

NEBRASKA DDD/MLTC WAIVER WORKGROUP: QUALITY IMPROVEMENT
JUNE 7, 2016

Participants: Sue Spitser; Joyful Stoves; Michelle Waller; Rebecca Kempkes; MaryAnn Schiefen; Cheryl Montgomery, North Star Services; Brad Wilson; Elton Edmond; Yvette Anguiano, VODEC; Bev Mayfield, ILC; Lori Harder; Mary Conaway; Christina Mayer-Hartzell, ILC; Scott Hartz; on telephone: Angie Morton; Elizabeth Bennett; Erica Morey; Todd Scholz, Region V; Leslie Bishop Hartung, Autism Center Nebraska; Rachael Scoles; JeanTuller.

Notes Recorder: Mary M Conaway

Next Meeting (date/time):

Agenda:

- **Introductions**
- **Review of CMS comments on Appendix G draft submission**
- **Review of Appendix H draft**

| Topic | Person Responsible | Discussion | Action Item |
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| Appendix G: | | New performance measures: Lori Harder and Legal are working together to make sure the wording is accurate. In 2 weeks we will have the final and Courtney will look over these and submit in late June. | |
| a) The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. | Scott and Group | Percent of participants who received information/education about how to report abuse, neglect exploitation and other critical incidents as specified in the approved waiver. Numerator – number of participants who received information/education; Denominator- number of participants reviewed. | CMS issue: This should be percent of participants reviewed if the denominator is the number of participants reviewed and the sampling is less than 100%. 8% random sampling approach is used. |
| b) The State demonstrates that an incident management system is in place that effectively resolves | Scott and Group | Percent of incident reports completed for substantiated APS/CPS intakes that were submitted by DDD Service Coordination. Numerator=Number of incident reports completed for substantiated APS/CPS intakes that were | CMS issue: They don't understand what information this can provide about the incident management system's ability to resolve and prevent future incidents. Is it trended over time? How does it demonstrate effectiveness? |

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| <p>those incidents and prevents further similar incidents to the extent possible.</p> | | <p>submitted by DDD SC's; Denominator=Number of substantiated APS/CPS intakes.</p> <p>SC's call APS/CPS hotline to report. NFocus has overall substantiated reports.</p> <p>Sue S. Are we covering the more serious incidences?</p> <p>Lori Harder: Abuse and Neglect are entered by the SC Supervisor so SC implements a safety plan in Therap.</p> <p>Sue: Medicaid goes through APS/CPS with the complaints received.</p> <p>Elton: Results should be based on the Positive single numerator.</p> | <p>Lori: we are in the process of rewriting the Standard Safety Plan & DD monitoring form. DD has a process for abuse/neglect to notify APS; SC should not leave the site until they talk to the person in charge.</p> <p>Person(s) involved: APS/CPS, Law enforcement.</p> |
| <p>c) The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.</p> | <p>Scott and Group</p> | <p>Percent of participants for whom the file contains no evidence of the use of restrictive measures. Numerator=Percent of participants for whom the file contains no evidence of the use of restrictive measures. Denominator=Number of participants reviewed.</p> <p>Gene: The concern is the incidence of wrongful restraint, data measurements in Therap. When looking at allegations there is no resolutions. We need Therap to modify the system for allegations or abuse. The parents only see this system with a court order.</p> <p>Eldon: Numerator: total # of restraints; Denominator: # of those followed-up.</p> | <p>Data Source & Sampling approach: Electronic health records system; 8% proportionate random sample; Frequency: data is collected continuously and ongoing;</p> <p>CMS: Explain how data about the number of participants who have no evidence of the use of restrictive interventions provides evidence that the state's policies about restrictive interventions are being followed when the state doesn't prohibit the use of all restrictive interventions. The only prohibition is against the use of seclusion. If this was a report on use of seclusion, it would make more sense because it would show evidence regarding the prohibition of seclusion. But still wouldn't provide evidence that the rest of the rules about the use of restrictive interventions are followed.</p> |

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| <p>d) The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver</p> | <p>Scott and Group</p> | <p>Percent of participants who have seen a medical provider in the last 12 months. Numerator=Number of the participants who have seen a medical provider in last 12 months. Denominator-Number of participants reviewed.</p> <p>Gene: Risks & follow-up on Risks for treatment resolutions for the Waiver.</p> <p>Sue: Risk are pulled and addressed. Health Standards don't exist. Medicaid is not close to DD Standards.</p> <p>Lori: Provider visits Annual; Semi Annual or on Birthdays this is not pinned down yet. The system is moving to Heritage Health as of January 1, 2017 and there will be requirements with this.</p> <p>Parent: For over 21 old group, a very few Dentists will take Medicaid.</p> | <p>CMS: This should be “percent of participants reviewed” when the denominator is number of participants reviewed and the sample is less than a 100% review. Explain how this demonstrates that the state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the waiver? Are waiver providers required to see that a waiver participant see the doctor at least once per year? Is this the “overall health care standard”? Is this the only one? Are there others?</p> |
| <p>ii: b) Methods for Remediation/Fixing individual problems – i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide</p> | <p>Scott and Group</p> | <p>There has been no feedback back from CMS.</p> | <p>Is this information then studied to identify areas of needed improvement and used to develop new performance measures to study areas of concern?</p> |

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| information on the methods used by the State to document these items. | | | |
| Appendix H: Quality Improvement Strategy CDD Waiver | Scott & Group | No notes on this item. | |

Considerations for 2017: Therap system improvements.