

**NEBRASKA DDD/MLTC WAIVER PERSON CENTERED PLANNING  
MARCH 17, 2016**

**Participants:** Monica Simonsen, Paul Piper, Pam Hovis, May Faith, Robin McAurthur, Doug Raney, Janine Brooks, Tabitha Fox, Kim Hall, Diane Pascal, Robyn Hurlbert, Mary Lawson, Corina Harrison, Cheri Rychly, Kristie Christianson, Kathy Kay, Jace Smrcka, Jill Lieske, Bernie Hascall, Cathy Martinez, Carol Forseman, Vicki Flemming, Darla Ramsay, Vincent Moreno, Natalie Dryer,

**Next Meeting:** 03/31/2016 1:30-3:30 NSOB LLF

**Below is a link to the Nebraska DDD/MLTC Waiver Person Centered Planning Work Group- Please check it out.**

<http://dhhs.ne.gov/medicaid/MedicaidWaiverInitiative/Pages/Home.aspx>

**Agenda:**

**Welcome**

**Introductions**

**Additions to the Agenda? Questions since we met last?**

**Focus of the PCP Work Group**

**Understanding Appendix D: Power Point**

**Next Steps**

<b>Topic</b>	<b>Person Responsible</b>	<b>Discussion</b>	<b>Action Item</b>
Changes to SC Monitoring Schedule	Jillion	Recently just changed DHHS Monitoring plan that should go into effect on April 1 <sup>st</sup> .	Information needs to go out to Providers notifying them of this change.
Appendix D: Participant-Centered Planning and Service Delivery	Work Group	See below for details for details of the conversation regarding Appendix D.	None at this time
	Work Group	Appendix D 1a- Responsibility for Service Plan Development	None at this time

**NEBRASKA DDD/MLTC WAIVER WORKGROUP: HEALTH AND SAFETY  
MARCH 17, 2016**

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		<p>The Department is the writer/keeper, etc. of this plan in collaboration with all other partners involved.</p> <p>Is this an area we want to focus upon for re-design?</p>	
	Work Group	<p>Appendix D1 b- Service Plan Development Safe Guards</p> <p>Conflict free Case Management (Nebraska currently has this). This piece is done by the state, not providers.</p> <p>Do we see any reason to do this differently? Is this an area we want to focus on for re-design?</p> <p>Question brought up: should the SC be determining how long it takes for a task to be completed for funding purposes?</p> <p style="padding-left: 40px;">Group discussion: This should be a team decision.</p> <p>Is there some discussion of the payment for services? Could SC's influence on whether or not the billing is accurate, etc.?</p> <p style="padding-left: 40px;">Group discussion: Services should be provided as documented in the ISP. SC's have to evaluate to determine whether or not this is what was agreed upon in the ISP.</p> <p>Is this a conflict? Should we look at this further?</p> <p style="padding-left: 40px;">Group discussion: The Department has safeguards to ensure the SC is not the sole eyes on</p>	None at this time

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		the payment of funds, etc. Steps are in place to insure this doesn't happen. The SC's are not the only ones who see these claims.	
	Work Group	<p>(continued discussion regarding Service Plan Development process)</p> <p><b>CLARIFY HOW HEALTH AND WELFARE ARE ADDRESSED IN THE ASSESSMENT PROCESS- this was a specific question identified by CMS</b></p> <p>Assessment related to Service Plan Development (not in relation to eligibility)</p> <ul style="list-style-type: none"> <li>• Developmental Index</li> <li>• SCS' are reviewing service plans once SC completes them</li> <li>• Providers may have an assessment specifically designed to ensure safety of equipment, etc. are up to date</li> <li>• MDT Report</li> <li>• IEP Report</li> <li>• Medical Evaluation</li> <li>• Health Screens</li> <li>• Health Assessments</li> <li>• GER Reports</li> </ul>	None at this time

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		<ul style="list-style-type: none"> <li>• Monthly environmental checklist that Providers decide if they do or not. Providers currently decide on their own when these are completed, may not be monthly.</li> </ul> <p>In -Home service situations, providers encounter environments that are a safety concern due to various circumstances, how do we ensure this is a safe environment? What type of assessment?</p> <p>Group Discussion: Mandatory reporting to APS/CPS for these conditions is required. Perhaps have a checklist in place for both Providers and Service Coordination to see where we line up and where we do not line up as far as areas we need to improve upon regarding health and welfare.</p> <p>Pam Hovis said NDHHS is piloting a new Developmental Index right now. It is a standardized, validated tool that does include more evaluation of different types of things</p>	
	Work Group	<p>Appendix D 1c-Supporting the Participant in Service Plan Development</p> <p>Information being posted on website and provided to individuals, families and guardians.</p>	<p>For the future: Make information available in alternate format, i.e. audio, rather than just paper format. Paper format may be difficult for some to get through.</p>

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MARCH 17, 2016**

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	Work Group	<p>Appendix D1d-Service Plan Development Process</p> <p>SPECIFY THE REQUIRED FREQUENCY OF MONITORING A SERVICE COORDINATOR</p> <p>Recently changed the DHHS Monitoring plan which will go into effect on April 1<sup>st</sup>. That information needs to go out to Providers notifying them of this change.</p> <p>Asking SC's to do monitoring's within 60 days of initiation of ISP.</p> <p>It was brought up that since the ISP process has changed, it seems that the "discussion" aspect from the team meetings has gone away. It is felt that this is a huge piece of the ISP meeting that is missing.</p> <p>The concern is that it is leaving the Provider out of the discussions around programming.</p> <p>Processes and Protocols for how these plans are developed needs to be looked at.</p> <p>Better define the opportunities for when a monitoring occurs, when a GER occurs, neglect allegations, etc. It's not being captured well.</p> <p>Is it relevant we document when a monitoring is going to be conducted? When are there times when</p>	None at this time

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MARCH 17, 2016**

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		<p>SC's go out and have ongoing monitoring's? This needs to be clarified.</p> <p>We need to have a discussion on the provider/consumer issue...periodically there is a fairly large turnover with providers and there are times when the exercise of choice of Providers is going overboard. Choice is good, but when is it too much? This could be a health and safety issue as well. Does choice ever end?</p>	
	Work Group	<p>Appendix D1e- Risk Assessment and Mitigation</p> <p>What do you do within provider agencies and service coordination that identify the risks and/or mitigate the risks?</p> <ul style="list-style-type: none"> <li>• Outside assessments</li> <li>• Outside resources for behavioral risks</li> <li>• Utilize psychologists, psychiatrists, therapists</li> <li>• Assistive Technology for health and safety risks</li> <li>• Team behavioral consults</li> </ul> <p>SPECIFY HOW EMERGENCY RISKS AND BACK-UP PLANS ARE ADDRESSED, IDENTIFIED AND DEVELOPED</p>	None at this time

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		<ul style="list-style-type: none"> <li>• Disaster plan...need to articulate better in waiver. This should be in the provider's policies and procedures.</li> <li>• If there truly was a need for relocation, what would this look like?</li> </ul>	
	Work Group	Appendix D1f- Informed Choice of Providers	No further discussion
	Work Group	Appendix D1g- Process for Making Service Plan Subject to the Approval of the Medicaid Agency	No further discussion
	Work Group	<p>Appendix D1h- Service Plan Review and Update</p> <p>Service plan review and update...every six months or more frequently when necessary. This was suggested to be placed on the parking lot to discuss in possible re-design. Possibly add that updates are possible when circumstances change or a change in provider, etc.</p>	None at this time.
	Work Group	<p>Appendix D1i-Maintenance of Service Plan Forms</p> <p>In Nebraska the Medicaid agency Case Manager and Operating Agency could probably all be identified as maintain the service plan.</p>	None at this time

**Next meeting is March 31, 1:30-3:30**

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**Considerations for 2017:**

*It was suggested that we take cautionary steps moving forward with changes into areas where CMS did not come back with questions from us. Group feedback was that it was best to leave it alone and move forward to the areas where there are questions and clarification that is needed. Concern was that we do not want to make changes that may have unintended consequences that could limit individuals' autonomy.*