

Advisory Committee on Developmental Disabilities

Meeting Minutes

March 12, 2025

I. Call to order:

Mike Browne called to order the regular meetings of the Advisory Committee on Developmental Disabilities (DD) at 9:00 am on Wednesday, March 12, 2025. This was a hybrid meeting in-person at Conference Room P, 5220 South 16th St, Lincoln, NE and online via Zoom.

II. Roll call:

The following persons were present:

Advisory Members Present:

In-Person: Mike Browne, Dianne DeLair, Kristen Larsen, Joe Valenti, Christina Evans, Cris Petersen

Virtual: Dorothy Ackland (Joined at 9:45 AM), Cathy Marinez, Jennifer Hansen, Mark Shriver, Jennifer Miller (Joined at 9:19 AM)

Advisory Members Absent: Lisa Pruitt, Lorie Regier, Debbie Salmon, Linda Clemens, Angie Willey, Suzie Wahlgren

DHHS Staff: Tony Green, Kristen Smith, Jenn Clark, Tyla Watson

III. Approval of Agenda.

- Motion made by Joe Valenti to approve the agenda as presented, seconded by Cris Petersen. Motion carried:
 - All in Favor: Dianne DeLair, Kristen Larsen, Joe Valenti, Christina Evans, Cris Petersen, Cathy Marinez, Lorie Regier, Jennifer Hansen
 - All Opposed: None
 - Abstain from voting: None
 - Not Present: Dorothy Ackland and Jennifer Miller

IV. Approval of Meeting Minutes:

- Motion made by Cris Petersen to approve the minutes as presented. Motion seconded by Dianne DeLair. Motion carried:
 - All in Favor: Dianne DeLair, Kristen Larsen, Joe Valenti, Christina Evans, Cris Petersen, Cathy Marinez, Lorie Regier, Jennifer Hansen
 - All Opposed: None
 - Abstain from voting: None
 - Not Present: Dorothy Ackland and Jennifer Miller

V. Elimination of Waitlist Update

- HANDOUT: Elimination of Waitlist Updates February 28, 2025
- Total of 2,181 offers have been made since March 2024
 - 987 Offers have been accepted
 - 621 Offers are pending
 - 573 Offers have been declined
- 290 Offers to be made during the month of March. This will include Day Waiver offers for those graduating in the Spring 2025.

VI. Family Support Waiver (FSW) Update

- 112 People have approved authorizations. Not all have billed waiver services yet.
- 78 people have claims billed
 - 1,357 total claims have been billed under the FSW. Three (3) services with the highest number of claims billed:
 1. Supported Family Living
 2. Community Integration
 3. Respite – Independent-In Home.
- Not everyone that has an active Family Support Waiver has an active service authorization. Largest two reasons for this are:
 1. At the Family Request – Undecided on service or Provider and/or Waiting for Summer Utilization
 2. Independent Providers has been selected and is working through enrollment/training.
- The division has had some families decide after meeting with their service coordinator that they do not currently need waiver services and have chosen to receive Katie Beckett (Medicaid)
 - Committee Feedback: Waiver vs. Katie Beckett – Would encourage the division to keep an eye on the people declining. Some people may not really want to decline waiver services or understand what they are declining.
- After someone gets a service coordinator and has their ISP meeting and has chosen services, what is typical time before they actually receive services?
 - This depends on the services requested and if the individual or family has a provider chosen already.
 - Specific example shared by committee member has request for some items requested in November and they have not received as of now.
 - Home and Vehicle Modifications do require additional time as these things do require working with contractors and specialized dealers.
 - Some items being requested maybe considered Participant Directed Goods and Services – as has been previously discussed with committee at previous meetings, per CMS Tech Guide, participant directed goods and services is limited to waivers that incorporate the Budget Authority participant direction opportunity. We do not currently incorporate this in our waiver (Fiscal Intermediary).
 - Fiscal Intermediary – Is there anything the committee can do to move this along?
 - At this time, a Request for Proposal (RFP) has not been released yet.
 - Do not currently have an expected timeline for when this might move forward.
 - Utilizing a fiscal intermediary would be a new expense to the system.
 - An individual/family has their budget year to utilize \$10,000. What if you are 10 months into your waiver year and you haven't used anything because you can't get anything approved?
 - This would be a conversation with your services coordinator about services requested.
 - The service coordinators are aware of individual waiver years and when things need to be utilized by.

VII. Inviting Medicaid and Long-Term Care (MLTC) to Attend the meetings

- What are the members thoughts about requesting a MLTC employee attend advisory meeting.
- The committee has had topics in the past come up that were directly tied to Medicaid where a MLTC representative may have been helpful to answer questions and to be able to provide comments directly to.
- Developmental Disabilities (DD) waivers are Medicaid services. While not this simple, a way to think of it is that Developmental Disabilities covers the Home and Community-Based side of Medicaid services and Medicaid covers the covers the state plan/medical side.
- When things happen at CMS, Medicaid has their own people tracking those changes as they come out. When does Developmental Disabilities come in? How much does the Division work with Medicaid?
 - Developmental Disabilities tracks HCBS-related items coming out of CMS as they come out.
 - Medicaid staff are coworkers. We work on different things daily.
- Member Comments:
 - I feel like this would be very helpful. Specific example of how the benefits pick up and the relationship with MCOs (Managed Care Organizations).
 - What agenda items would we cover/discuss with them.
 - Service on the Medicaid Advisory. – Feels like the Medicaid is covered pretty well in the DD Advisory Committee meetings, feels like the Medicaid Advisory Committee could use DD Attendance.
- Division Comment:
 - If inviting another division, would encourage the committee to prepare topics/questions in advance before asking Medicaid to come to allow them the opportunity to review questions and make sure they would be sending the appropriate person/subject matter expert to speak to the committee.

VIII. InterRAI Assessment Update: Myers and Stauffer

- HANDOUT: DDD Advisory Committee, NE ICF interRAI Level of Care Project Updates PowerPoint
- Stopped collecting data at the end of January 2025. Currently in the middle of drafting analysis report.
- FOLLOW UP: Regarding Key Data Points – Residential Living Status what is “board and care”. This is an interRAI term. Will follow up and provide that information to the committee. Myers and Stauffer did not provide policy guidance to DDD assessors on how to score this item on the interRAI.
- FOLLOW UP: Can Myers and Stauffer share some of additional information/research related to Case Mix Groups and the RiChY? Myers and Stauffer to send some links to information for committee members to review.
- Concerns about the use of algorithms based.
 - There is a difference between algorithm based and algorithms within an assessment.

- This assessment is a valid way to assess support needs. The algorithm's purpose is to determine if results of the assessment meet the standard number of areas required.
- The results received is what Myers and Stauffer was expecting to see.
- The service level did not change for any of the participants. We are just talking about eligibility at this point.
- There is a section that looks at supports (formal and informal) and at what level is appropriate to meet those needs. Not being penalized for being successful. As people learn new skills, there may be change in support. It doesn't mean we should never not try to remove supports. If it doesn't work, you redo the assessment. Get people to their greatest level of independence is the goal. Sometimes teams will try things, and it doesn't work, so we reassess. The interRAI's strength is it gets at capacity and not purely based on performance.
- We are moving to a needs-based system.
- InterRAI asks you to talk about care giver capacity. Don't have to infer capacity. You may have areas of independence that improve and other decline. It may be an opportunity to have a conversation of what is possible. What has changed in the last year?
- Myer and Stauffer are on contract through the end of June.

IX. Public Comment:

- **Marcy Berry, Training with Munroe Meyer.** When I first started with Munroe Meyer, I was asked to attend an Advisory Committee Meeting. The first Advisory Committee meeting was highly confused. I didn't know the acronyms. Now, since I've been around a few months, I understand more what's going on. I wanted to say that as someone new coming in. I can understand why parents would be very confused the first meeting. I was there as well. As parent overwhelmed with your child's diagnosis. It's easy to see why they might be overwhelmed. Places like Munroe Meyer could be a good resource. The best thing I can tell you, is we literally help parents find resources. We try to help them through anything they need. For parents and family members to support and help people through the process. Here because I want to help other families.

X. Committee Priorities

- HANDOUT: Advisory Committee on Developmental Disabilities Priority List Issues for 2025
- Any other things the committee like to see:
 - Quarterly Beatrice State Developmental Center (BSDC) report – There is a lot going on at the facility the committee may be interested in i.e. Crisis Unit, Activities, Community Involvement, ect.
 - Kristen Larsen – Maybe able to have her contractor provide an update with their subject matter expert, Becky Koehler on Supported and Competitive Employment for the people with IDD.
 - Family Support Waiver
 - What services are people using on the waivers.

- Would be interested in talking to people that have declined services because they were just frustrated with the process or if they truly don't have a need.
- What is the role of the Service coordination and how they support families. What are their responsibilities.
- Studying the needs for guardians.
- Provider screening guidelines. Receiving calls about abuse and neglect at providers that has been some serious charges. Think people would be surprised to learn that after years providers could be hired with some of the offences they were charged with.
FOLLOW UP: Will share a copy of the provider bulletin 24-04 Employee Background Checks and Specific Crimes with the committee.
 - The department would appreciate any feedback and or support regarding quality of services. We do receive pushback at times.
- Health Insurance Premium Payment (HIPP)
- Waiver Updated – Legally Responsible (LRI) Paid Caregiver Update

XI. Adjournment: Committee meeting ended at 1:02 PM

Next Meeting:
Wednesday, April 9, 2024 – In-Person

Attached: Committee Open Discussion

Committee Open Discussion. The committee was ahead of schedule on the agenda. Items discussed that were not listed on the agenda during open time:

- Update on Aged and Disabled (A&D) Provider concerns discussed during public comment at the February meeting:
 - The issue revolves around a regulation that requires different populations to be licensed when more than 4 people in that population are being served. This is not a new regulation. As was discussed at the last meeting. It is not the intent of the regulation to cause segregation. Long-term solution will require legislation to be submitted in an upcoming session to update the current law. Short term solution – facilities are being licensed as a one facility and are going to waive the current requirement of providing meals, which is required for our providers that also provide Adult Day Services.

- Update on the 1915c Waiver:
 - Nebraska Department of Health and Human Services (DHHS) is required to give public notice related to the state's plan to amend the 1915(c) Medicaid Home and Community Based Services (HCBS) Comprehensive Developmental Disabilities Services (NE.4154), the Developmental Disabilities Day Services Waiver for Adults (NE.0394), and the Family Support (NE 2366) waivers. This is a second public comment period for these waiver amendments. The current 30-day public comment period is February 13 - March 15, 2025.
 - A summary of Waiver changes is available on the DD website: <https://dhhs.ne.gov/DD%20Documents/Summary%20of%20Waiver%20Changes%20February%202025.pdf>
 - HCBS waiver will include a summary of the public comments received during the public input process, and if any comments were not adopted, the reasons why. The summary will also specify any modifications made to the waiver as a result of the public input process. This summary will be posted on the DHHS website once available.

- Has SRT (State Review Team) improved since moving to DD (Developmental Disabilities)?
 - Division is currently looking at some changes to help speed up the process of collecting medical records. Some examples include:
 - Social Services Workers (SSW) previously called families to help walk them through the process to make sure families understand what records are needed. At some point, that practice was stopped, currently looking at reimplementing this practice.
 - Currently reviewing our release of information paperwork to make the process less cumbersome.
 - Review federal requirements to make sure we are following federal requirements and not adding any extra requirements in the process.

- Liberty Health the contract year is ending?
 - Liberty is currently on Year 5 of a 5-year contract.
 - Currently working on finalizing an amendment with Liberty going forward.

- Liberty will continue to be the primary lead on Mortality Review and Critical Incident Management Process (CIMP).
 - Onsite provider review are currently piloting, will be moving back to the Division.
 - Under Critical management, would the division consider adding self-harm.
- Training for parents applying for services.
- Jennifer Miller, PTI is currently working on training for parents to walk them through applying for services. Not just pictures, but video walking through. Will share with the committee as soon as it is complete.
 - Meeting with Medicaid people tomorrow. Looking at possibly making video for Medicaid eligibility also.
 - Person Centered Planning – ESU7 taking transition plans, taking person centered planning and meshing them together to help train how they partner and get people used to the language. This isn't just changing what we do, we are already doing a lot of it. It's about being more aware of what they do. There aren't new things, it's just a new way of looking at it.
- How is the Direct Support Professional (DSP) training project going at Munroe Meyer?
- Mark Shriver, Munroe Meyer: Process going well. Currently Working on courses. On target for next calendar year. Making really good progress.
- Can the division provide an overview of the bills being tracked this Legislative Session
- LB239 – Change requirements relating to developmental disabilities funding priorities and eliminate a sunset date – the Division testified in opposition.
 - LB261 – Appropriations Bill - Division testified in Support
 - LB268 – Require the Department of Health and Human Services to implement a provider rate increase for developmental disability services – Division did not testimony however did submit a fiscal note.

Waiver Offers March 2024 – February 28, 2025

A total of 2,181 offers have been made.

Family Support Waiver (FSW)

Accepted	725
Declined	524
Pending	411
Total	1660

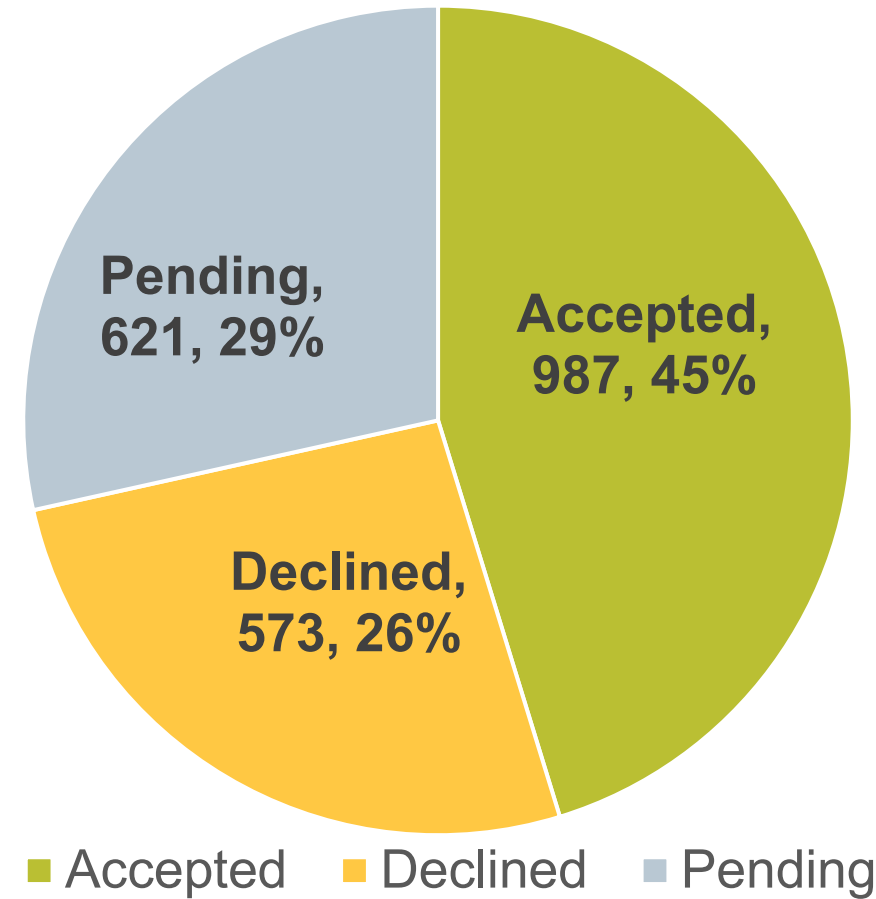
Comprehensive Developmental Disabilities Waiver (CDD)

Accepted	58
Declined	0
Pending	0
Total	58

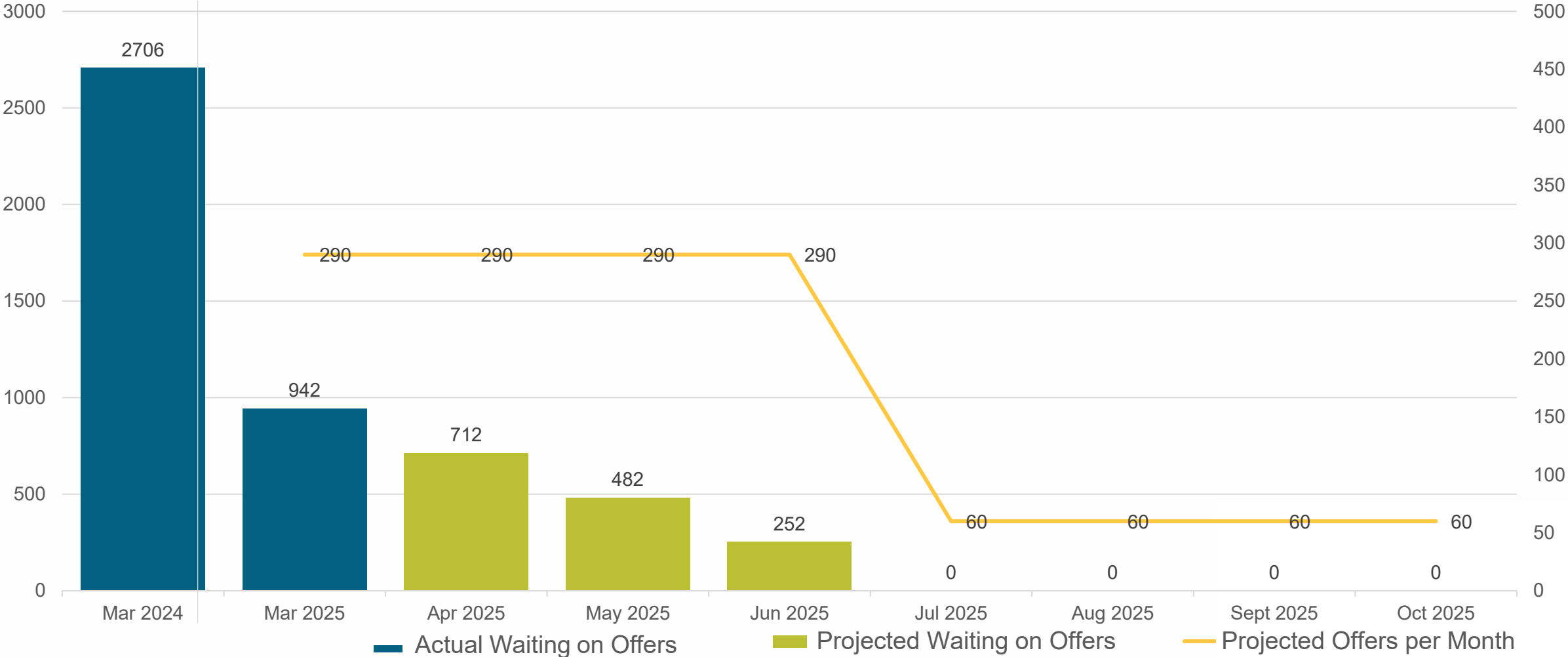
Developmental Disabilities Adult Day Waiver (DDAD)

Accepted	204
Declined	49
Pending	210
Total	463

Status of Total DD Waiver Offers

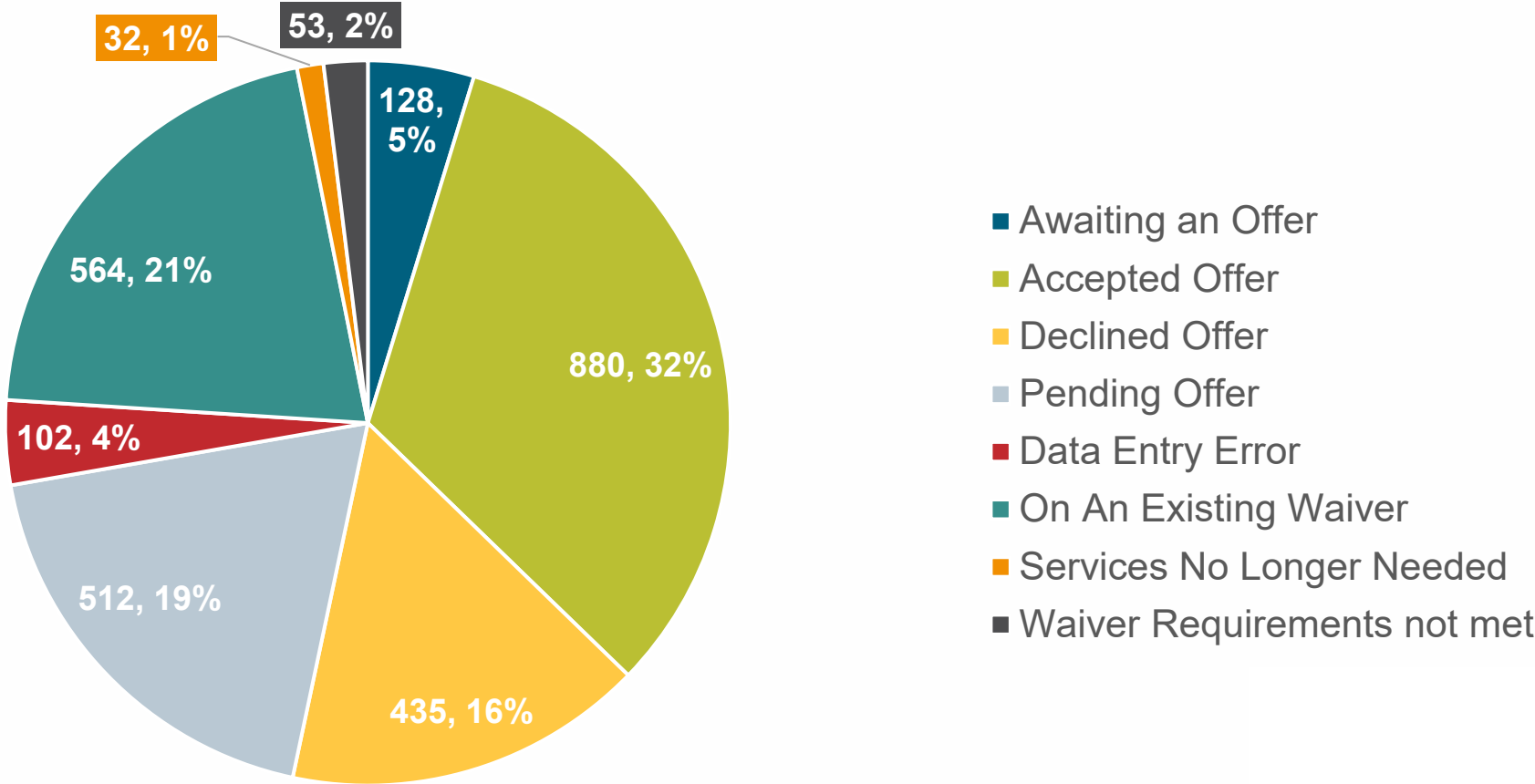


Specialized Service Offer Projections



Helping People Live Better Lives.

Registry March 2024 – Where are they now?



Final Disposition Status of individuals on the starting waitlist (3/1/2024) totaling 2706 individuals including 102 duplicate entries. Updated 2/28/25



DDD Advisory Committee:

NE ICF interRAI LOC Project
Updates

March 12, 2025



Agenda

- Review project scope
- Pilot period, data collection, and data verification process:
 - Final sample
 - Data collection and validation
 - Assessment alignment
- Population impact analysis:
 - Key data points
 - Level of care (LOC) impact
- Next Steps
 - Submission of waiver amendments
 - interRAI usage: CDD enrollment, budgets
 - Continued stakeholder engagement
- Questions and Answers

Review Project Scope



Project Overview


- DDD is working with Myers and Stauffer to implement the interRAI Intellectual Disabilities (ID) and interRAI Child and Youth Mental Health and Developmental Disabilities (ChYMH-DD) as replacements to the Developmental Index (DI) and Inventory for Client and Agency Planning (ICAP).
- For a successful full implementation of the interRAI, the data collected on the interRAI will be used to determine:
 - Level of Care (LOC);
 - Assessment-informed service planning;
 - Assessment-informed waiver enrollment;
 - Acuity-based budget decisions.

Project Status Update

- ✓ Concurrent assessment period.
- ✓ Draft algorithms.
- Population Impact Analysis.
- Algorithm Testing.



Pilot Period, Data Collection, and Data Verification Process



Concurrent Assessment Pilot Summary



Unified
Sample Actuals

656



Duration

5 Months



Number of
Assessors

69

Adult Renewal 22+ Y



354

Adult Initial 22+ Y



92

Children Renewal 4-21 Y



108

Children Initial 4-21 Y



90

Final Sample Distribution*

Data Collection and Validation Process

1. Eligibility & Enrollment (E&E) and Service Coordinators (SCs) complete interRAIs.
2. DI and ICAPs submitted to MSLC.
3. MSLC data collection process:
 - a. Initial data entry.
 - b. Primary review.
 - c. Secondary review.
4. MSLC data validation process:
 - a. Automated data validation protocols.
 - b. Manual data validation review by senior team leadership.

DDD and Myers & Stauffer Collaborative Efforts

1. Weekly E&E and SC huddles.
2. Bi-weekly meetings with DDD leadership.
3. Joint algorithm development and pilot sample testing with Therap.

Data Collection Process - Details



Data Collection and Assessment Audit

- Review and validate all assessment submissions from the pilot.
- Identify and resolve partial submissions to finalize total assessments collected.

Comparative Validity and Bias Testing

- Compare DI eligibility determinations from pilot participants against their interRAI eligibility scores during the pilot.
- Compare DI eligibility determinations through calendar year against those collected during the pilot to cross-check for population representation, generalization of findings, and bias.

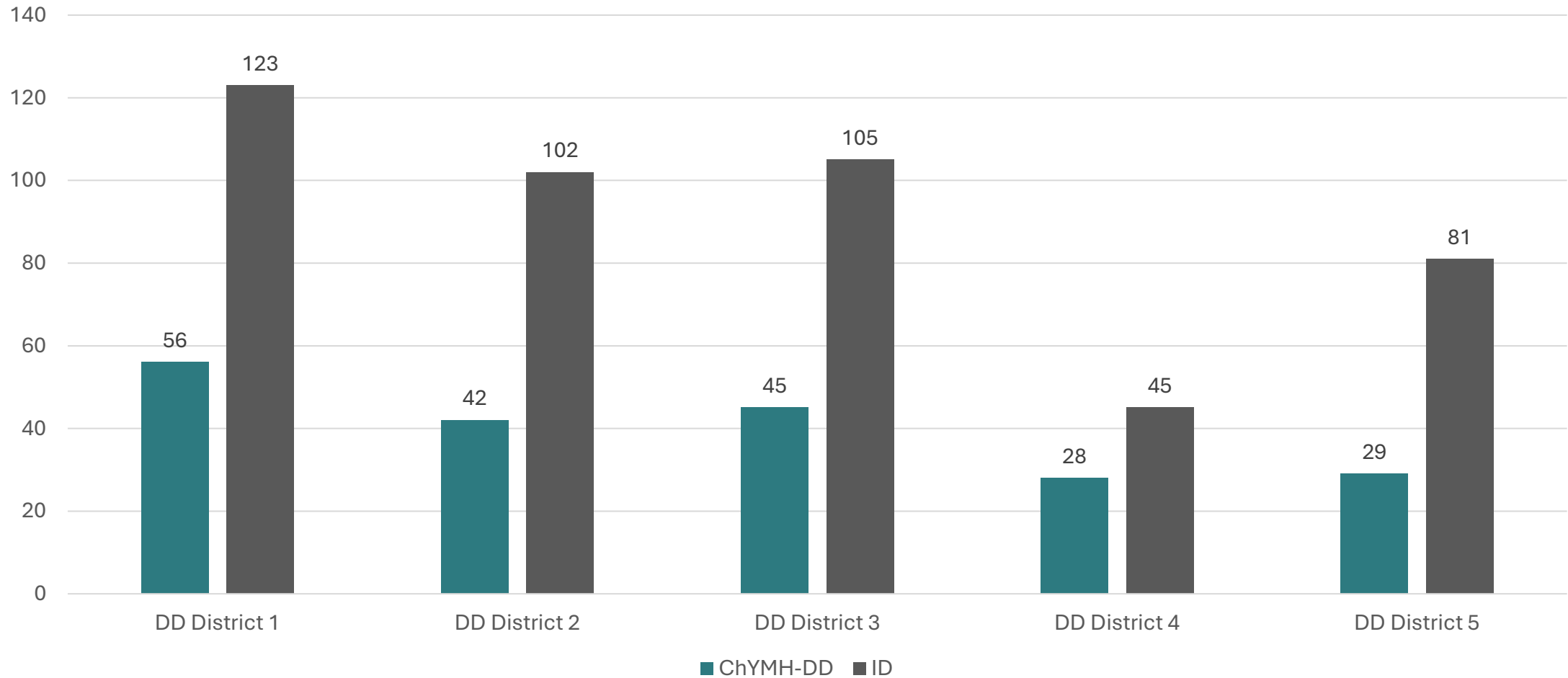
Level of Care Criteria

- Full ICF/IID LOC is defined in 471 NAC 31-004.1(D).
 - Substantial functional limitations in three or more of the following areas of major life skills:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living
- Pilot assessed for agreement between DI and interRAI tools.

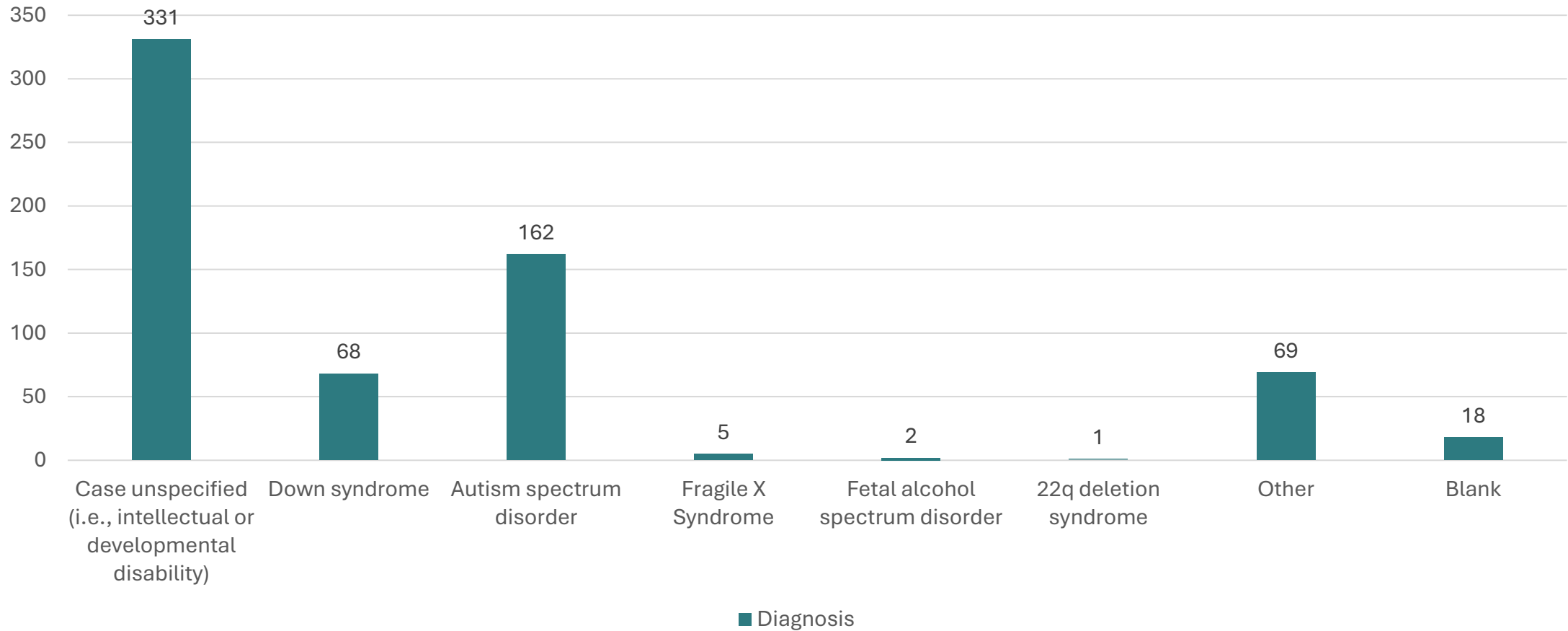
Population Impact Analysis



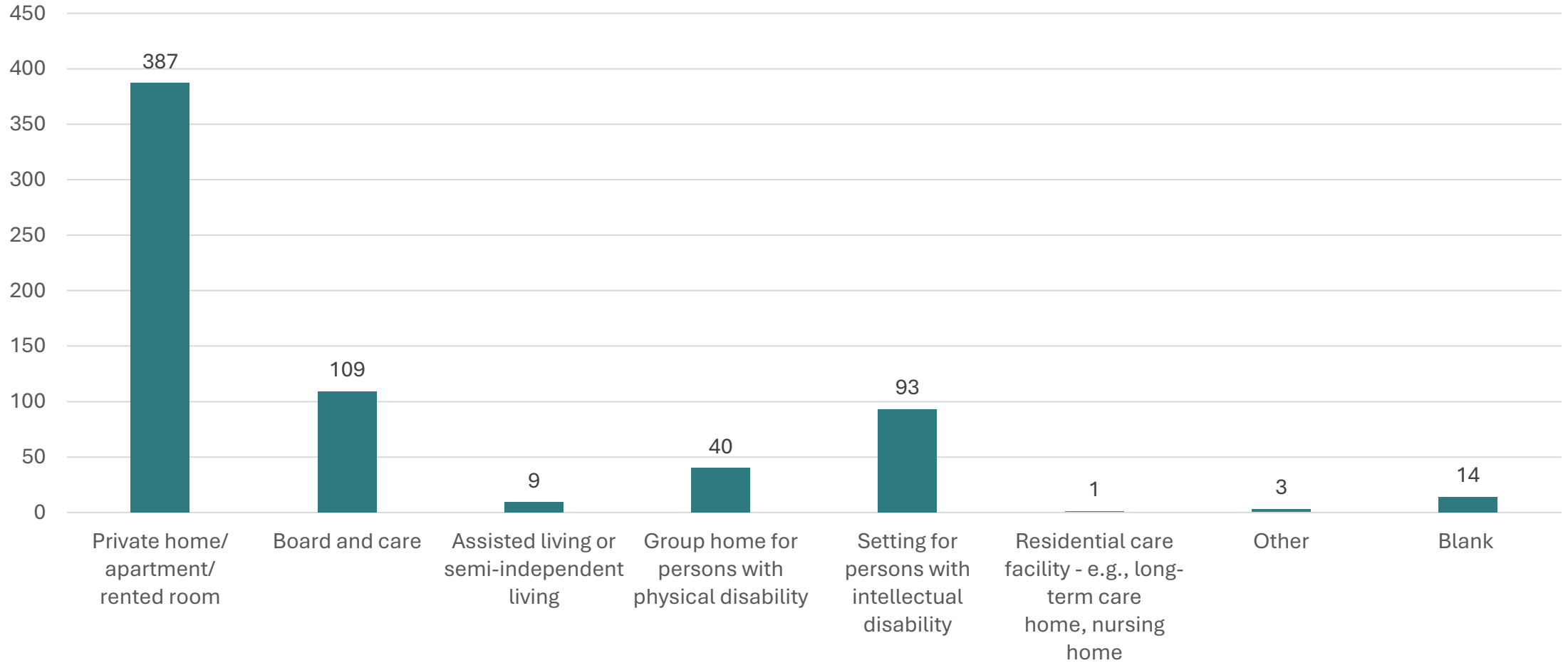
Key Data Points - Regional Distribution



Key Data Points - Nature of Intellectual Disability



Key Data Points - Residential Living Status



Level of Care Impact

	Children 0 – 21		Adults 22+	
	Count	Percent	Count	Percent
Participants Meeting LOC with DI	200	100%	456	100%
Participants Meeting LOC with interRAI ChYMH-DD	200	100%	-	-
Participants Meeting LOC with interRAI ID	-	-	456	100%

Next Steps



Submission of Waiver Amendments

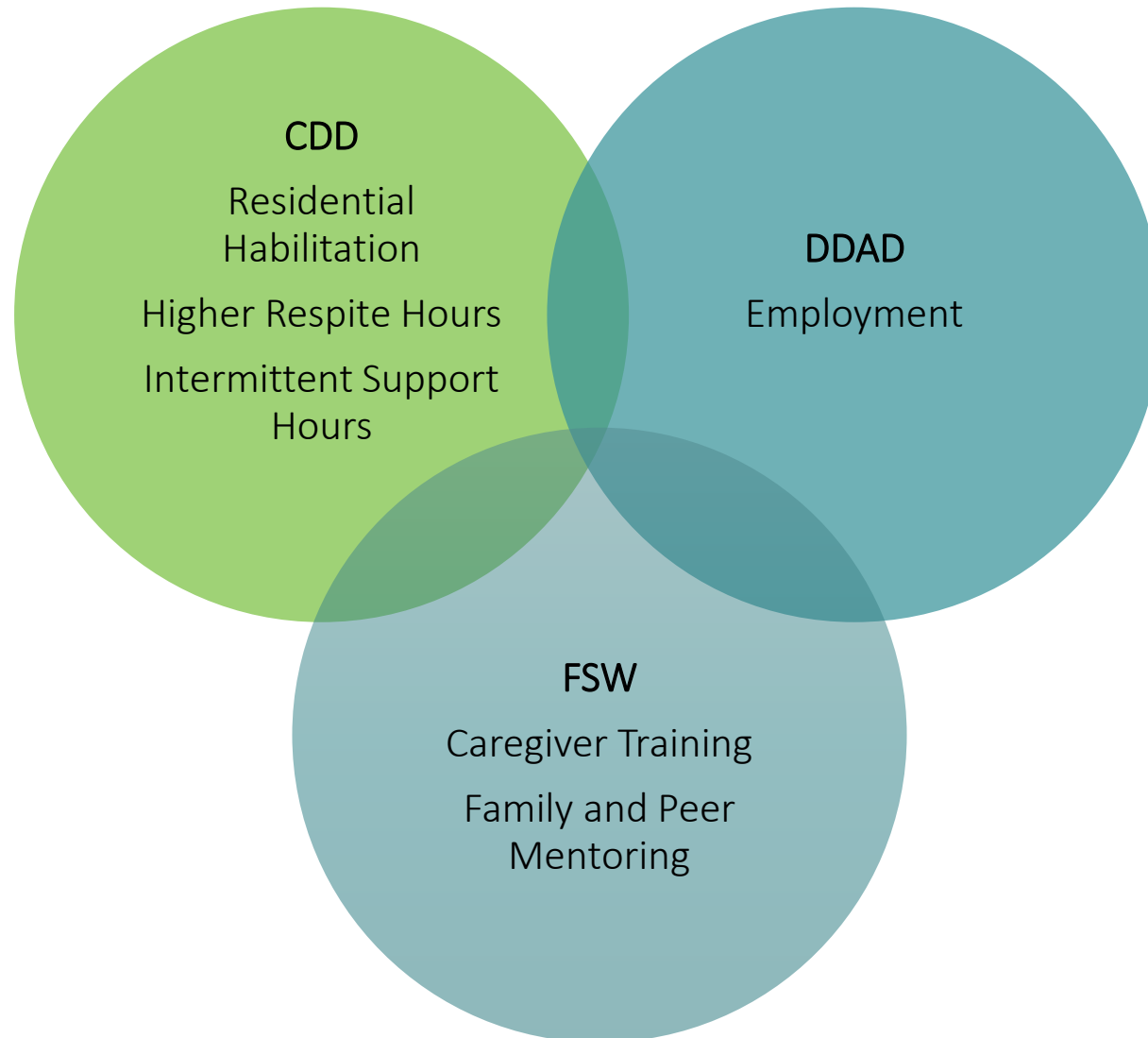


- LOC assessment changes require CMS approval.
- 30-Day Public Comment Period – Open through March 15, 2025
- Proposed Effective Date: July 1, 2025

interRAI Usage: CDD Enrollment

- CDD Enrollment:
 - interRAI scored items used to determine needed waiver services.
 - Waiver service availability drives enrollment decisions.
 - Need for CDD primarily driven by need for respite and residential habilitation.

CDD Enrollment: Service Comparison



Current Data: Residential Supports Received through CDD

	Number	Percent of CDD Total
Total CDD Enrollment	4,790	-
No Residential Services	703	14.6%
Receiving Supported Family Living	777	16.5%
Receiving Independent Living	609	12.9%
Receiving Shared Living	1,790	37.3%
Receiving Continuous Group Home	917	19.1%

Data is current as of February 2, 2025

CDD Enrollment: Decision Points

	CDD	DDAD	FSW
Age	All	22+	0 - 21
Respite Need	High	Lower	Lower
Needs Residential Habilitation	Yes	No	No
Informal Support Available	Inadequate	Adequate	Adequate
Housing Stability	No	Yes	Yes
Supervision Needs	Unmet supervision needs	May need supervision intermittently, but needs are met with informal or intermittent supports	Parents and family provide supervision
Participant Preference	Adults should be able to move out if they so choose	Limited to intermittent supports only	

CDD Enrollment: interRAI items

	interRAI ChYMH-DD	interRAI ID (22+)
Respite Need	CY ADL Hierarchy Scale CYDD Accessibility & Mobility CAP Aggressive Behavior Scale Risk of Injury to Others Scale Disruptive Aggressive Behavior Scale	ADL Hierarchy Scale Aggressive Behavior Scale Injurious Behavior CAP
Needs Residential Habilitation	See items in the boxes below for: Informal Support Available Housing Stability Supervision Needs	See items in the boxes below for: Informal Support Available Housing Stability Supervision Needs Participant Preference
Informal Support Available	Caregiver Distress CAP Death or Loss of Parent or Primary Caregiver Parenting Strengths Resource Intensity Child Youth Scale	Informal Support interRAI Elements Caregiver Changes Resource Cost Living Arrangement
Housing Stability	Living Environment History of Institutionalization Residential Stability	Living Environment History of Institutionalization Residential Stability
Supervision Needs	Aggressive Behavior Scale ADL Hierarchy Scale Severity of Self-Harm Scale Depressive Severity Scale Anxiety Scale Risk of Suicide and Self-Harm Scale Hazardous Fire Involvement CAP Documented Severity of Intellectual Disability	Cognitive Performance Scale Aggressive Behavior Scale ADL Hierarchy Scale Injurious Behavior CAP Mental Illness CAP Documented Severity of Intellectual Disability
Participant Preference		Participant Prefers a Change in Living Arrangements

Individual Budgets - Adults

- Informed by interRAI Case-Mix System
 - Classifies individuals into groups based on similar resource utilization and care needs.
 - Ensures equitable alignment of funding with intensity of required supports.

Case Mix Group: Rationale for Selection



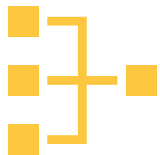
CMGDD was designed specifically to improve resource allocation and service planning for individuals with intellectual and developmental disabilities.



Developed using the interRAI ID assessment to inform algorithm triggers and linked assessment records with paid claims to guide development.



CMGDD has high predictive validity and effectively distinguishes between individuals with varying support needs.



CMGDD aligns with the interRAI's assessment framework, leveraging standardized and validated data to determine care intensity.

Individual Budgets – Children/Youth

- Informed by interRAI Resource Intensity for Children and Youth (RICHY)
 - Quantifies resource intensity for children/youth
 - RICHY offers age level differentiation:
 - 7 and under
 - 8 to 11
 - 12 and over
 - RICHY levels 0 – 5.

Budgeting Recommendations and Next Steps

- Current MSLC recommendation:
 - Explore use of case mix groups (Adults) and RICHY for children/youth to drive budgets.
- Next steps:
 - Pilot participant testing with Therap.
 - Adjustments to recommendation, if applicable.

Stakeholder Engagement

- DDD continued engagement to educate stakeholders on changes.
- MSLC remains available through June 2025 to discuss recommendations.



Questions?





Thank You!

For more information
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Advisory Committee on Developmental Disabilities Priority List Issues for 2025

1. Statutory requirements:
 - a. DD Court Ordered Custody Act
 - b. Family Support Waiver
 - c. Quality Management
 - d. The Waitlist (Ending the waitlist)
2. DHHS Ongoing projects
 - a. Liberty Quality Assurance project
 - b. 1915C waiver changes
 - c. Meyers and Stauffer Optimus Report
3. Other priorities from Committee members
 - a. Supported and competitive employment for people with IDD
 - b. Medicaid issues
 - c. Children under age 18-21, include topics for these age children
 - d. EVV issues
 - e. Workforce crisis
 - f. Study InterRAI on-going cross assessment results
 - g. Study Olmstead Plan Evaluation
 - h. On boarding of new Committee members
 - i. Study the development of a Customer Service Dept within DHHS DD division to promote and process new customers