

**NEBRASKA DDD WAIVER WORK GROUP: HOME & COMMUNITY BASED SERVICES WORK GROUP QUALITY IMPROVEMENT  
MARCH 16, 2016**

**Participants:**

Scott Hartz; Mary Conaway; Pam Hovis; Pam Mann; Michelle Waller; Shannon Peterson; Elton Edmond; Brad Wilson; Rebecca Kempkes; Carla Lasley; Mary Ann Schiefen, Parent; Frank Velinsky, Caretech, Inc.; Ladonna Shippen; Leslie Bishop Hartung; Bev Mayfield; Mark Smith; Wendy Hanshaw; Yvette Anguiano; Kris Hess-Tevis.

**On the Phone:** Doug Raney; Elizabeth Bennett; ILC; Angie Morton; Kathy Clement; Linda Schneider-Deines; Mary Lawson; Rachael Scoles; Susie Wysocki; Tony Paben; Erica Morey; Amy Nutter; Pam Mann.

**Notes Recorder:** Mary M. Conaway

**Next Meeting (date/time):** March 30, 2016, Start with Appendix D: b).

**Agenda:**

- **Introductions;**
- **Review of sub assurance/performance measure format;**
- **Sub assurance/performance spreadsheet;**
- **Appendix A-Waiver Administration and Operation;**
- **Appendix B-With each waiver eligibility determination;**
- **Appendix C-Participant Services;**
- **Appendix D: a)-Participant-Centered Planning and Service Delivery**

Topic	Person Responsible	Discussion	Action Item
Introductions	Scott Hartz	Everyone introduced themselves around the room.	
Expectations of CMS for Waiver Draft	Pam Hovis	Center for Medicaid & Medicare Services (CMS): has a timeline for us to have a Waiver drafted and to them by Mid-April 2016. We are here to stabilize the Waiver.  CMS is allowing us to resubmit the Waiver based on 200 questions that they would like us to clarify for them. We need to have an update to CMS every 2 weeks.	
Appendix A: a) Medicaid Agency retains ultimate Administrative Authority & Oversight of Waiver functions.	Scott Hartz	We use 100% of our Data reported annually. Performance measures are tracked quarterly.	

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Appendix A: a) (Cont.)	Pam Hovis	Developmental Disability (DD) Waiver has no local oversight. Service Coordination through DD is the operating agency.	
Appendix A: a) (Cont.)	Group Discussion	CMS representative: CMS Waiver is reported annually but we can do the (4) Quarters per year or the (4) x's per year meeting. Data is collected Quarterly.	CMS is reported to annually – meetings are to be 4 x's per year.
Appendix B: a) Evaluation for Level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	Scott Hartz & Pam Hovis & Group discussion	Sub-Assurance: Level of Care (LOC). DDD will review within (2) weeks of receipt all of the required information, this is a performance measure. If funding is available.	Pam Hovis said, we need to follow CMS's language & recommendations. <ol style="list-style-type: none"> <li>1. (a) Review the PM to address if an evaluation for (LOC) is proved to all applicants for whom there is reasonable indication that services may be needed in the future.</li> <li>2. Revise the PM to specifically address this issue (#79).</li> <li>3. The PM should be in the form of a percentage.</li> </ol>
Appendix B: b) Levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.	Scott Hartz & Group discussion	LOC of enrolled participants are reevaluated at least annually or as specified in the approved waiver.	Define what one year means. Initial, annual, these should be split out.
Appendix B: c) Processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.	Scott Hartz & Group discussion	Total number of LOC determinations, the number of redeterminations completed accurately according to the processes and instruments described in the approved waiver and description to determine participant level of care.  CMS wants us to revise the measure or add a measure to address whether the instruments described in the approved waiver are applied appropriately.	<ol style="list-style-type: none"> <li>1. Tracking on time to perform the redeterminations.</li> <li>2. Supervisor review after the redeterminations are performed.</li> <li>3. Supervisor reviews appropriate amount.</li> </ol>

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Appendix C: a) State verifies that Provider's initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.	Scott Hartz & Group discussion	<ol style="list-style-type: none"> <li>1. Of the total Provider agencies the number of providers cited for failure to adhere to required regulations.</li> <li>2. Of the total number of newly certified providers the number of providers that initially meet required background checks prior to delivery of waiver services.</li> <li>3. Of the total number of certified providers the number that continue to meet all required certification standards.</li> </ol>	<p>Data Source would come from DD Surveyor/Consultant certification activities to include all reviews.</p> <p>Maximus performs the background checks.</p> <p>Do standards need written for our department?</p>
Appendix C: b) The State monitors non-licensed/non-certified Providers to assure adherence to waiver requirements.	Scott Hartz & Group discussion	<ol style="list-style-type: none"> <li>1. Out of the Total number of SC monitoring indicate the management of services, supports and providers is occurring as documented in the service plan.</li> <li>2. Out of the Total number of background checks completed on non-licensed/non-certified providers, the number of background checks completed prior to initial provider approval.</li> <li>3. Out of the Total number of non-licensed/non certified independent providers the number of non-licensed/non-certified independent providers that met initial waiver provider qualifications.</li> <li>4. Out of the total number of non- licensed/non certified independent providers the number of non-licensed/non-certified independent providers that continue to meet waiver provider qualifications.</li> </ol>	<ol style="list-style-type: none"> <li>1. Medicaid standards guidelines: Training for non-licensed is needed.</li> <li>2. Monitoring tool performed by SC 2 times a year.</li> <li>3. Consistency?</li> <li>4. Who monitors Fraud, waste and abuse?</li> <li>5. Should we use the same tool as the Specialized Provider?</li> <li>6. Can a Provider be a Spouse, Child or other relative in the future?</li> </ol>
Appendix C: c) State Implements its policies and procedures for verifying that provider training is conducted in accordance with state	Scott Hartz & Group discussion	<p>Total number of Certified Provider agencies cited for having no records of staff meeting initial orientation requirements.</p> <p>SC Monitoring tool:</p> <ol style="list-style-type: none"> <li>1. How is it determined that an individual had no issues with their non-certified community supports provider performance?</li> </ol>	<p>1&amp;2) Non-specialized provider are evaluated by SC's with individuals in services and/or their guardians at least twice per year. Perhaps the monitoring process could be included in the narrative of the performance measure.</p> <p>3) The state needs to a performance measure that better measures/identified that provider training</p>

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requirements and the approved waiver.		<p>2. How do we measure if an individual had issues with a non-certified provider outside of community supports?</p> <p>3. The number of providers without performance issues are not an adequate proxy for whether the state has implemented is policies and procedures for verifying the provider training?</p>	has been implemented in accordance with policies and procedures and would ultimately satisfy CMS.
Appendix D: a) Services plans address all participants' assessed needs (including health and safety risk factors) and personal goals either by the provision of waiver services or through other means.	Scott Hartz & Group discussion	<p>Total number of SC monitoring, the number of monitoring that indicate safety issues, medical issues and medical services are being addressed as documented in the service plan.</p> <p>SC Monitoring tool questions: Safety issues a06; Medical issues a07; Medical services a32</p> <p>SC monitoring tool a07 – Task/activities meet the individual's habilitation needs (challenging, enriching, personal goals &amp; increasing independence); SC Supervisor service plan review Question 2 Assessments document strengths needs and preferences.</p>	Does CMS need something more specific?

**Questions & Concerns:**

1. What is required to receive a Waiver? (Pam Hovis-answered: Funding needs to be available before determination).
2. What is the difference between A & D Waiver and the DD Waivers?
3. The Providers have concerns that there will be too many changes that will cost them and affect the care given.
4. Do Public Health Citations go to the Providers?

**Questions from March 2, 2016 meeting:**

1. Is Guardianship only medical or full appointed by the court? Review State Statutes on this.
2. Is the Service Coordinator required to report to the Guardian? Pam answered when an issue of abuse or neglect.

**Considerations for 2017:**