring performance measures related to waiver eligibility. The Division is required to verify eligibility for waiver services on an annual basis for each individual receiving an authorized waiver service. The new SharePoint tool is designed to track individual waiver review data that can be then be exported for aggregate statewide reporting and analysis. It also serves as a permanent library of completed reviews that builds a historical record of waiver eligibility. This will allow for timely and reliable administrative reviews of waiver determinations and will enhance the Division's ability to monitor our performance. *An example of the SharePoint waiver tracking tool is included as Appendix H herein.*

### ***Certification and Compliance***

Since October 2010, this team has assumed all certification activities for Specialized Providers. In addition, since 2012, the QI Certification/Compliance team Program Manager began providing oversight for formal investigations at BSDC. The Certification/Compliance team has eleven (11) DD Surveyor/Consultants who are located in Lincoln, Omaha, Hastings and York; and two (2) Investigators in Beatrice. The DD Surveyor/Consultants conduct on-site certification and service reviews, as well as complaint reviews/investigations. The Investigators in Beatrice conduct investigations of alleged abuse/neglect for each of the state-operated ICF/DD facilities in Beatrice. The Division's two Program Specialist Registered Nurses (RN) are available for consultation on health care issues that are revealed through an on-site survey, complaint review, or

investigation. The Surveyor/Consultants have also built closer collaboration with Adult Protective Services over the past two years, including joint interviews and consultation when addressing needs of vulnerable adults who are served through the DD Division. Each member of the QI/Certification team of DD Surveyor/Consultants and Investigators is required to complete training and certification as a Level I Investigator. The training and certification is provided through Labor Relations Alternatives, Inc., a nationally recognized firm providing training and consultation since 1984 on the development of incident management systems and conducting investigations. The Division has also made this training available to staff from DHHS Adult Protective Services, and agencies providing DD specialized services.

The state has implemented the 404 NAC Regulations which were signed by the Governor on July 16, 2011. By regulation, agencies providing specialized services in Nebraska were allowed a period of 90 days to revise policies and processes to meet the expectations set forth in the new regulations. Upon the conclusion of the initial 90 day period in 2011, the Division has conducted on-site surveys under the new regulations.

In 2012, the QI/Certification team worked with Catherine Hayes (a prior branch chief over survey and certification for the Centers for Medicare and Medicaid Services) of H&W Consulting. The Division submitted investigation reports for review by H&W Consulting to determine strengths and weaknesses, as well as opportunities for improvement in both the community based and facility based investigation process and report format. Based on the review by H&W, the Division implemented changes to forms and work process to improve the investigations completed by division staff. Additional training on report writing by Labor Relations Alternatives, Inc. was conducted in July, 2014.

During the first quarter of 2014, the Division implemented a pilot program to evaluate the quality of incident investigation reports. Audit forms were developed by the Program Manager who oversees compliance investigations for the Division. The forms were developed based on input/observations by H & W Consulting, the Independent Expert, and Division staff and Administration. Audits of provider agency investigations are completed by the DD Surveyor/Consultant team based on the pilot program sample. In addition, the Program Manager completes audits of a sample of investigation reports completed by each DD Surveyor/Consultant and Investigators at BSDC. Results from the pilot program are under evaluation and as a result changes/improvements will be made as appropriate to the forms and audit process. This evaluation will also consider best practices identified in the report writing training completed by the team in July, 2014. *For your reference, the audit forms used in this pilot project are included in Appendix I.1-I.3 herein.*

### Incident Reporting and Tracking

The DD QI Committee reviews reports reflecting aggregate data on a quarterly basis. The report of incidents involving individuals in specialized services are entered by provider agencies within the state's online reporting system. The aggregate data demonstrated that provider agencies/staff were inconsistent in how they categorized a reported incident. As a result, quality checks of narrative summaries on the actual incident event were conducted and demonstrated how much variation existed in whether an event was designated as "high", "medium" or "low" priority as well as the categorization selected for the "type" of event.

As a result, the DDD QI Committee assigned a subcommittee to evaluate the guidance document provided by the Division to specialized service providers who are required to report incidents. This methodical review of the online system resulted in an expanded instruction guide for provider agency staff to use when documenting a reportable incident. The subcommittee members reviewed the online system's capabilities, the regulatory requirements, data from the results of deaths report, and incorporated an emphasis on tracking changes in an individual's health condition more closely as suggested by our Program Specialist RNs who had started to review incident data.

As a result, a revised instruction guide was implemented on January 1, 2014. Which provides improved guidance for provider agency staff when entering incident reports to ensure appropriate and consistent categories for tracking; clear direction on when an incident is reportable to the Division (all reportable incidents are categorized as "high"); and identification of when to use specific reporting categories. *For your reference, a copy of the guide is included in Appendix J herein.*

### Statewide Service Plan Monitoring

Historically, an important contribution to QI efforts within the Division relies on documentation of onsite monitoring visits completed by Service Coordination (SC) staff for individuals receiving DD Services in Nebraska. During the monitoring visit, Service Coordinators complete a monitoring form which consists of a series of questions related to observations, record review and onsite interviews. The monitoring form was originally developed by a committee based on performance measures associated with CMS waivers, previous regulations and quality measures established by the Division. The DDD QI Committee recognizes that while aggregate data based on the monitoring questions demonstrated consistent quality assurance measures over time, our system is ever evolving and in order to better analyze outcomes for individuals, it is necessary to make modifications to the monitoring tools.

The Division initiated a QI subcommittee in 2013 to develop an addendum to the existing monitoring form that would better evaluate the enhanced needs related to serving individuals who have specific behavioral or health services and supports. The addendum format allowed a pilot group of Service Coordinators, the Community Coordinator Specialists (CCS) assigned to individuals covered by the Settlement Agreement, to better assess how those needs were currently being addressed. The subcommittee focused on developing the addendum questions in a clear and objective format so that the resulting information was not subject to differing interpretations of the same tool. Instructions were thorough and specific to help ensure consistency and accuracy in tracking services for the individual and aggregate statewide data. The new monitoring addendum was implemented by the pilot group on January 1, 2014. *For your reference, a copy of the monitoring addendum with instructions is included Appendix K herein.*

A second subcommittee was designated by the Division in April, 2014 to revise and update the general monitoring form used by all Service Coordinators on a statewide basis in addition to the IPP Review tool utilized by Service Coordinator Supervisors to ensure accuracy and appropriateness of the IPP documents. The goal is to, incorporate elements from the CCS monitoring addendum form mentioned above. Again, and emphasis will be on improving the data collected, evaluating the quality of services and analyzing the outcomes for individuals as defined within our HCBS waivers, regulations, and expectations.

### ***Technical Assistance***

The technical assistance (TA) team was created in 2009 with the goal of establishing a source of information and assistance to provider agencies and the Division. Since this function was initially established, 504 requests for information or assistance have been received and addressed. Being independent from the QI Certification team was seen as necessary, as provider agency representatives are sometimes hesitant to seek advice from staff who are responsible for regulatory compliance activities.

Since October 2012, the technical assistance team has been the first contact with the Division for prospective provider agencies. Technical assistance responds to requests for information by individuals or agencies interested in providing specialized services for individuals served in the community through the DD Division. Part of this initial contact includes receipt of initial letters of intent from prospective applicant providers, application information and initial review of provider policies and procedures submitted by prospective providers for compliance with NAC 404 regulations. As with current providers, prospective providers are more likely to ask questions of staff members who are not directly involved in regulatory compliance activities. Currently, prospective applicant

agencies are asked to attend a formal orientation session, conducted by the Managers for Technical Assistance and QI/ Certification/Compliance as well as the Contract Coordinator for the Division. The presentation, which has been well received by attendees, covers the multi-phase process of initial application, pre-contract phase for provisionally certified providers, and the initial and ongoing certification and compliance phase. This orientation is designed to ensure those interested in providing specialized services in Nebraska have a realistic preview of the expectations by the Division for service excellence and waiver/contract/regulatory compliance.

Technical assistance includes communicating with the public and providing tools and resources about the Division and about DD Services within the state. In collaboration with the DD Division Community Liaison and the DHHS Communications and Legislative Services staff, the Division produces a quarterly newsletter, the *Sower*, and updates the Division's website. The *Sower* is mailed to 11,000 people, distributed at school transition events and public presentations and emailed to over 500 recipients who have asked to be on the mailing list. The website provides current information for individuals, families, service providers and the general public about eligibility for services, types of service, training and resources available. *For your reference, an example of the Winter 2013 Sower publication is included herein Appendix L.*

#### *Bi-Monthly Review of Behavioral Incidents*

As a result of consultation with the statewide provider for Team Behavioral Consultation Services (TBC), it was noted that often a referral for TBC services may not be made timely. In order to facilitate the best outcome for the individual and their support team, it would be more beneficial if a referral was made earlier in the process of addressing an individual's escalating behaviors. In 2013, the Division initiated a bi-monthly review of all behavioral incidents that are recorded within our online incident reporting system. The TA Specialist queries the online system to identify those individuals with an escalating number of incidents occurring within a 60 day period. Once identified, the TA Specialist contacts the appropriate Service Coordinator and shares the information discussing the option of making a referral for TBC services. The exception would be if a TBC had been completed within the last year, if the individual is being served through a behavioral risk contract addendum or if the TBC contractor is also the day-to-day DD provider for the individual. This QA review has resulted in TBC referrals and at a minimum assists with building greater awareness by the individual's team that the behavioral trends need to be addressed. *For your reference, an overview of this effort is included Appendix M herein.*

*Review of Deaths in Community Based Services* On an annual basis, the Division's aggregates and analyzes data pertaining to deaths of individuals receiving community based DD services. Technical Assistance collects and annually summarizes aggregate demographics and trends related to deaths reported during the calendar year. The report is

presented to the DD QI Committee, and the committee reviews the findings and makes recommendations that may be necessary based on the trends noted within the report. In February 2014, this data was shared with the Nebraska Association of Service Providers and will be presented on annual basis for consideration by providers.

In May of 2013, based on input received from the DD QI Committee, TA made changes/additions to the Notification of Death form submitted by DD specialized services provider agencies when reporting the death of an individual receiving DD services. Working with the Division's Program Specialist RN's and utilizing research regarding practices in other states, the TA team changed the form to gather additional information, reduce collection of duplicated information, streamlined the form it easier to complete and aggregate the data provided. *For your reference, the annual report of deaths for calendar year 2013 is included Appendix N herein.*

The technical assistance team participates in training sessions and meetings with other Division staff to develop and maintain knowledge of programs and practices. In addition, the team has conducted training on the assessment tools used by disability services specialists such as the Inventory for Client and Agency Planning (ICAP), Scales of Independent Behavior – Revised (SIB-R), and coordinated training sessions such as “Conducting Serious Investigations” for both Division and provider staff who need to complete certification as Level I Investigators. The team also provides training regarding the eligibility process during orientation for new Service Coordination staff.

This team supports other training or conferences planned by the Division for staff or provider agencies across the state. For further information, see also the section devoted to Technical Assistance Services.

### ***Consultation Services***

The Division Psychologist is an essential part of the Division's day to day activities by supporting the DSS team when necessary. She provides a secondary review of applications for DD Services involving a dual diagnosis of a severe and persistent mental illness. As a licensed clinical Psychologist, a discerning review of documents and records is completed and/or requests for additional assessments can be made to ensure a well-informed determination of an individual's eligibility per Nebraska Statue. In addition to eligibility reviews, the Psychologist supports the Division by providing expertise in conducting assessments and consultation for individuals needing and/or receiving behavioral risk services through the Division.

The Program Specialist Registered Nurses (RN) are available for consultation by phone, email or in person for staff within the Division, provider agencies, and others in the

community who work with or support individuals receiving DD services. They conduct onsite assessment for individual with potential or identified health risks to review the supports in place, as well as provide consultation and/or training for provider agencies to improve the level of support provided. By request, a health reviews can be completed when an individual is experiencing a decline in health. These RNs monitor reported incidents of hospitalizations, injuries or other indicators that an individual may be experiencing health challenges. Based on their review, the RN can help build awareness by provider agencies of concerning incident trends, and recommend appropriate interventions.

#### *Reporting on Risk Transition Service Pilot Program*

The Division offers a pilot program designed to provide habilitation and treatment in a highly structured community-based environment for individuals with complex behavioral challenges. The Risk Transition Service (behavioral risk) is designed to meet the specialized needs of individuals served and to reduce the risk of harm to themselves and others. Providers offering this level of service are required by contract to meet specified conditions involving referrals, service delivery, and employ or retain a licensed Supervising Practitioner that is experienced in the provision or oversight of services to meet the needs of individuals with co-occurring behavioral health and developmental disability diagnosis.

Providers of this service are required to submit a quarterly report of progress towards benchmarks developed by the team in consultation with the Supervising Practitioner. During the first quarter of 2013, the Division initiated a project to assess the quarterly reports submitted in addition to monitoring and interviews by the Division Psychologist and TA Program Specialist with the Supervising Practitioners and the IPP teams supporting individuals receiving Risk Transition Services.

Two primary themes emerged from this process: inconsistency between provider reports which made it difficult for the Division to analyze outcomes and the differing report formats used by providers were generally not helpful to the individual's IPP teams to monitor an individual's progress or challenges. Based on input received from providers, Service Coordinators and Supervising Practitioners, the Division developed a standardized report format. This format is required as part of the provider contract starting July 1, 2014; the first submission of these reports will be for the first quarter of state fiscal year 2014. *For your reference, a copy of the report format is included in the Appendix O herein.*