

# **Advisory Committee on Developmental Disabilities**

## **Meeting Minutes**

**August 13, 2025**

### **I. Call to order:**

Lorie Regier called to order the regular meetings of the Advisory Committee on Developmental Disabilities (DD) at 10:00 am on Wednesday, August 13, 2025 held at Conference Room P, 5220 South 16<sup>th</sup> St, Lincoln, NE.

### **II. Roll call:**

The following people were present:

**Advisory Members Present:** Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Lorie Regier, Debbie Salomon, Mark Shriver, Joe Valenti, Angie Willey

**Advisory Members Absent:** Cathy Martinez, Cris Petersen, Lisa Pruitt, Suzanne Wahlgren, Linda Clemens, Jennifer Miller, Christina Evans

**DHHS Staff:** Tony Green, Kristen Smith, Jenn Clark, Tyla Watson, Paul Edwards, Paul Murdock (Liberty Healthcare), Jesse Bjerrum

### **III. Approval of Agenda:**

- Motion made by Joe Valenti 2<sup>nd</sup> by Mike Browne to approve agenda as presented.
  - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Mark Shriver, Joe Valenti, Angie Willey
  - All Opposed: None
  - Not Present: Debbie Salomon

### **IV. Approval of April Meeting Minutes:**

- Correction to the minutes – Mike Shriver’s name was misspelled in approval of agenda, minutes, and future meeting dates sections of the minutes.
- Motion made by Joe Valenti 2<sup>nd</sup> by Mike Browne to approve the minutes as corrected.
  - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Mark Shriver, Joe Valenti, Debbie Salomon
  - All Opposed: None
  - Abstain from voting: Angie Willey

### **V. Beatrice State Developmental Center (BSDC) and Crisis Stabilization and Community Reintegration Program – Jesse Bjerrum, Facility Administrator**

- Census:
  - 66 people in long-term
  - 4 people currently in short-term crisis stabilization (capacity of 8-12 people)
- There are no staffing vacancies at BSDC as of yesterday. This will likely change but this is a great thing. As of October 1, expect not to have any contracted staff.
- Crisis unit in the last year:
  - 12 discharges
  - 11 admissions

- 1 was a readmission
- 2 minors (under the age of 22)
- Currently working to remodel a home at BSDC to be supportive of minor needs.
  - The remodel is currently in the bidding phase.
- Current Challenges:
  - Getting people out of their homes. Covid changed the way we delivered services during COVID. People got used to being at home. It has been a transition to get people to want to leave their home again.
  - Getting kids back into school has been a struggle. We must continue to work with schools and law enforcement on supporting kids in the school system.
- Has started using the Mandt System Shield and Pad program for some of the people we support.
  - The Shield and Pad training program reduces the need for physical intervention while also providing essential information on using protective equipment such as safety pads and mats.
  - Able to protect staff and individuals.
  - Allows people to work through what they were trying to communicate with behaviors
  - Has allowed community providers to watch a class to see if they might be interested or appropriate for people they support. While our providers do use Mandt, the Shield and Pad program is one option within Mandt.
- Family fun day is September 14, 2025.
- The state does have additional requirements in place that providers must meet to provide crisis services. The division is still interested in working with the committee on provider requirements, this is all part of that. The Division has been decertifying some provider if they are not meeting the standards they should.
- Committee Comments:
  - Leadership is 50% of the issue with turnover. Jesse has a number of people that came back after previously quitting. Leadership is what is missing in the community. With Leadership you get consistency in staffing.
  - Getting people out into the community and not riding around campus has been tremendous.
  - The care our kids get at BSDC, they cannot get somewhere else. I'm not saying it's what best for everyone. In the continuum of care, it's invaluable.
  - Nursing at BSDC is second to none.
- Committee asked Jesse what things he wants to focus on at BSDC:
  - BSDC needs to modernize/catch up on some things. As the census changes, we need to adjust our needs. A specific example given was Vehicles. We have 50 vehicles at BSDC that we continue to maintain, does not mean they are all being used. Of those 50 vehicles, 13 are ADA/handicap accessible, some are tractors, trucks, ect... This is something we need to assess for utilization and need.
- Follow up: Committee would like to see the percentages of people living in different environments such as Shared living provider (SLP) vs. Group homes. To be updated at the September meeting.

**VI. Quarterly Quality/Liberty Healthcare Corporation Update – presented by Paul Edwards and Paul Murdock:**

- HANDOUT: Data update January – June 2025
  - Mortality Review
    - Complete approx. 48 mortality reviews a month. There are approx. 60 deaths a month. 90% of those are on the AD waiver.
    - 2 nurses doing mortality reviews on all DD, AD, and TBI waivers
    - Sepsis is the number one fatal 5 plus category. Aspiration/choking at number 2
    - Falls can be a traumatic event especially as you have an aging population.
    - Continuing to work on education
  - Root Cause Analysis - Liberty completes 24 per month.
  - Human & Legal Rights Committee
  - Committee comments:
    - Providers don't always understand the individual needs are extraordinary. Example: Someone with mercer, falling and skinning a knee isn't just a simple skinned knee. May need meds or wound care. Providers need to be trained and understand the individual's needs.
    - Psychotropic medications - What can a family do if the provider is pushing for meds?
      - We need to reverse the mindset and take a step back and determine if it is really needed. Service Coordinators can support and have access to our subject matter experts at DHHS and can always ask those questions. As a parent, please continue to bring it up if you are concerned.

**VII. Elimination of Waitlist Update - presented by Kristen Smith and Tony Green**

- HANDOUT: Elimination of Waitlist Updates July 30, 2025
- A total of 3,459 offers have been made since March 2024
  - 1827 Offers have been accepted
  - 581 Offers are pending
  - 1051 Offers have declined
- Of those that have accepted waiver – 70% are in process with Service coordination lining up services.
- 77 individuals have accepted the comprehensive Developmental Disabilities Waiver
- Family Support Waiver (FSW)
  - 2,523 FSW offered have been made.
  - 1,345 people have accepted the FSW wavier

**VIII. interRAI Update presented Kristen Smith**

- Currently 43 days in using the new DD interRAI suite of tools.
- 507 interRAI assessments have been launched and are in process. Every interRAI is being reviewed by the supervisors.
  - 37 have been approved.
    - 33 (77%) have been renewals.

- 4 Initial interRAI's – this initial data is a small sample, it aligns with what we would expect based on previous testing.
  - Of the 33 renewals funding recommendations:
    - 21 had no change.
    - 4 (12%) decreased tier.
    - 7 (21%) increased tier.
- There are 35 assessors on the Eligibility and Enrollment team. They are located across the state and complete roughly 22,000 assessments per year.
- We are currently monitoring the launch very closely and providing retraining or refresher training as needed.
- The interRAI is different than the ICAP. It could be completed at their home or might be completed at a day site if multiple people are due that month. The interRAI does not require individual interviews with people around the person, however, interviews can be used when needed.
- The assessors have time prior to the interRAI to prep and review documentation.
- Do you have enough staff? Feel confident we can work with what we have. We have to manage this team carefully. We do try to build capacity to allow for vacancies and vacations. This does not always work. This team is very tight with the volume in this unit and the number of assessors that are available to do the work.
- Follow up: The division will bring back similar data points on interRAI implementation to the September meeting.

## IX. Public Comment

### ➤ Phil Gray, Parent/Advocate

Has received feedback from a provider there haven't been any new people coming into services except priority 1. Don't believe the previous conversation can be considered germane.

Should the division be tracking the service waitlist?

*Division Response: All States are required by CMS to begin reporting on the "hidden waitlist" – this is the time between when an offer is made and when someone is receiving services.*

Looking at provider rates. Will the department support an increase?

*Division Response: Can not answer that question. can tell the committee that the department provides the data on provider rates to senators and advocates for consideration when looking at issues such as rates. Overall direct care professional positions are not high paying positions. This is true in Nebraska and across the country. In comparison Nebraska is in the middle, not the highest or the lowest.*

In Connecticut, the Direct Support Professionals (DSP) unionized and were able to get higher rates. The CEO's received higher rates instead of it going to the DSPs. The DSPs unionized so they can bargain/get higher rates.

## X. Changes to Services

- The committee was notified via email on June 26, 2025 of upcoming changes.
  - Waiver Change – Adult Day Retirement Service

- As part of our ongoing conversations with CMS, the Division made the decision to remove the proposed Adult Day Retirement service from the Comprehensive Developmental Disabilities (CDD) and Developmental Disabilities Adult Day (DDAD) waivers at this time. This decision was made to ensure that the remainder of the amendments could continue moving forward toward the planned implementation date of July 1, 2025.
  - We remain firmly committed to Adult Day Retirement as a meaningful and valuable service option for aging individuals with developmental disabilities, who deserve the same opportunity to retire with dignity as anyone else.
- National Core Indicators
  - DHHS has been evaluating systems, streamlining processes where possible, and searching for opportunities to utilize newly available internal capacity from our improvement work.
  - We are transitioning to our internal resources with the National Core Indicators (NCI) In-Person Surveys. Currently, our Quality team oversees and manages the NCI surveys while we contract the actual survey work to our partners at the Munroe Meyer Institute (MMI).
  - This contract was up for renewal, and DHHS has chosen not to renew.
  - Starting with the next round of NCI surveys in September, the DHHS DDD Quality team will be responsible for all aspects of the NCI In-Person survey work statewide.
  - Mark Shriver, MMI comment – currently working transferring data this week. Things have been going smoothly.
  - Committee Comment:
    - I am very concerned about NCI going in house. I'm very disappointed and concerned about the capacity of the state.
- Standardized Direct Support Professional (DSP)
  - This contract to develop the onboarding training was with MMI and funded by the American Rescue Plan Act (ARPA) section 9817. The ARPA funding closed out on July 30, 2025
  - Without the support and commitment from the agency providers and without a sustainable funding source, we have decided to end the development of this training.
  - DHHS commitment to improving the career path and training for DSPs will continue.
  - Mark Shriver, MMI – Munroe Meyer is going to move forward with working on the training. The timeline will be less aggressive
  - The team had 2 of 6 modules done.
  - They will continue to look for funding support.
    - Committee Comments:
      - ❖ With everything we have going on, we have a lot on our plates. Whatever support you can give those service coordinators would be critical.
      - ❖ You can't just change culture; you need to implement standards that will change culture.
      - ❖ When I hear parent horror stories, the difference comes down the supervision. You don't just take a DSP that's been there for 10 years,

and make them a supervisor, it is bull. The DSPs are not being managed. They don't know what they don't know. Supervision is one of the critical issues across our system.

#### **XI. Legally Responsible Individual (LRI) as paid caregivers:**

- With the July 1, 2025 waiver approval, was the addition of LRI Personal care. A LRI is defined as the natural or adoptive parents of a minor child or spouse of the waiver participant. LRI Personal Care is a service which includes assistance with Activities of Daily Living (ADLs) and/or health-related tasks and may include assistance with Instrumental Activities of Daily Living (IADLs) provided in a person's home and other community settings.
- As we were conducting quality checks rolling out this new service the division realized the form being used was not capturing the true needs of the people. For example: the form did not previously delineate the difference between school days and non-school days. The form has been updated, and staff are receiving refresher training on the new service and the form.
- This is a task driven hands on service. This is not supervision.
- The first step to becoming an LRI provider is the family member needs to do get hired by an agency provider. That agency service provider needs to train that family member just like any other direct care professional on their staff.
- Committee Comments:
  - Dorothy read a letter sharing her and her daughter's personal experience. Dorothy's daughter's medical needs required continuous support. Finding a provider has been hard. Agencies are not comfortable doing the activities she needs them to do. It's not a single task that makes it feel extraordinary; it's all the tasks combined that gets really complicated. Dorothy asked if the Division could consider additional services.
    - These waivers and services are changeable. What Nebraska's services look like today, doesn't mean they always have to look that way.
    - We are intentionally taking the process slowly. A lot of states that allowed for LRI as paid caregivers during COVID, a lot of those states have started to remove those services now. We do not want that to happen here.
  - Request for additional examples of extraordinary care vs ordinary care.
    - Nebraska defines Extraordinary Care as hands-on assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) that exceeds the range of activities a parent or spouse would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age.
    - Example shared is toileting. Changing diapers when you have a baby - Ordinary. Having to change diapers for a 12-year-old would be extraordinary.
    - Just like the services we choose to offer in Nebraska CMS does not lay out the definitions or ordinary vs. extraordinary. This is Nebraska's definition, each state gets to set their own definitions.
  - Dorothy has not had an AD Waiver provider since May other than family. Struggling to find anyone.

**XII. New Business**

- Committee Vacancies the committee has two vacancies and terms that end in July.
  - Follow up: Committee members are to send Lorie Regier the names of any people they are aware have applied for the committee, they feel should be considered. Lorie will send the list to Tony.
  - Follow up: Tony and Tyla to reach out to the Governor's office to check on vacancies to help move the process forward or see if anything else is needed from us.

**XIII. Adjournment:** Committee meeting ended at 2:00 PM

Next Meeting:  
September 10, 2025

# DD Advisory Committee

## DDD and Liberty Data Updates

January – June 2025\*

\*% are averages over last 6 months



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# Mortality Review – by Waiver

## CDD Waiver

- 11% of all mortalities
- 2.5% of mortalities are “unexpected”
- Majority of mortalities occur at a Group Home or Share Living Provider (SLP)

## AD Waiver

- 88% of all mortalities
- 6% of mortalities are “unexpected”
- Majority of mortalities occur in a Private Residence or Assisted Living Facilities (ALFs)

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# Mortality Review – Overall

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Liberty Mortality Nurses completes 48 mortality reviews/month.

- 90% of Mortalities across all waivers are “Expected”
- 10% of Mortalities across all waivers are “Unexpected”
  
- 14% of all mortalities are directly related to a Fatal 5 Plus Category
- 37% of all mortalities have falls within 6 months of death
- 20% of all mortalities have falls within 30 days of death

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# Critical Incidents – by Waiver

## FSW, DDAD, and CDD Waivers

- 1,172 GERs/month
- 1,756 Events/month
  - 10% Medication Error
  - 8% Injury
  - 8% ESI (Emergency Safety Intervention)
- 74% of Events are in the “Other” Category
  - 21% Unplanned hospitalization
  - 21% Misconduct/criminal activity
  - 13% Behavioral issue
  - 11% ANE (71% Abuse)

## AD and TBI Waivers

- 670 GERs/month
- 1,355 Events/month
  - 11% Injury
  - <1-2% ESI
  - <1-2% Medication Error
- 87% of Events in the “Other” Category
  - 46% Unplanned hospitalization
  - 25% EMS (ambulance)
  - 8% Fall With Significant Injury
  - 5% ANE (57% Neglect)

# Critical Incident GER Review – by Waiver

## **FSW, DDAD, and CDD Waivers**

- 260 GER Quality Reviews/month
  - 100% of High GERs
  - 10% of Medium GERs
- Comprehensive review includes:
  - Quality of GER
  - Provider resolution activities
  - Service Coordination resolution activities

## **AD and TBI Waivers**

- 685 GER Quality Reviews/month
  - 100% of all GERs Reviewed
  - Starting 7/1/25: 100% of High GERs and 10% of Medium GERs
- Comprehensive review includes:
  - Quality of GER
  - Service Coordination resolution activities

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# Root Cause Analysis (RCA) Review

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Liberty completes 24 RCAs/month.

- 34% of RCAs are “Participant Based” as a result of an incident trend with the Participant.
- 54% of RCAs are due to Substantiated Abuse, Neglect, Exploitation (ANE):
  - 33% of those are APS Substantiated.
  - 67% of those are Provider Substantiated.
- RCAs result in Action Plan Steps, which could include:
  - CIMP Compliance Method Needed;
  - Write a Procedure, Modify Current Procedure, Protocol Development;
  - ISP Team Meeting, Update Forms;
  - Education for the Participant, Advocacy; and
  - Staff Training/Retraining.

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# Human & Legal Rights Oversight

- Beginning March 1, HLRC oversight transitioned from Liberty Healthcare to the DHHS Quality Team.
- Oversight of provider HLRCs has continued.
  - The goal continues to be supporting provider HLRCs to make system improvements and increasing their capacity to be a meaningful safeguard of participant rights.
  - DDD Quality teammates review a sample from every provider agency, proportional to the size of the agency (by the number of participants served) over the course of each year.
- The Human & Legal Rights Advisory Committee (HLRAC) continues to review individual cases and provide recommendations to participant teams to enhance supports and hopefully reduce the need for restrictions over time.

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# Human & Legal Rights Oversight

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2,706 HLRC case notes submitted from January to June 2025:

- 1,582 annual restriction reviews.
- 925 reviews of psychotropic medication.
- 702 interim restriction approvals.
- 399 reviews of alleged abuse/neglect/ exploitation.
- 176 reviews of emergency safety intervention.
- 18 miscellaneous rights violation reviews.

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# Rights Restriction Data

## Non-Medication Restrictions

- 694 participants have at least 1 non-medication rights restriction.
- 484 participants have at least 1 restriction which has been in place for 5 or more years.
- 134 participants have 5 or more non-medication rights restrictions.
- 25 participants have 10 or more non-medication rights restrictions.

## Psychotropic Medication Restrictions

- 1,200 participants have at least 1 restrictive psychotropic medication.
- 419 participants have 5 or more restrictive psychotropic medications.
- 34 participants have 10 or more restrictive psychotropic medications.

*From provider HLRC case notes submitted Jan-June 2025.*

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# Waiver Offers March 2024 – July 30, 2025

A total of 3,459 offers have been made.

## Family Support Waiver (FSW)

Accepted	1,345
Declined	756
Pending	422
Total	2,523

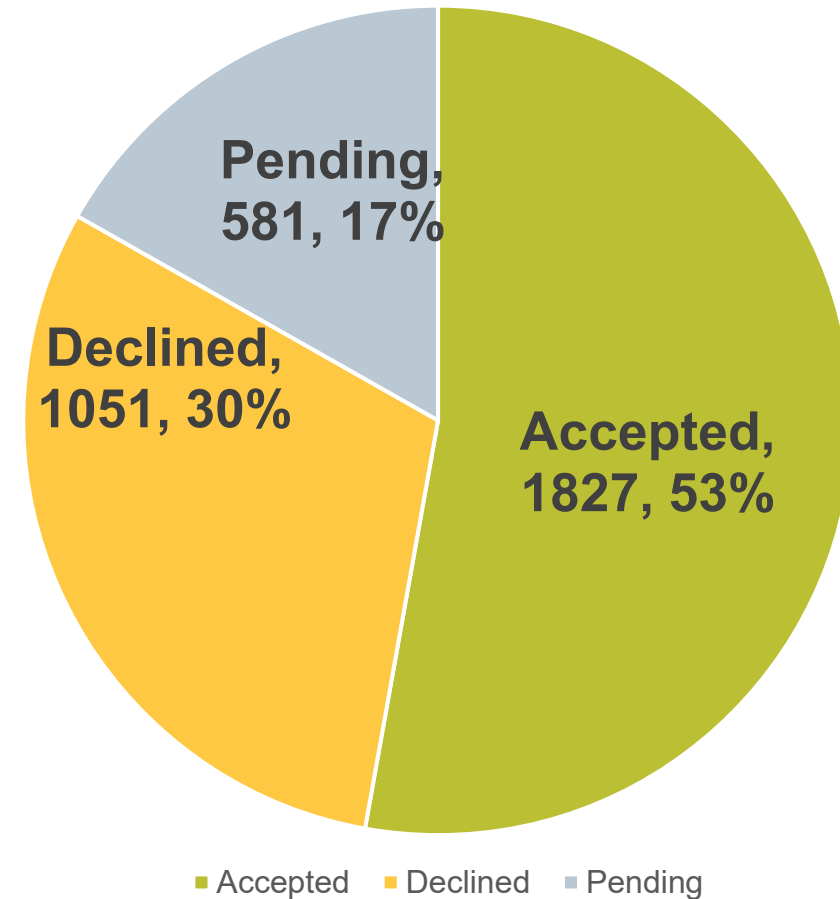
## Comprehensive Developmental Disabilities Waiver (CDD)

Accepted	77
Declined	0
Pending	0
Total	77

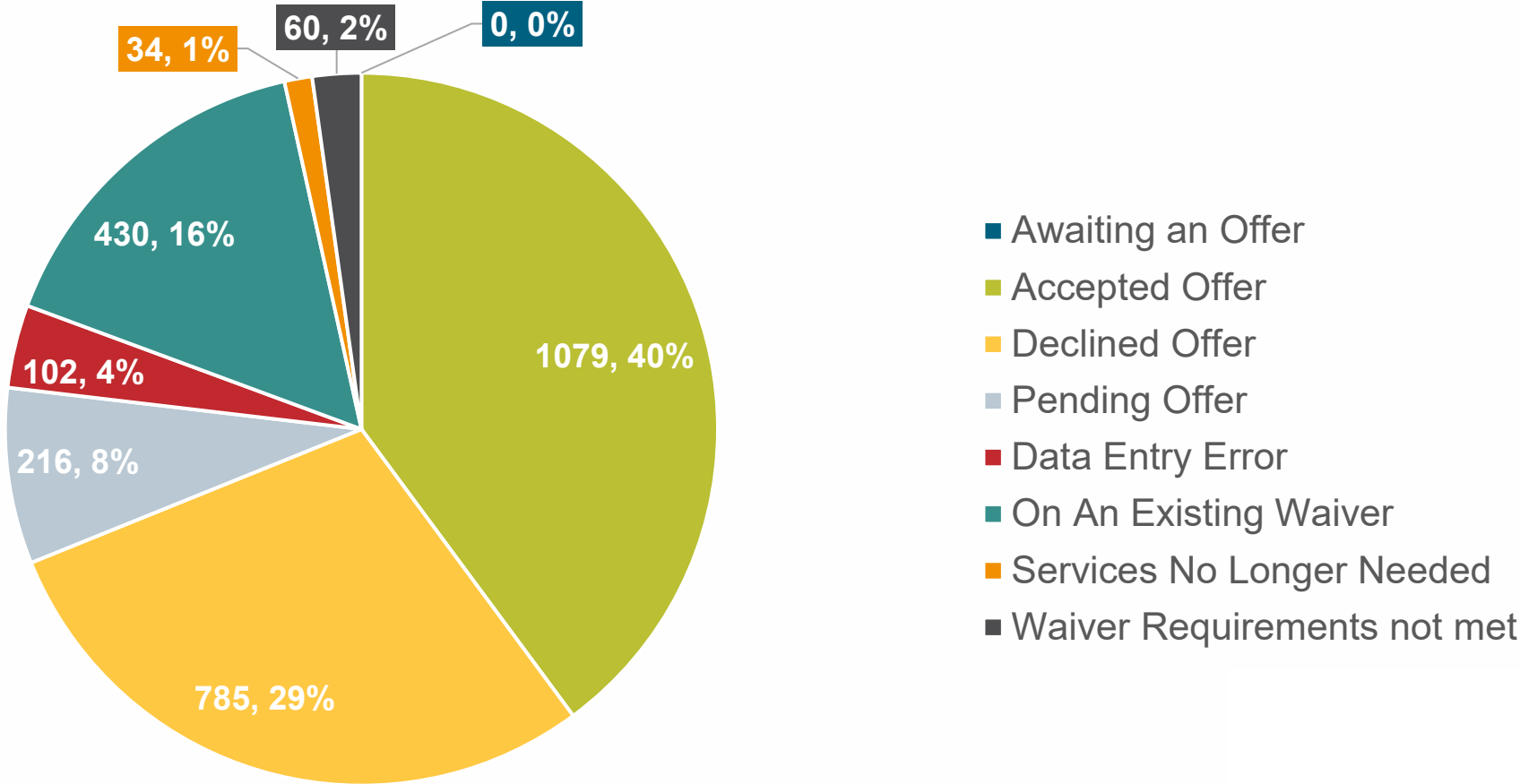
## Developmental Disabilities Adult Day Waiver (DDAD)

Accepted	405
Declined	295
Pending	159
Total	859

### Status of Total DD Waiver Offers



# 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 7/30/25

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