

**NEBRASKA DDD/MLTC WAIVER WORKGROUP: HEALTH AND SAFETY
FEBRUARY 18, 2016**

Participants: Scott Hartz; Danelle Hayes; Pam Hovis; Sherry Jameson; Carla Lasley; Brandi McManigal; Ellen Mohling; Donna Nickel; Doug Raney; Kierstin Reed; Doshie Rodgers; Deb Rupe; Ladonna Shippen; Sue Spitsner; Joyful Stoves; Jean Tuller
Members not in Attendance: Jamie Bailey; Susan Chohany; Bob David; Denise Kraus; Sheila Krolkowski; Darla Ramsey; Michelle Waller; Katie Weidner; Rose Wozny; Sarah Wysocki; Alan Zavodny

Notes Recorder: Scott Hartz

Next Meeting (date/time): 3/3/2016 9:00 AM to 11:00 AM Nebraska State Office Building Lower Level A

Agenda: Kick-off meeting

Topic	Person Responsible	Discussion	Action Item
Introductions/ History	Jean	General introductions; talk of the 200+ questions submitted by CMS and the planned resubmission of the waivers	
Timeline Review	Jean	<ul style="list-style-type: none"> • January 2016 – withdrawal of waiver applications • February 4, 2016 – Courtney testified before legislature • 2/16/16 to 2/19/16 – Stakeholder meetings • Plan is in motion to have Navigant unbundle services and reassign rates • Discussion of the need to move to CMS core service definitions (Too many things in waiver CMS does not recognize) • Mention of the wait list and current class action lawsuit against the state of Virginia • March 2016 – planned trip to Kansas City for meeting with CMS • Discussion of the need to stabilize the waiver and the many options available that Nebraska has not taken advantage of 	

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		<ul style="list-style-type: none"> • May 2016 – Submission of sections of the waiver • Discussion of the need to submit the state transition plan – so far it’s been complicated with insufficient user engagement/involvement • 9/30/2016 – Goal to have the waiver submitted to CMS • 9/30/2016 to 1/1/2017 –Respond to CMS queries and training • 1/1/2017 –Waiver implementation • Discussion that this is an aggressive but achievable timeline • Goal is to both improve services and make sure no individual loses any services 	
<p>CMS Informal Review Questions - Discussion of restraints and restrictive interventions</p>	<p>Health & Safety Team</p>	<ul style="list-style-type: none"> • Policy needs to be consistent across Developmental Disabilities (DD) and Aged and Disabled (A&D) waivers • Appears to be a disconnect between what is in the waiver and what is practiced • Nebraska does not use restraints, but does do something. Is the state following federal rules? CMS is confused by the vagueness • Discussion on isolation and the definitions of timeouts, safe rooms and relaxation rooms • A&D has a good waiver draft for performance measures that DD will borrow from and align with • Discussion of CMS wanting better defined and more performance measures • Questions/discussion of investigations 	<ul style="list-style-type: none"> • This workgroup needs to figure out the definitions of restraint and what is being practiced • Ideally, DD and aged/disabled waivers would share same sampling methodology
<p>Discussion of General Event</p>	<p>Health & Safety Team</p>	<ul style="list-style-type: none"> • Discussion of need to define what a critical event is in DD and A&D, and why they are different 	<ul style="list-style-type: none"> • Define a critical event in DD and A&D; strive for consistency where possible

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<p>Reports (GERs), Investigations and Safe Plans</p>		<ul style="list-style-type: none"> • Inconsistencies in how providers are reporting events; need a consistent definitions • How is information provided to people about how to report; Different definitions across the waiver; mandated reporting; • No electronic statewide critical reporting system (centralized hot line); NFOCUS has an APS alert sent to service coordinators • Surveyors investigate certain GERs. APS/CPS investigates abuse neglect allegations • Different investigations/reviews based on setting; may have multiple investigatory agencies based on each groups policies and regulations • Discussion of DD and A&D differences-those served by specialized DD providers are with them more regularly. Many A&D investigations are financial exploitation of someone the individual knows • A&D has an individualized safe plan in place to meet the safety needs of individuals. DD evaluates as part of the annual team meeting process and is mandatory as part of the waiver • GAP-DD has established time frames for providers to report certain events/investigations. A&D has increased monitoring by service coordination • Discussion of how those who report are notified from investigating agencies. Alleged victims are not directly informed even if allegation is substantiated. This is a longer term issue that will be difficult to explain to CMS. Many other states provide 	<ul style="list-style-type: none"> • The group needs to better define alternative methods to seclusion including “time outs” • Provide information on Health Homes • Provide information on how Magellan manages medication supervision

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		<p>mandatory finding of fact and recommendation of action reports.</p> <ul style="list-style-type: none"> • Discussion of how unauthorized use of restraints is detected; A&D has never had it reported in assisted living; some are found by accident while investigating other things such as an injury • GAP-DD Safety Plan is a separate document to the Behavioral Support Plan (BSP) <ul style="list-style-type: none"> ○ Rationale is that the Safety Plan is not necessarily positive and the BSP is intended to be positive ○ Mentioned that the provider emphasis is often on the Safety Plan and not the BSP ○ A&D would determine an individual in need of an emergency safety plan does not belong on the A&D waiver and they would be removed • DD Waivers state that some forms of restraint are available in an emergency safety intervention, some forms of restraint are never permitted. A&D policy is that restraints are not used on A&D waiver participants • Providers agencies are responsible for reviewing restraints; DD tracks instances of using restraints through the GER process • Discussion on seclusion-it is considered seclusion if an individual does not feel they have the free will to leave • Discussion of Medication – A&D has medication administered by a med aide for individuals in 	

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		<p>assisted living. DD has medication administered by a med aide. Both are overseen by the Division of Public Health</p> <ul style="list-style-type: none"> • Discussion of Medication – A&D has medication administered by a med aide for individuals in assisted living. DD has medication administered by a med aide. Both are overseen by the Division of Public Health <ul style="list-style-type: none"> ○ Medicaid has some methods for identifying medications, but is not consistent. Medicaid does have an oversight committee to oversee medication for state wards. • Medication errors - DD errors are reported through Therap. A&D is reported incident report form 	
How will we do the work?	Health & Safety Team	<ul style="list-style-type: none"> • Definitions have to be standardized • Flow charts to track the evolution of critical reports • Look at reporting requirements and analysis of reports • Decide what can be done now and what is longer term • Questions of health outcomes and how we can get a handle on that • What are our data sources? 	<ul style="list-style-type: none"> • Review drafts of what has already been written • Send out appendix G • Secure a team member from APS/CPS

Considerations for 2017: