

Improving services in the Division of Developmental Disabilities

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Governor's Priorities

- ▶ A more efficient and effective state government
- ▶ A more customer-focused state government
- ▶ Grow Nebraska
- ▶ Improve public safety
- ▶ Reduce regulation and regulatory complexity

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DHHS Accomplishments

- ▶ SNAP timeliness in processing applications improved to 99.28 percent on time for October 2015- March 2016. Due to the improved performance, Nebraska is no longer on the list to potentially lose federal funds.
- ▶ Nebraska's most recent ranking in processing SNAP applications improved from 50th of 53 one year ago to 23rd.
- ▶ As of August 1st, Alternative Response is being used in 57 counties.
- ▶ Nebraska Pre-Admission Screening & Resident Review (PASRR) Program improved turnaround time from seven days to less than three days.
- ▶ DHHS Business Plan released with 25 initiatives to improve services and deliver better results.
- ▶ Division of Public Health achieved national accreditation.
- ▶ Division of Behavioral Health implemented COMPASS data management platform on May 16 to support its new Centralized Data System.
- ▶ All eight DHHS Legislative bills passed to provide more effective state government and improve supports for our most vulnerable citizens.
- ▶ Six of seven federal child welfare standards exceeded.
- ▶ ACCESSNebraska average call wait times for Economic Assistance and Medicaid in 2016 average below 5 minutes
- ▶ ACCESSNebraska improves services to clients by taking applications over the phone, and sending emails about client communications to expedite services and benefits.
- ▶ Grand Island Veterans' Home earned 2016 Bronze National Commitment to Quality Award.
- ▶ Nurse licensing improvements – simplified license applications, streamlined screening, and faster tutorial time.



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DDD Accomplishments

- While we have more areas of improvement on the roadmap, we are excited to share some examples of how far we have come in the past 12 months:
 - Focus on customer service;
 - Organizational changes;
 - Certification/Survey functions to Division of Public Health;
 - Implementation of Operational Guidelines for services coordination;
 - Improved DD application and eligibility determination process; and
 - Awarded grant to participate in the National Core Indicators.

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Looking Ahead – DHHS Priorities

- ▶ Heritage Health Medicaid Managed Care to integrate physical and behavioral health care and pharmacy services effective Jan. 2017
- ▶ System of Care for children and youth with a serious emotional disturbance, and their parents, through partnerships with public and private agencies, families and youth.
- ▶ Behavioral health supported employment and housing as key supports to recovery.
- ▶ Long-Term Services and Supports Redesign.
- ▶ Renewal of Medicaid adult waivers and one children's waiver for people with developmental disabilities
- ▶ Coordinated efforts of Behavioral Health, Public Health, and Medicaid and Long-Term Care to combat opioid addiction and over prescribing of opioids.
- ▶ Reduction in out-of-home placements for state wards.
- ▶ Improved DD application and eligibility determination processes.
- ▶ Medicaid Management Information System (MMIS) replacement planning process.
- ▶ Prescription Drug Overdose Prevention – \$3.5 million in federal grants to help reduce misuse and abuse of prescription drugs. DHHS Divisions of Public Health, Behavioral Health and Medicaid and Long-Term Care collaborating to address the issue.



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Changes are Coming

- ▶ Changes are the result of new rules that have been implemented by our federal partners, as well as coming into compliance with current federal rules.
- ▶ We have listened to the concerns and suggestions of our federal partners and stakeholders, including participants, guardians, families, advocates, state staff, and DD providers, and used the feedback in developing a plan to implement the changes.

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Available DD Waivers, effective 1/1/2017

▶ There will now be two DD Medicaid Home and Community Based (HCBS) Waivers:

1. Adult Day Services Waiver. This transitions young adults, after high school, from services in the Department of Education to adult habilitative services, including community supports, support for employment, and community integration.
2. Lifespan Comprehensive Waiver. This waiver combines the DD Adult Comprehensive (DDAC) Waiver and Children's DD (CDD) Waiver and include an array of residential and day services.



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Revised Provider Terminology

| Currently | New |
|---------------------------|-----------------------|
| Specialized Providers | Agency Providers |
| Non-Specialized Providers | Independent Providers |

Transition to New Definitions

- ▶ Many of our current services include multiple billable services within one service code. This is referred to as “bundling.”
- ▶ Example: Behavioral Risk services includes:
 - Residential Services
 - Vocational Services
 - Transportation
 - Clinical Oversight
- ▶ Each of these services will be billed separately with the implementation of our new service definitions and waivers in accordance with federal rules.
- ▶ New Service Directory to provide definitions and expectations

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Transition to Tiers for Level of Need

- ▶ There will be 4 tiers of funding levels for services:
 - Basic
 - Requires limited staff supports and personal attention to a participant daily due to a moderately high level of independence and functioning.
 - Intermediate
 - Requires full-time supervision with staff available on-site within line of sight due to significant functional limitations, medical and/or behavioral needs.
 - High
 - Requires full-time supervision with staff available on-site within absolute line of sight and frequent staff interaction and personal attention for significant functional limitations, medical and/or behavioral needs.
 - Advanced
 - Requires full-time supervision with sole staff (not shared) which must be conducted by at least line of sight, with much of the staff's time within close proximity providing direct support during all waking hours.
- ▶ This will replace the current 1-11 levels
 - Basic = 7, 8, 9, 10, 11
 - Intermediate = 4, 5, 6
 - High = 2, 3
 - Advanced = 1
- ▶ Individual budgets will not be adversely affected during the transition period.
 - Funding will be based on the most recent ICAP score
 - Levels will continue to be reviewed based on need



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Choosing from New Program Service Definitions

- ▶ Upon federal approval, we anticipate the transition will begin January 2017.
- ▶ DDD is currently in negotiations with CMS on the span of the transition period.
- ▶ Participants will have increased choice and flexibility to purchase the services and supports they need and want.

CBS Program Changes

- ▶ More services may be self-directed and offered by either an independent or agency provider.
- ▶ Services must be purchased within a participant's annual budget, with the exception of crisis intervention and transition service.
- ▶ Independent providers may be related to the participant receiving services, as long as they are not the parent of a minor child participant, the participant's spouse, or the guardian.
- ▶ Basic child care costs for day supervision, unrelated to the child participant's disability, can no longer be coverable within a DD service.

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CBS Program Changes - continued

- ▶ Community Based Services provided in a short or long term institution cannot be provided as a DDD service, i.e. within a hospital or nursing facility setting.
- ▶ All medications prescribed on an "as needed basis", may be used as prescribed by a clinician, within their scope of practice, without review by Human Rights Committee.
- ▶ The informal dispute resolution (IDR) process will be eliminated, but when a participant disagrees with a decision made by the division, they will be able to discuss the decision with DDD staff and/or file an appeal.



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CBS Program Changes - continued

- ▶ Before participants can be determined eligible for vocational rehabilitation services through DD, participants must take full advantage of other services available, such as: full educational services (including IEP) and vocational rehabilitation (Nebraska VR).
- ▶ For individuals transitioning to the Comprehensive or Lifespan waiver, they will be able to utilize 360 hrs. of respite per budget year.

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State Operated Services

- ▶ Beatrice State Development Center (BSDC) operates as five (5) licensed Intermediate Care Facilities for individuals with developmental disabilities in Beatrice, NE.
 - Current census is 113
- ▶ Bridges Program has three (3) homes and operates as a licensed Center for the Developmentally Disabled (also known as a Community Based Service) in Hastings, NE.
 - Current census is 6



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State Operated Services – LB 895

▶ **What is LB 895?**

- LB 895 requires DHHS to examine BSDC and Bridges and present the future vision of how our services will fit into the larger service array to Governor Ricketts and the legislature. You may have heard this referred to as “The Plan.” Please note this applies to both BSDC and Bridges. The bill can be found at:

http://www.nebraskalegislature.gov/bills/view_bill.php?DocumentID=28491

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State Operated Services - LB 895 Continued

▶ **What does the plan require?**

- The plan requires us to do the following for both BSDC and Bridges:
 - Examine the needs of each person living at BSDC and Bridges.
 - Discuss the preferences of each person living at BSDC and Bridges.
 - Evaluate the role BSDC and Bridges can serve to all individuals with DD living in Nebraska.
 - Explain the true cost of services at BSDC and Bridges.
 - Analyze the physical structures and land of BSDC and Bridges.
 - Depict the level of community integration for the people we support at BSDC and Bridges.
 - Analysis of Nebraska's compliance with the United States Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999).



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