

# ***Developmental Disabilities Advisory Committee***

## **Meeting Minutes**

**February 14, 2024**

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

Lorie Regier called to order the regular meetings of the DD Advisory Committee at 10:00 am on Wednesday, February 14, 2024. This meeting was a hybrid – virtually via zoom and in person at the Department of Health and Human Services, Conference Room P, 5220 South 16<sup>th</sup> St, Lincoln, NE.

### **II. Roll call**

The following persons were present:

#### **Advisory Members Present:**

**In Person:** Mike Browne, Mark Shriver, Kristen Larsen, Diane Focht, Kizzie Vaughn, Suzanne Wahlgren

**Virtually:** Dorothy Ackland, Stacy Bliss, Lorie Regier, Cris Petersen, Jennifer Hansen, Dianne DeLair, Jennifer Miller, Angela Willey, Christina Zeleski

**Advisory Members Absent:** Linda Clemens, Lisa Pruitt, Debbie Salomon, Margaret Huss

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

**Meeting Attendees:** Paul Murdock, Liberty Health Care; Edison McDonald, Arc of Nebraska; Joe Valenti, Advocate; Edith Titamah, Council on Developmental Disabilities; Nate Panowicz, Executive Director Mosaic

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

Mike Browne moved to approve the agenda as presented, 2<sup>nd</sup> by Dorothy Ackland, Agenda. Role call vote complete. Approved by all members present. Not present during vote Kizzie Vaughn and Suzanne Wahlgren. Motion carried agenda approved as presented.

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

Mike Browne made a motion to approve November minutes, motion 2<sup>nd</sup> by Cris Petersen. Role call vote complete. Approved by all members present. Not present during vote Kizzie Vaughn and Suzanne Wahlgren. Motion carried minutes approved as presented.

### **V. Legislative Update**

- Legislative Bill 1417 – Create, eliminate, terminate, and provide, change, eliminate, and transfer power, duties, and membership of boards, commissions, committees, councils, task forces, panels, authorities, and departments and change and eliminate funds.
  - The legislative bill if passed as written would eliminate the DD Advisory Committee.
  - The division is in support of the of the Governor's bill. There are avenues available for people to provide input to the Department outside of this

- committee. Examples: Monthly Home and Community Based Stakeholder meeting & Council on Developmental Disabilities.
- Committee Discussion:
    - Mike Browne
      - Shared he understands that the legislative bill is to be discussed on the last date of the hearings in the session. The committee should consider this a reprieve.
      - The committee needs to prove it's worth and get things in order.
    - Stacy Bliss
      - Based on the outputs that the committee has delivered over the last few years, being completely objective, understands why the committee would be included with this bill.
      - We have members on the committee that do not attend or participate. If a member cannot commit, they should not be on the committee.
      - Asked that the committee be given the chance to make changes.
    - Jennifer Hansen
      - Our hands are tied on who is on the committee. Maybe we need to look at how members are appointed to make sure we get the right people.
      - The committee had valuable input and insight into the Family Support Waiver.
      - Whatever we can better do support our communities, that is what we want to do.
      - The committee holds a valuable space.
    - Mark Shriver, University Centers for Excellence in Developmental Disabilities (UCEDD)
      - From the perspective of the UCEDD the department/DDD has been very transparent and easy to work with. Other states are envious of our relationship. This does not mean the next leader would be.
    - Kristen Larsen, Nebraska Council on Developmental Disabilities (NCDD)
      - They (NCDD) has a very different function compared to the Advisory Committee.
      - They (NCDD) did vote at their last meeting, they will be voting in opposition to this bill.
    - Dianne DeLair, Disability Rights Nebraska (DRN)
      - DRN is currently monitoring and is taking opposition with this bill.
      - Concern that this would take away an opportunity for community input.
- Committee reviewed Handout: DD Advisory Committee –
- State Senators introduced 597 bills, 2 legislative resolutions, and 11 proposed constitutional amendments this legislative session.
  - Tony Green walked the committee through the Legislative Overview 2/14/2024 Handout

## VI. 2024 Priorities

- Tony Green shared the Developmental Disabilities 2024 priorities for Division:
  - Elimination of the registry.
    - This is an important initiative for the Department. This was announced at Steve Corsi, DHHS CEO's confirmation hearing.
    - Department is still in planning phase. There may be a change how we see our services today.
    - As soon as additional details are available those will be shared with the committee.
  - Family Support Waiver
    - Waiting for approval from Centers for Medicaid and Medicare. Do expect to receive soon and should still have a start date of March 1, 2024.
    - Currently hosting a provider training for those providers interested in providing services for this waiver.
  - Day Service Offers for Graduates
    - 115 offers have been sent out for 2024.
  - System Evaluation and Child Welfare Framework
    - Division hoped to educate and share with new staff/senators so we can begin to move forward on initiatives
  - Final Access Rule
    - Anticipate those to come out in the spring.
    - As soon as those come out those will be brought to the committee for review.
  - Commitment to Improving Quality
    - The department will continue to have those conversations and improve quality of services for the people we serve in Nebraska.
- **Committee to discuss what priorities you would like to focus on in 2024**
  - Training for Direct Support Professionals
    - NASP, UCEDD, and DHHS Department have been looking at basic foundational training for Direct Support Professionals that would be provided through the UCEDD. Once the Training is being utilized the UCEDD can monitor how well it works and how the training is being utilized. What's working and what doesn't. Will be sending out survey's of DSP's to find out what they.
  - At a high-level would like the committee to think about what priorities the group would like to focus on during the next year. This could be part incorporated into our subcommittee as we have those discussions or possibly specific topics could be delved into on an individual bases.

## VII. Public Comment asked for at Noon:

- **Edison McDonald** - Discussed the history of the committee. Sources for this information is first-hand accounts and from the book Out of the Darkness and into the Light. This committee was a covenant between the Governor and the families. March Lee Terry that changed out system and called out issues. 1969 Helped to inspire laws that change service in Nebraska. 1973 LB810 Department of Education changing education for our kids with Disabilities. I came to the

committee meeting in 2017 and it was junk. It was 4 hours and most of the time was talking about when and where to meet the next time. 2019 I tried to pull a group of people together from outside and LB376 has taken off. LB376 has huge implications. Our DD partners don't fill the role of the committee anywhere else. They have other roles. This committee used to have senators on it. Believes that we had a lot of slow down in the 90's on how our system evolved as a whole. We are only serving 17% of the people we should be. 3% are on the waiting list. That leaves a huge number not served. The committee may need to relook at how we utilize this committee. There used to be senators on this committee. We need to find a place and a time for all of our voices to come together to work on things. I am testifying today. 1086 plans to talk about because it was part of the recommendations that were put together by our community. How do we make sure all of those voices are at the table and can be as powerful as they can be.

- **Joe Valenti** - Membership of this committee is critical. There are members on the committee that don't show up or participate. It's hard to say, but for the committee to be effective people need to participate. There is a commitment you need to make to be part of this committee. I'm retired so I have more time than some people. I'm also lucky because my wife is also involved. With everything going on such as Liberty Health and Family Support Waiver people just need to be here. If you want to be involved be involved, if you don't want to be involved don't. My wife and I wouldn't be doing what we do today if it wasn't for our son. We are lucky.
- **Nate Panowicz** – Executive Director from Mosaic. Has been in the field for 13 years. Is here to learn and listen in. It provides him and his team a different perspective. Is happy to hear that there are discussions on how to make this committee more robust. There is value to this committee.

## VIII. Quality Initiatives

- DD Advisory Committee was presented with the Handout: Quality Initiatives Fact Sheet. Kristen Smith reviewed the general format of the fact sheet which includes: Goal; Roles; & Related Statutes, Regulations, or Federal Guidelines.
- Follow-up: Committee members to review the Quality Initiatives Fact Sheet in preparation to provide feedback/discuss at the March meeting. If you have questions prior to the meeting, please send to Kristen Smith at [Kristen.Smith@nebraska.gov](mailto:Kristen.Smith@nebraska.gov).

## IX. Developmental Disabilities Updates:

- **Registry of Need Update**
  - HANDOUT: Registry Statistics February 1, 2024.
    - 2,639 are currently on the registry this is an increase of 98 since January 2024 meeting;
  - Division recently made 100 offers: 55 accepted, 10 declined, and 35 did not respond.
  - Out of the people that declined services the reason varies some examples include: Have AD waiver and want to stay on that waiver & No longer want the services.

- **DD Court-Ordered Custody Act Update:**
  - HANDOUT: DD Court-Ordered Custody Act Statistics – February 12, 2023;
  - 42 Active DD COCA Cases this is 5 less than was reported in November.

## X. Old Business:

- **System Evaluation Report** – Mike Browne
  - The November 9, 2023 Cbiz Optumas System Evaluation includes a lot of findings and recommendations for this committee to look at.
  - Follow up: Committee members need to review the report if you haven't already to be prepared for future discussions regarding some of these findings and recommendations.
  - Follow up: Tyla to send a copy of the evaluation to Dorothy Ackland & Lorie Reiger.
- **By-Laws:** Governor's Advisory Committee of Developmental Disabilities:
  - Motion made by Mike Browne 2<sup>nd</sup> by Cris Petersen to approve the by-laws as presented; Role call vote was taken. All members present voted to approve the by-laws at presented (Not Present during vote: Jennifer Hansen, Jennifer Miller, Christina Zeleski)
  - Follow-up: Stacy Bliss to finalize the formatting of the ByLaws. Once complete Stacy will send a final copy to Lorie and Tyla for distribution.
- **Election of Vice Chair:** Committee was asked for Volunteers and/or nominations as the committee vice chair. Mike Browne was nominated by Kristen Larsen for the vice chair role. No other nominations or volunteers. Motion to made by Kristen Larsen and 2<sup>nd</sup> by Stacy Bliss to elect Mike Browne as the committee vice chair. Role call vote was taken. Approved: 10 (Dorothy Ackland, Stacy Bliss, Dianne DeLair, Diane Focht, Kristen Larsen, Cris Petersen, Mark Shriver, Kizzie Vaughn, Suzanne Wahlgren, Angela Willey) Not Present: 3 (Jennifer Hansen, Jennifer Miller, Christina Zeleski); Abstaining: 1 (Mike Browne). Motion carried.
- **Subcommittees:** Motion made by Kristen Larsen with a 2<sup>nd</sup> by Mike Browne to table discussion on Subcommittees until the March meeting and for the Lorie Regier and Mike Browne to meet at the committee's executive board to determine how the committee would like to respond to Legislative Bill 1417. All members present voted to approve the motion. Not Present: Jennifer Hansen, Jennifer Miller, Christina Zeleski. Motion Carried – Agenda item Subcommittee's tabled to the March meeting. Lorie and Mike B. to discuss Legislative Bill 1417.
  - Follow Up: Committee members asked to think about which committee/s they would like to be part of. Please let Lorie R. know before the next meeting. Currently subcommittees being considered are:
    - Quality Management
    - System Evaluation Report
    - DD Court Ordered Custody Act
    - Legislative

**XI. Members Open Discussion:**

Feedback received from Dorothy Ackland: The eligibility process is very hard and having someone able to sit with you to go through the process would be helpful. Coordination between DD and MLTC is very hard to navigate.

**XII. Committee meeting adjourned at 2:15 PM**

Next Meetings:

Wednesday, March 13, 2024  
Conference Room P  
5220 South 16<sup>th</sup> St  
Lincoln, NE

**Governor's Developmental Disability Advisory Committee**  
**Wednesday, February 14, 2024**  
**10:00 AM – 2:00 PM**  
**Hybrid Meeting – Virtual & In-Person**  
**Conference Room P, 5220 South 16<sup>th</sup> St, Lincoln, NE**

Zoom: <https://us06web.zoom.us/j/83948066539?pwd=ySXC363u1zRXcsXgmOZeAdTqbzDTqV.1>

**Order of Business**

- 10:00 a.m.** Call to Order/Roll Call
- 10:05 a.m.** Review/Approval of Order of Business
- 10:10 a.m.** Review/Approval of November Draft Meeting Minutes
- 10:15 a.m.** Legislative Update
- a) Committee Discuss Legislative Bill 1417 - Create, eliminate, terminate, and provide, change, eliminate, and transfer powers, duties, and membership of boards, commissions, committees, councils, task forces, panels, authorities, and departments and change and eliminate funds
  - b) DD Division to provide an overview of the bills the Developmental Disabilities division is currently monitoring. (*HANDOUT – Legislative Update 2.2024*)
- 10:50 a.m.** 2024 Priorities
- a) Division to provide an update on what priorities the Division will be working on in 2024
  - b) Committee to Discuss what priorities you would like to focus on in 2024
    - I. Discussion about education to the committee members on the Structure of the Division and the Services provided by the Division. What are the committee needs and preferences?
- 11:00 a.m.** Quality Management Plan presented by Liberty Health Services: The advisory committee is to oversee the design and implantation of the quality management and improvement plan (NE revised [statute 83-1212.01](#)) (*HANDOUT – Quality Initiatives Fact Sheet*)
- 12:00 p.m.** Public Comments
- 12:05 p.m.** Lunch/Break
- 12:30 p.m.** Developmental Disability (DD) Updates
- a) Registry of Unmet Needs – Division to provide updated data of those individuals currently on the registry (*HANDOUT – February 2024 DD Court-Ordered Custody Act Statistics*)
  - b) DD Court-Ordered Custody Act - Division to provide data related to the DD Court-Ordered Custody Act (*HANDOUT – February 1, 2024, Registry Statistics*)
- 12:40 a.m.** Old Business

- a) System Evaluation Report – Mike Browne (10 Minutes)
- b) By-law recommendations committee (20 minutes) (*HANDOUT – Draft By-laws*)
- c) Election of Vice Chair (10 minutes)
  - I. Accepting Nominations
  - II. Vote on Vice Chair Nominations
- d) Membership/Attendance/Participation (10 Minutes)
- e) Discussion of Subcommittee Needs (15 Minutes)
  - I. Possible examples for Discussion:
    - i. Oversight of the Court-Ordered Custody Act
    - ii. Membership (Recruitment, Educate on Systems, Current Goals, and Responsibilities)
    - iii. System Evaluation Report
    - iv. Quality Management (Liberty)
      - 1. Fiscal Agent
      - 2. Provider Shortage
      - 3. Legislative
    - v. Subcommittee Membership: Who would like to serve on which subcommittee and/or serve as a subcommittee chair.

**1:45 p.m.** New Business

**1:50 p.m.** Members Open Discussion – This time is meant to allow individuals a chance to share anything they would like the committee to know about their experiences with Developmental Disabilities Services.

**2:00 p.m.** Adjournment

- Next Meetings: Wednesday, March 13, 2024





## DD Advisory Committee – Legislative Overview 2.14.24

On January 18th, the final bill was introduced in this short (60-working days) session of the Unicameral. Since convening on January 3rd, state senators have introduced 597 bills, 2 legislative resolutions, and 11 proposed constitutional amendments.

Within our Division, we have completed 23 impact statements on bills where we noticed a potential impact on our programs, participants, or operations. Additionally, we are monitoring an additional 13 bills where, if amended or implemented in a particular way, a legislative bill could impact our work.

Of particular note are the following pieces of legislation:

**LB 954-** Adopt the Biometric Autonomy Liberty Law

This bill would limit our ability to require fingerprints as well as other requirements for the storage and management of biometric data.

**LB958 -** Provide for annual adjustments of provider rates under the Medical Assistance Act

This bill would tie DD rates for Shared Living settings under Residential Habilitation to the CPI/Cost of Living and create automatic adjustments each year.

**LB941 –** State intent regarding appropriations for Medicaid assisted-living facility rates.

This bill provides for an appropriation to increase ALF daily rates for the non-room and board Medicaid payment.

**LB 982-** Provide for employment of nurse aides in intellectual and developmental disabilities facilities

This bill would allow nurse aids to be employed by DD providers while utilizing their nurse aid credential.

**LB 1025-** Adopt the Individuals with Intellectual and Developmental Disabilities Support Act and provide tax credits

This bill would create tax incentives for providers based on the number of DSPs or for companies employing individuals served by one of our ICF waivers.

**LB 1086-** Eliminate the Department of Health and Human Services and create three departments

This bill would divide the DHHS into three stand-alone departments: Healthcare, Children and Family Services, and Public Health.

**LB 1117-** Appropriate funds to the Department of Health and Human Services

This bill would provide for an 11% rate increase for providers on the CDD and DDAD waivers.

**LB 1168-** Adopt the Uniform Health-Care Decisions Act

This bill would significantly change the required documentation around advanced health care directives and how family wishes are prioritized when no guardian has been appointed.

**LB 1194-** Require legislative approval of medicaid state plan amendments and state plan amendments for the Temporary Assistance to Needy Families program

This bill would required the Division to secure legislative approval for any waiver amendment prior to submission to CMS.

**LB 1261-** Adopt the Amyotrophic Lateral Sclerosis Respite Services Act

This bill would create an respite program, similar to Lifespan Respite, and provide grants to support individuals with ALS.

**LB 1285-** Create the Task Force on Supported Employment

This bill would create a task force to evaluate existing reports and make recommendations for enhancing Support Employment in Nebraska.

**LB 1417-** Create, eliminate, terminate, and provide, change, eliminate, and transfer powers, duties, and membership of boards, commissions, committees, councils, task forces, panels, authorities, and departments and change and eliminate funds

This bill would change through elimination or consolidation many commissions and committees in state government including DD Advisory Committee.

The Division will continue to monitor these bills, and others, for amendments which may either limit or expand the bill's impact through Sine Die, the legislature's adjournment on April 18.

The Legislature maintains a robust website, [nebraskalegislature.gov](http://nebraskalegislature.gov), which includes daily agendas, senator profiles, and a bill search tool for those seeking more information about the Legislature's work.

# Quality Initiatives Fact Sheet

February 2024

## Quality Management Strategy (QMS)

The Nebraska Quality Management Strategy uses person-centered review to enrich our understanding of how participants and families experience Home and Community-Based Services (HCBS). It uses compliance checks to ensure expectations around safety and standards are met. Ultimately it guides decision-making to align goals, objectives, and initiatives each year to make better decisions around HCBS.

QMS starts by answering key questions we want to know.

### Goal

Enrich people’s interactions with their services and ensure people are at the center of their services. This is done by:

- Interviewing participants and their families to ensure their voice is heard;
- Discovering if participants have a choice in the services they receive and how to get to greater integration of services and settings;
- Increasing the focus on what’s important to the person so HCBS services are shaped around the person instead of the person fitting into a service model; and
- Exploring and implementing initiatives focused on quality enhancements to enrich each participant’s experience with their service, ensuring their unique needs and preferences are at the heart of every decision and improved strategy in Nebraska.

### Roles

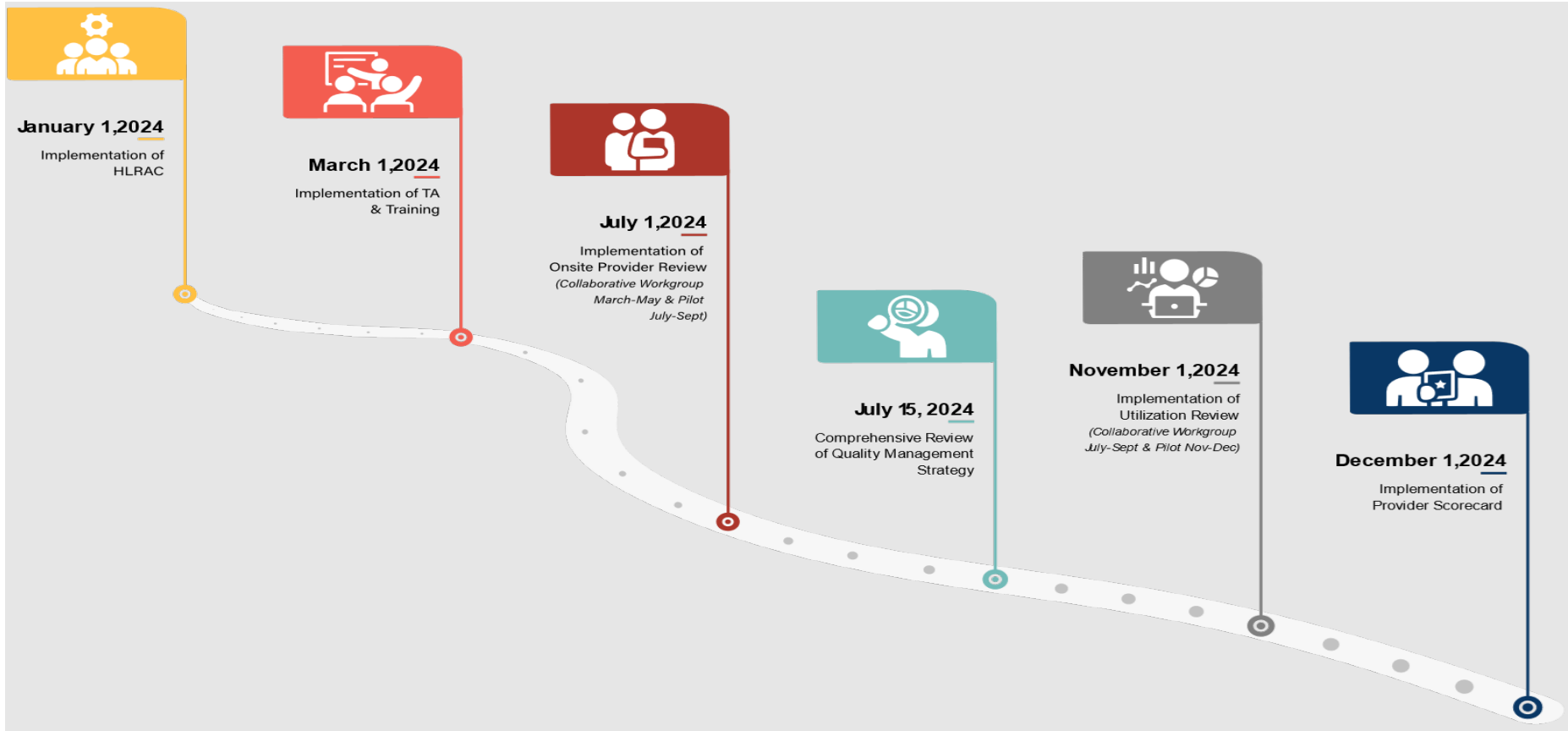
DDD	Other DHHS Entities	Liberty
<p>DHHS has contracted with Liberty HealthCare (QIO) to assist with the implementation of Quality Initiatives to improve the effectiveness, efficiency, and Quality of services to participants in Nebraska.</p> <p>DDD collaborates with Liberty on the development of the Quality Management Strategy and the development and implementation of quality initiatives.</p>	<p>The Quality Management Strategy is submitted to the Legislature annually and the governor’s Developmental Disabilities Advisory Committee oversees the ongoing implementation of the QMS in collaboration with DDD.</p>	<p>Liberty, a QIO-like entity, has partnered with the DHHS-DDD in support of its mission of, “Helping people live better lives.” This partnership focuses on shaping a culture that is person-centered, quality-focused, and data-driven throughout Nebraska’s HCBS waivers.</p> <p>QIO-like activities are focused on the improvement of effectiveness, efficiency, and quality of services to participants.</p>

<p>In addition to the quality initiatives where DDD is partnering with Liberty, DDD also is responsible for oversight activities and quality initiatives that contribute to the QMS, including:</p> <ol style="list-style-type: none"> <li>1. Quality Improvement Action Plans (QIAP)</li> <li>2. HCBS Final Settings Rule Assessments/Monitoring</li> <li>3. National Core Indicators (NCI) Participant Satisfaction and State of the Workforce Surveys</li> <li>4. Participant Service Plan Reviews</li> </ol>		<p>Liberty is tasked with enhancing current quality improvement capacity to advance Nebraska’s system to promising practices in five key areas:</p> <ol style="list-style-type: none"> <li>1. Quality Management Strategies (QMS)</li> <li>2. QMS competencies of the DHHS-DDD Quality Team</li> <li>3. Mortality reporting and review process</li> <li>4. Critical incident management processes (CIMP)</li> <li>5. Quality Improvement Data System (QIDS)</li> </ol>
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## Related State Statute, Regulation, or Federal Guidance

[Nebraska Revised Statute §83-1216.01](#) requires DDD to develop and implement a quality management and improvement plan to promote and monitor quality relating to services and quality of life for people with developmental disabilities, to allow the legislature to monitor the quality and effectiveness of services for people with developmental disabilities and the impact that services have on the quality of life of recipients and their families. The quality management and improvement plan reflects national best practices for services for persons with developmental disabilities and outlines DDD’s approach to ensuring a sustainable and continuous quality management system and priorities for improvement. DDD submits the quality management plan electronically to the Legislature annually and publishes an implementation report regarding the quality management and improvement plan on the DHHS public website.

# QMS Timeline



# Quality Initiatives Fact Sheet

February 2024

## Mortality Review Process

Liberty reviews 100% of mortalities on Nebraska's HCBS Waivers and at the Beatrice State Developmental Center (BSDC). The Mortality Review Process includes triage, determination of other participants at risk, initial mortality review, and comprehensive mortality review. All mortality cases are reviewed to identify factors that may have influenced the participant's health leading to their death, and any information indicating the death was potentially preventable. Mortality cases are also reviewed to determine any concerns about the quality of care, level of service, or delays in emergent care.

When mortality is classified as expedited, unexpected, or unexplained, or concerns warrant recommendations, it is referred to Liberty's Mortality Physician for second-level review.

### Mortality Review Team (MRT)

A mortality case may be referred to MRT when there are medical concerns or questions related to the death. The MRT meets weekly to discuss referred cases. The MRT includes a Mortality Review Physician, two Liberty Mortality Nurse Investigators, Liberty Office Manager, Liberty Assistant Director, Liberty Executive Director, and Liberty's Director of Clinical and Quality Support. When a case reviewed by MRT is determined to need more recommendations or have implications for systemic concerns, the case is referred to the Mortality Review Committee (MRC).

### Mortality Review Committee (MRC)

The MRC identifies trends in mortality data, makes recommendations, and supports the implementation of recommendations leading to quality improvement initiatives at systemic and provider levels. MRC's recommendations seek to improve the quality of care and prevent avoidable deaths. The MRC reviews all deaths that are unexplained (no known reason or cause) and unexpected (sudden and not anticipated, such as by accident, suicide, homicide, maltreatment, or a consequence of a medical diagnosis with an unanticipated prognosis). The MRC identifies factors that may have influenced the participant's health leading to the death and any information indicating the death was potentially preventable. The MRC meets bi-monthly to review cases referred by the MRT. The MRC includes Liberty Personnel, DDD Personnel, stakeholders, and advocates. Cases reviewed by MRC can be closed with or without recommendations being made. Systemic recommendations are made to address potentially systemic concerns and prevent future concerns.

### Quality Improvement Committee (QIC)

MRC Systemic Recommendations are sent to the DDD Quality Improvement Committee (QIC). The DDD Quality Administrator is responsible for taking MRC recommendations and follow-up actions, and any other relevant data, information, or quality indicators from MRC meetings and putting them on the QIC's upcoming meeting agenda for review and consideration.

## Roles

DDD	Other DHHS Entities	Liberty
<p>The Quality Administrator oversees the Quality Improvement Committee (QIC), reviewing recommendations from the Morality Review Committee. The QIC determines what action should be taken based on the recommendations.</p>		<p>Liberty reviews all mortalities on Nebraska’s HCBS Waivers and at BSDC.</p> <p>Liberty uses a mortality review process to triage mortalities, screen for other participants potentially at risk, complete initial and comprehensive mortality reviews, and refer to MRT, MRC, and QIC as per Liberty’s policy and procedures.</p>

## Related State Statute, Regulation, or Federal Guidance

[Code of Federal Regulations \(CFR\) § 441.302](#) requires states must assure necessary safeguards are taken to protect the health and welfare of waiver participants in order to administer a Medicaid HCBS waiver program. This includes performing oversight and review of waiver participant deaths in HCBS waiver programs, and the collection of data to report on performance measures to demonstrate that the state is fulfilling its oversight responsibilities.

# Quality Initiatives Fact Sheet

February 2024

## Critical Incident Management Process (CIMP)

The Critical Incident Management Process (CIMP) is used by Liberty to review GERs and complete Targeted Analysis (TA) or Root Cause Analysis (RCA) activities to assist the provider or agency in preventing the recurrence of the incident while seeking to maintain the safety of involved participants.

### Review of General Event Reports (GERs)

Liberty reviews 100% of high notification GERs, 10% of medium GERs on the CDD and DDAD Waivers, and 100% of GERs for the AD and TBI Waivers.

The GER review process addresses the following questions:

- Is the GER accurate and complete?
- Were all applicable laws, regulations, waiver requirements, and DDD policies followed?
- Were all agency policies and procedures followed?
- Was the participant's Individual Support Plan (ISP) followed?
  - Are all the participant's needs and risks adequately addressed by the supports in the current ISP?
  - When not adequately addressed, did this contribute to the incident?
- Are there any patterns or trends of similar incidents over the past six months?
- Was any action taken at the time the incident occurred to maintain the safety and well-being of the participant?

### Root Cause Analysis (RCA) (Previously known as Targeted Analysis, TA)

When a trending or severe critical incident occurs, Liberty uses Root Cause Analysis (RCA) processes to work with providers in determining the principal causes of incidents and identifies appropriate solutions that have a high likelihood, when implemented, to decrease the trend, prevent future occurrences, or minimize the risk associated with the incident. Liberty uses a range of approaches, tools, and techniques to uncover the causes of an incident or trend. These continuous quality improvement techniques increase the likelihood of identifying core issues related to incidents and making policy, training, and practice changes within a provider or state system.

### Incident Management Committee (IMC)

The IMC identifies trends in incident data, makes recommendations, and supports the implementation of recommendations leading to quality improvement initiatives at systemic and provider levels. The IMC's recommendations seek to improve the quality of care and prevent the recurrence of avoidable incidents. The IMC meets quarterly and includes Liberty's Incident Review Manager, DHHS Division of Public Health (DPH), DD service coordination, AD/TBI service coordination, DHHS general council, community advocates, and self-advocates.



## Quality Improvement Committee (QIC)

IMC Recommendations are sent to the DDD Quality Improvement Committee (QIC). The DDD Quality Administrator is responsible for taking IMC recommendations and any other relevant information from IMC meetings and putting them on the QIC’s upcoming meeting agenda for review and consideration.

### Roles

DDD	Other DHHS Entities	Liberty
<p>Service Coordination staff review reported incidents and perform follow-up as needed, based on the nature of the incident, and use information from incident reporting to inform service planning with participant teams.</p> <p>The Quality Administrator oversees the Quality Improvement Committee (QIC), which reviews recommendations from the Morality Review Committee. The QIC determines if systematic action is necessary based on the recommendation.</p> <p>The Quality team provides quarterly reports to agency providers on Critical Incidents and GER Resolutions.</p>	<p>When a reported incident involves alleged or suspected abuse, neglect, or exploitation, the DHHS Division of Children and Family Services (CFS) operates the reporting hotline; triages reports; and investigates reported abuse, neglect, and exploitation.</p> <p>When a report of alleged or suspected abuse, neglect, or exploitation is not accepted for investigation by CFS, staff in the licensure unit of the DHHS Department of Public Health (DPH) review reports to determine if a complaint investigation is needed.</p>	<p>Liberty is responsible for the assessment, development, and design of process, implementation of incident management, quality monitoring and trend analysis, and critical incident management of HCBS investigations including CAPs (Corrective Action Plans).</p>

## Related State Statute, Regulation, or Federal Guidance

[Code of Federal Regulations \(CFR\) § 441.302](#) requires states must assure necessary safeguards are taken to protect the health and welfare of waiver participants in order to administer a Medicaid HCBS waiver program. This includes defining critical incidents, implementing a system for reporting, and responding to critical incidents, performing oversight of these systems, and reporting data collected from oversight to CMS to demonstrate that required safeguards are in place.

# Quality Initiatives Fact Sheet

February 2024

## Human and Legal Rights Advisory Committee (HLRAC)

The HLRAC assesses and provides consultation regarding human and legal rights and restrictions imposed through approved person-centered plans, and ensures people are exercising their full rights. The HLRAC makes recommendations to DDD to ensure the human and legal rights of participants are protected and rights restrictions are compliant with applicable federal, state, and civil rights rules, regulations, and DHHS policies and procedures.

### Goal

Reduction of human and legal rights restrictions by ensuring human rights requirements and best practices that preserve choice and individuality are met through HLRAC review.

### Roles

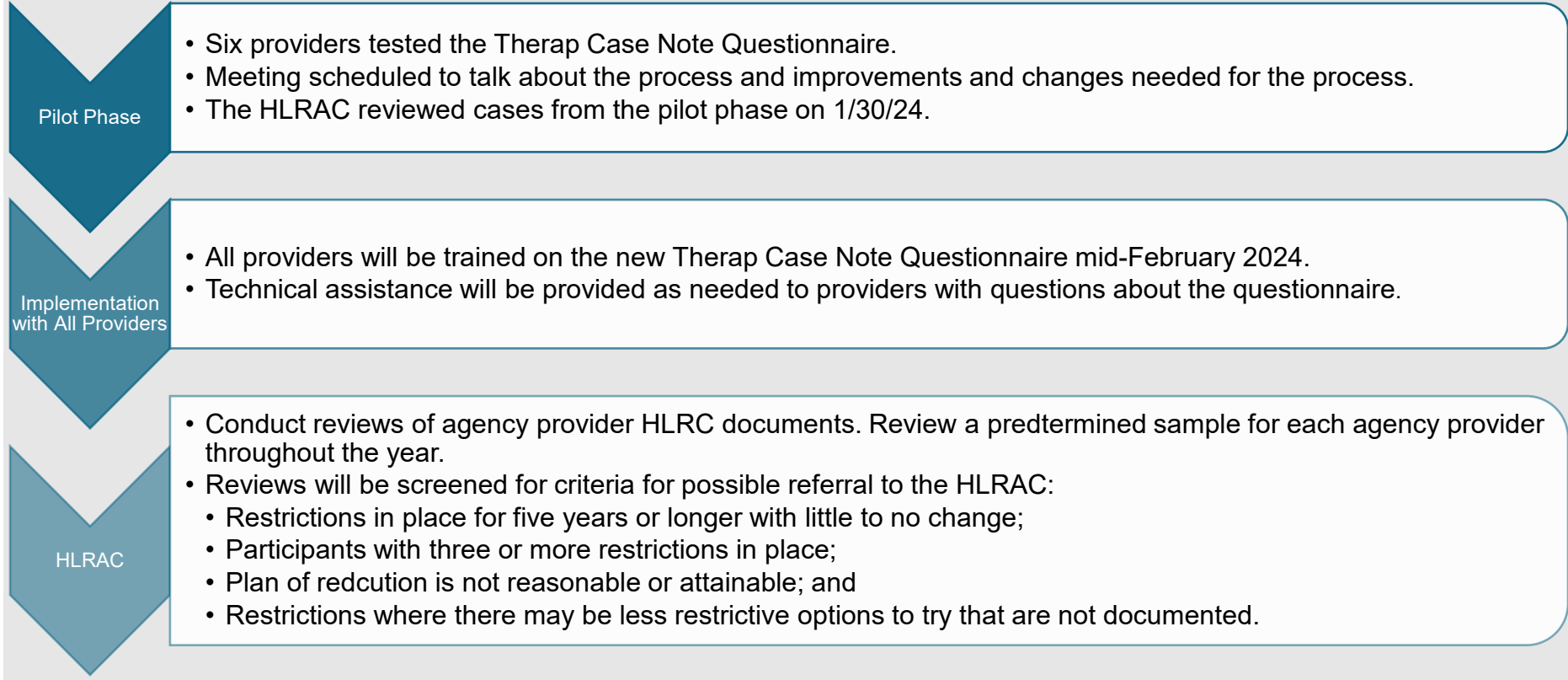
DDD	Other DHHS Entities	Liberty
<p>A QI teammate co-chairs the HLRAC Committee (Liberty Supported Initiative).</p> <p>Compliance issues identified through Liberty’s review of provider HLRC records are referred to the QI team for follow-up and resolution.</p> <p>Recommendations for system improvement from the HLRAC committee are reviewed by the QIC Committee. The QIC is overseen by the Quality Administrator.</p>		<p>The Liberty Healthcare Human and Legal Rights (HLR) Coordinator reviews agency provider Human and Legal Rights Committee (HLRC) documents for compliance with DDD regulations and policy. When there are compliance concerns, these are referred to the DDD Quality Team for further review.</p> <p>The HLRC Coordinator reviews rights restrictions from agency HLRC documents and Individual Support Plan (ISP) documents for quality improvement opportunities based on set criteria for referral to the HLRAC.</p> <p>The HLR Coordinator co-chairs the HLRAC and reviews rights restriction documents to determine if the rights restrictions would benefit from an HLRAC review. The HLRAC helps determine if there are additional less-</p>

		restrictive options and provides resources and best practice recommendations that can be made to the participant's person-centered planning team and agency provider.
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**Related State Statute, Regulation, or Federal Guidance**

[404 NAC 4-002.05](#) requires certified agency providers of DD waiver services to establish a rights review committee to review and approve rights restrictions used in the delivery of waiver services, use of emergency safety intervention, and alleged or suspected incidents of abuse, neglect, and exploitation. The purpose of rights review committees is to ensure participant rights are protected and rights restrictions and emergency safety interventions are used in compliance with DDD regulations and policies. The HLRAC performs oversight to ensure certified agency provider rights review committees are performing their required function.

**HLRAC Timeline**



# Quality Initiatives Fact Sheet

February 2024

## Technical Assistance Program (TAP)

The Technical Assistance and Training Program will provide training and technical assistance (TA) to providers based on requests and referrals.

The Technical Assistance and Training team will:

- Act as coordinator and referral source for Clinical technical assistance provided by the DDD clinical team;
- Create a resource library of best practice materials that can be shared across providers;
- Analyze data to identify providers or regions that need additional targeted support and provide outreach in the form of consultation;
- Provide at least four systemic education programs per year to providers and/or Support Coordinators based on data analysis.

DDD will ensure providers attend educational training and that information is disseminated throughout the provider organization.

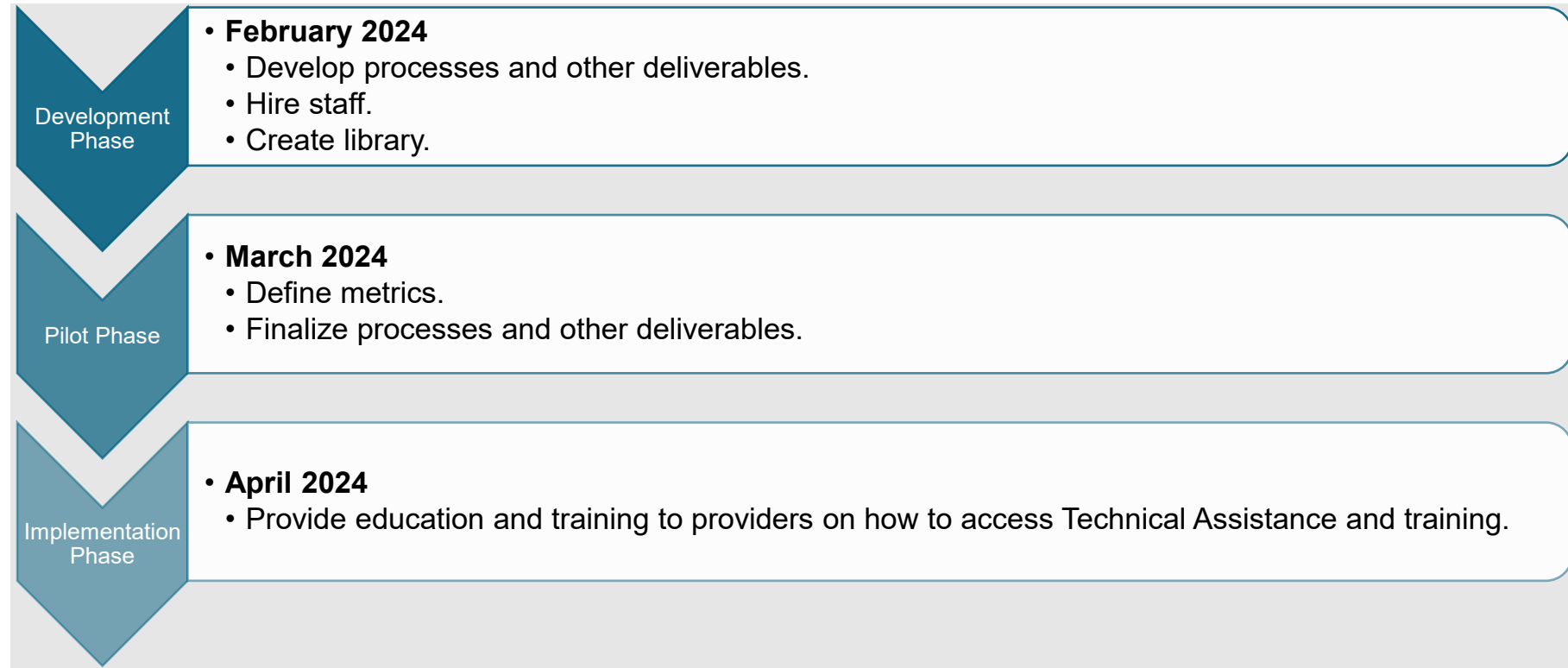
### Goal

Increased knowledge of Person-Centered thinking and a Culture of Quality.

### Roles

DDD	Other DHHS Entities	Liberty
<p>DDD will collaborate with Liberty to develop and implement the Technical Assistance Program (TAP).</p> <p>DDD will continue to provide training and technical assistance to providers of DD Waiver services as needed.</p>		<p>Liberty is responsible for hiring staff to provide technical assistance and training to providers.</p>

## TAP Timeline



# Quality Initiatives Fact Sheet

February 2024

## Onsite Provider Review and Provider Report Card

The Onsite Provider Review will consist of an organizational review of policies and procedures. The review will conduct person-centered interviews of participants from the provider to show the quality of services received by the participant. It will extend technical assistance as a follow-up to providers and an exit report will provide guidance for improvement in the next steps. DDD will provide remediation in response to onsite review results.

Each year, Liberty will generate a Performance Report Card for each provider, incorporating key data on the outcomes of the provider reviews, incident information, and other performance measures identified by DDD. Provider report cards will be publicly posted.

### Goals

Participant’s needs are met in a person-centered way for both compliance and quality standards.

Provider Report Cards highlight provider strengths, experience, and focus areas, which increases informed decision-making of participants selecting providers.

### Roles

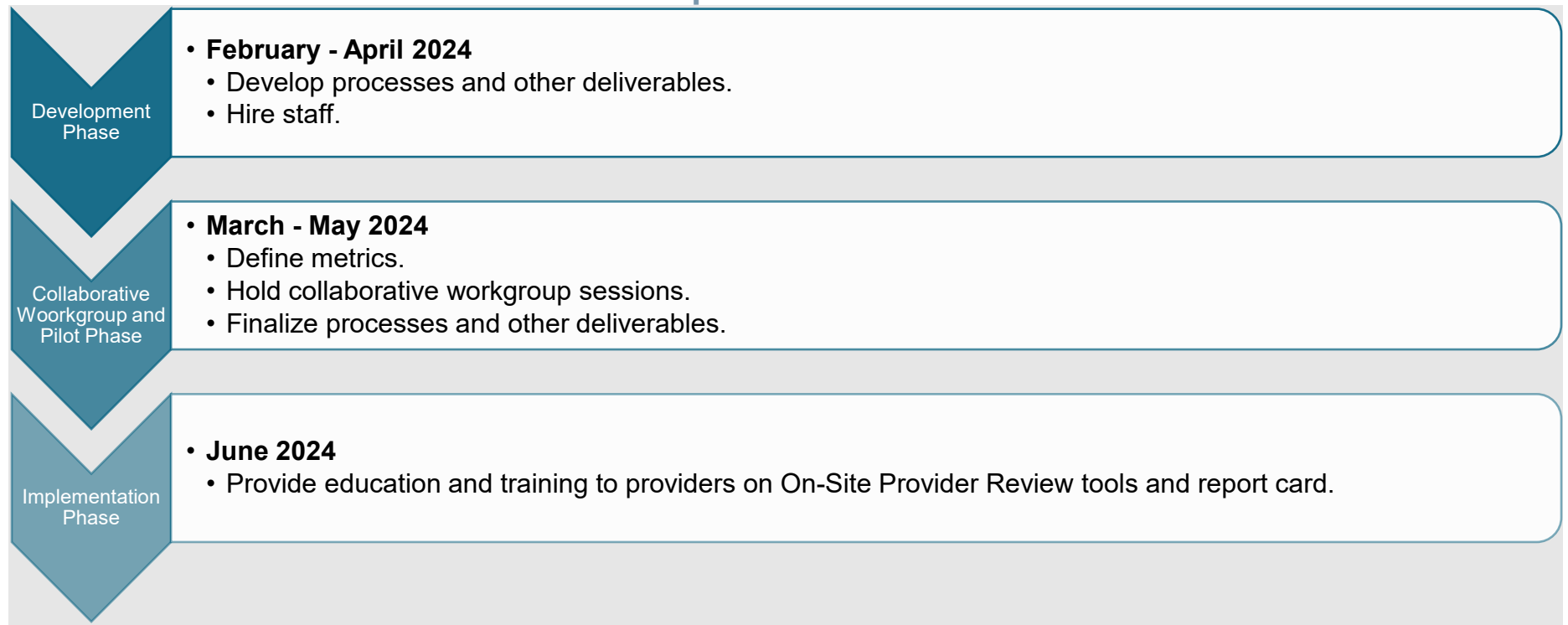
DDD	Other DHHS Entities	Liberty
<p>DDD will collaborate with Liberty to develop and implement the Onsite Provider Review processes and tools and Provider Report Card.</p> <p>The Quality team performs onsite assessments of compliance with the HCBS Final Settings Rule. These onsite assessments may contribute information to the Provider Report Card but have a different purpose and focus than the Liberty Onsite Provider Reviews.</p> <p>Service Coordination completes Service Reviews which assess the implementation of</p>	<p>The DHHS Department of Public Health (DPH) performs onsite certification reviews and complaint investigations to ensure compliance with 404 NAC. Findings from certification and complaint reviews may contribute information to the Provider Report Card but are focused on compliance with 404 NAC and DD provider certification.</p>	<p>Liberty will perform onsite provider reviews for selected providers and work with DDD and DPH to provide information that feeds into Provider Report Cards.</p>

<p>Individual Support Plans. Service Review data may contribute information to the Provider Report Card but are focused on the implementation of service plans at the participant level.</p>		
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## Related State Statute, Regulation, or Federal Guidance

CMS has proposed a new [Access Rule](#) for Medicaid programs, including HCBS Services. The proposed Access Rule is intended to take a comprehensive approach to improving access to care, improving quality and health outcomes for Medicaid recipients, and standardizing data and monitoring. Part of the proposed rule includes a set of standardized HCBS Quality Measures Set for which states will be required to collect data and report to CMS. While this rule has not yet been finalized and implemented, DDD anticipates there will be federal requirements to perform more oversight and collect more data related to participant access and outcomes, and to have system-wide quality improvement initiatives in these areas.

## Onsite Provider Review and Provider Report Card Timeline



# Quality Initiatives Fact Sheet

February 2024

## Utilization Review

The Utilization Review process will include reviewing a representative sample of:

- Provider claims to validate that services were provided; and
- Authorizations and claims to evaluate the utilization of authorized services.

Aggregated data from utilization reviews will be collected and analyzed to reveal systemic issues with submitted claims. This will allow improvements in the system to be implemented and ensure efficient and effective use of waiver supports.

### Goal

Ensures DDD is only paying for services provided.

Ensures service authorizations and Person-Centered plans are aligned with participant needs.

Identifies trends for HCBS Waiver services.

### Roles

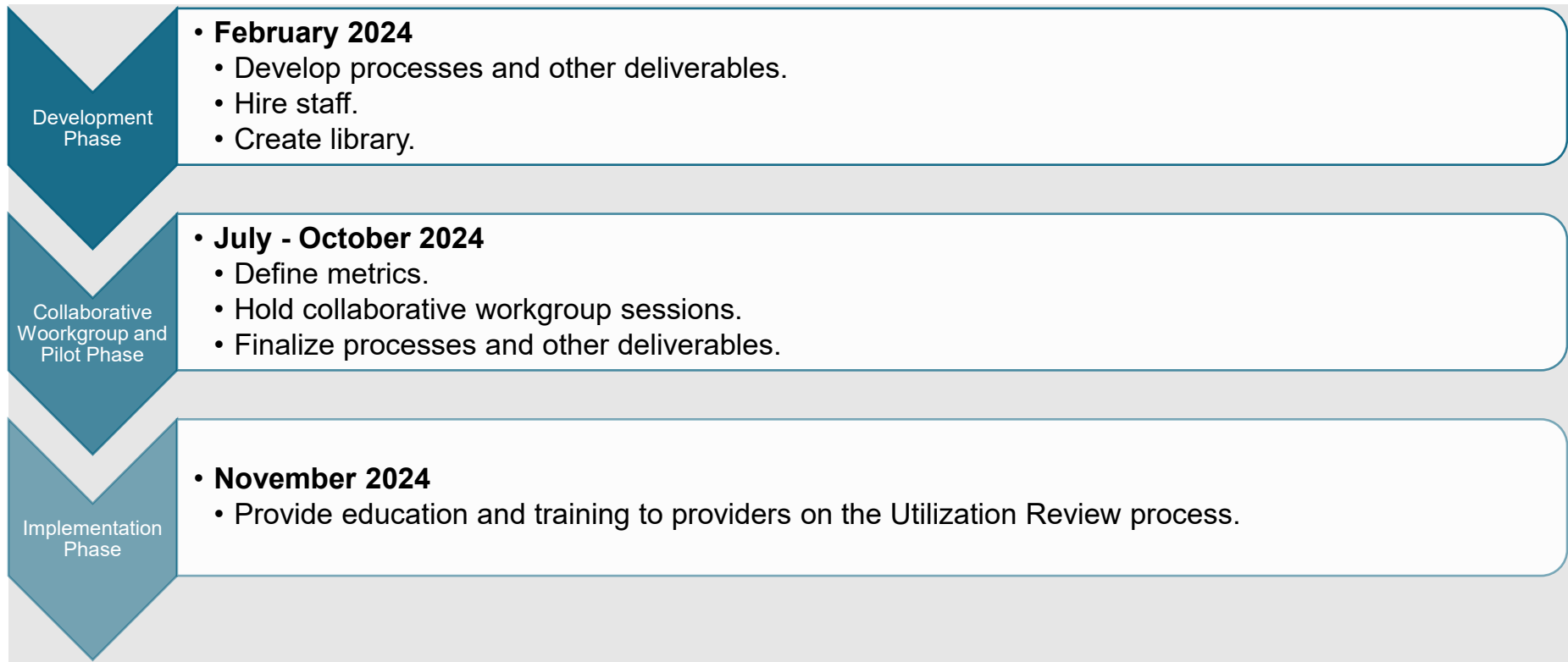
DDD	Other DHHS Entities	Liberty
<p>Service Coordination develops individual budgets, service authorizations, and service plans, and monitors ongoing budget utilization on an individual basis.</p> <p>The Quality team will collaborate with Liberty to develop and implement the Utilization reviews, and address issues identified through this new oversight process.</p>	<p>DHHS Division of Medicaid and Long-Term Care (MLTC) Program Integrity performs oversight of Medicaid services to monitor for fraud, waste, and abuse.</p>	<p>Liberty will perform utilization reviews for selected providers and work with DDD and DPH to provide information that feeds into the Performance Report Card.</p>



## Related State Statute, Regulation, or Federal Guidance

[Code of Federal Regulations \(CFR\) § 441.302](#) requires states must assure financial accountability in order to administer a Medicaid HCBS waiver program. [471 NAC 3](#) outlines requirements for the billing of Medicaid services, including Medicaid HCBS Waiver services, in Nebraska. Ensuring fiscal accountability includes oversight of claims submitted and paid for HCBS Waiver services to ensure that claims are compliant with all applicable regulations and to monitor for potential fraud, waste, or abuse.

## Utilization Review Timeline





**Division of Developmental Disabilities  
Advisory Committee  
Registry Statistics  
(As of 2/1/24)**

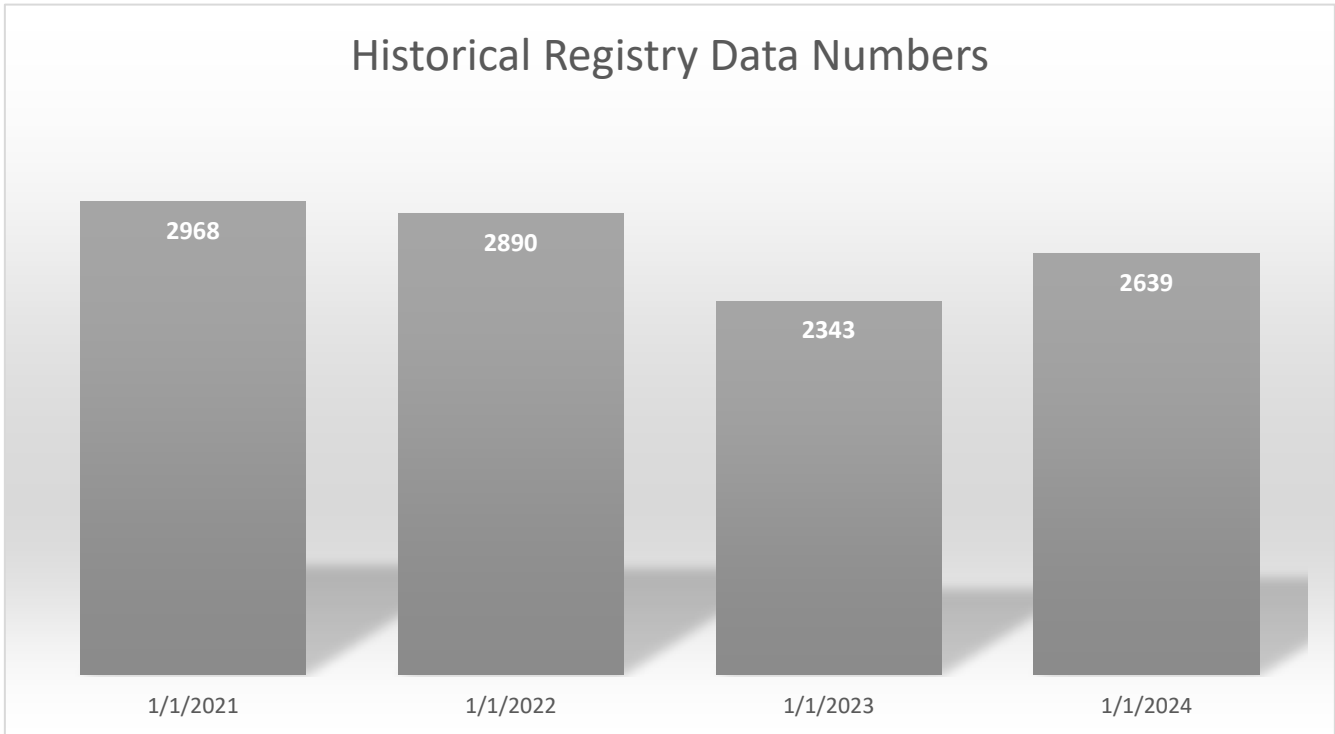
Current Registry Numbers:		Gender:	
Total:	2,639 (increase of 98)	Female:	911 / 34%
		Male:	1,728 / 66%

Active Waiver Numbers	
Waiver	Number of Participants:
Comprehensive Developmental Disabilities (CDD)	4,845
Developmental Disabilities Adult Day (DDAD)	427
Traumatic Brain Injury (TBI)	17
Aged and Disabled (AD)	7,746

Medicaid Eligibility While on Registry:	
Eligible:	2,140 / 81%
Non-Eligible – Children (under 19 years):	417 / 16%
Non-Eligible – Children (19-22 years):	82 / 3%

Services Received While on the Registry:	
Aged & Disabled:	458 / 17%
TBI Waiver:	0 / 0%
DDAD - Day Waiver:	371 / 14%
DD Service Coordination Only:	293 / 11%
Total - Receiving Services:	1,122 / 42%

Current Age of Participants on Registry:		
Age:	Total by Age:	Total by Age with A&D Waiver while on Registry:
0-5 yrs	240	69
6-10 yrs	399	70
11-15 yrs	420	95
16-18 yrs	308	43
19-21 yrs	434	63
22-50 yrs	783	102
51 +	55	16
Child Total	1,367	277
Adult Total:	1,272	181
<b>Total:</b>	<b>2,639</b>	<b>458</b>





Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

## DD ADVISORY COMMITTEE

### DD Court-Ordered Custody Act Statistics

#### GENDER

Female	6
Male	<u>36</u>
	42

#### CURRENT AGE

19-24 yrs	11
25-39 yrs	22
40-59 yrs	9
60+ yrs	<u>0</u>
	42

#### COUNTY OF COMMITMENT

Butler	1
Cass	1
Cheyenne	1
Colfax	2
Dodge	1
Douglas	8
Gage	1
Jefferson	0
Johnson	1
Lancaster	8
Madison	4
Otoe	2
Phelps	1
Platte	1
Sarpy	6
Saunders	2
Scottsbluff	1
Washington	<u>1</u>
	42

#### YEAR OF COMMITMENT

2009	1
2010	0
2011	4
2012	0
2013	0
2014	2
2015	1
2016	4
2017	2
2018	1
2019	7
2020	6
2021	5
2022	7
2023	<u>2</u>
	42

#### Services Before DDCOCA

None	22
SC Only	7
Day Services	2
CDD	<u>11</u>
	42

#### FUNDING

CDD	39
DDAID	3
DDAID - Not	
Med. Elgble	<u>0</u>
	42

BYLAWS  
GOVERNOR'S ADVISORY COMMITTEE ON DEVELOPMENTAL DISABILITIES

**ARTICLE I - Name of Organization**

The name of the organization shall be the Governor's Advisory Committee on Developmental Disabilities.

**ARTICLE II - Purpose and Responsibilities**

Section 1:

The Committee has been established and the members appointed in accordance with provisions of Nebraska Revised Statutes 83-1212.01.

Section 2:

~~The responsibilities of the Committee shall be to advise the Department regarding all aspects of the funding and delivery of services to persons with developmental disabilities.~~

~~Major policy issues on which the Committee has adopted a position should be communicated to the Department Director by written document bearing the approval of the Committee.~~

**Statutory Purpose:** As provided by Nebraska Revised Statutes §§ 83- 1212.01 the purpose of the Advisory Committee is to serve as the stakeholder voice and group that advises on and reviews the status of the Developmental Disabilities System outcomes, strategies, and goals. The advisory committee shall (a) provide sufficient oversight to ensure that persons placed in the custody of the Department under the Developmental Disabilities Court- Ordered Custody Act are receiving the least restrictive treatment and services necessary, (b) oversee the design and implementation of the quality management and improvement plan described in section 83- 1216.01, and (c) assist, provide feedback, and guide the implementation of the Family Support Waiver under section 68-1530.

**ARTICLE III - Membership**

Section 1:

Membership of the Committee shall be in compliance with Nebraska Revised Statutes 83-1212.01.

Section 2:

~~The advisory committee shall consist of not more than 15 members. At least one-third of the membership shall be persons with developmental disabilities, at least one-third of the membership shall be families of persons with developmental disabilities, and no more than one-third of the membership shall be elected officials or interested~~

~~community persons.~~

The advisory committee shall consist of a representative of a statewide advocacy organization for persons with developmental disabilities and their families, a representative of Nebraska's designated protection and advocacy organization, a representative of the Nebraska Planning Council on Developmental Disabilities, a representative of the University Center for Excellence in Developmental Disability Education, Research and Service as defined in section [68-1114](#), and not more than fifteen additional members. At least fifty-one percent of the members shall be persons with developmental disabilities and family members of persons with developmental disabilities.

~~Members shall be appointed by the Governor for staggered terms of three years. Any vacancy shall be filled by the Governor for the remainder of the term. One of the members shall be designated as Chairperson by the Governor.~~

Members shall be appointed by the Governor for staggered three-year terms. The term may be renewable and no term limits shall exist.

### Section 3:

~~Unless absences are excused by the Chairperson, a member who fails to attend two regularly scheduled meetings of the Committee during any calendar year shall be asked to forfeit membership on the Committee. The Governor shall be notified of the absences of his appointee with the recommendation that a new appointment be made.~~

A member who has two absences from a regularly scheduled meeting or has missed 25% or more of the meetings in the calendar year that are not excused in writing by the Chairperson prior to the absence shall be contacted by the Chairperson regarding their intentions for future participation in the Committee. If the person indicates they are not able to participate, the Chairperson shall request their formal resignation from the Committee.

Any Committee members who cannot complete their term shall submit a formal resignation in writing to the Chairperson and Governor's appointments office. Resignation shall be submitted at least 30 days prior to the effective date and no less than 45 days prior to the next scheduled meeting.

Resignations by Council members shall be made by notifying in writing the Governor's appointments office and Chairperson of the Council. Within 10 days of the occurrence of a vacancy in Council membership, the Chairperson of the Council will notify the Governor in writing and request that a replacement be appointed within 30 days.

## ARTICLE IV - Voting

### Section 1:

~~Committee business cannot be conducted without at least eight of the members present. A quorum for voting purposes shall consist of a majority of the members.~~

**Quorum:** A quorum shall consist of one member more than half of the current members of the Committee. The continued presence of a quorum shall be established before taking any vote or stating the question on any motion. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

## ARTICLE V - Officers

### Section 1: -

Officers of the Committee shall be Chairperson, and Vice Chairperson.

The Chairperson shall be appointed by the Governor and the Vice Chairperson shall be elected annually at the first meeting following the annual appointments/ re-appointments by the Governor.

### Section 2:

The duties of the Officers shall be:

~~Chairperson - Preside at all Committee and Executive Meetings, and perform any other duties designated by the Committee.~~

~~Vice Chairperson - Shall act for the Chairperson in his or her absence or incapacity and perform any other duties designated by the Chairperson or the Committee.~~

### **Chairperson -**

- (1) Preside at all Committee and Executive meetings
- (2) Appoints the Chairpersons of sub-committees, in consultation with other Board members.
- (3) Serves *ex officio* as a member of sub-committees and attends their meetings when invited.
- (4) Signs all letters on behalf of the Committee
- (5) Perform any other duties designated by the Committee.
- (6) Review attendance reports and contact members as needed.

**Vice Chair Job Description-** This position is typically successor to the Chair position.

1. Is a member of the Executive Committee
2. Performs Chair responsibilities when the Chair cannot be available (see Chair Job Description)
3. Assist the Committee Chairperson in the performance of his/her duties.
4. Participates closely with the Chair to develop and implement officer transition plans.
5. Performs other responsibilities as assigned by the Board.

Section 3:

The Executive Committee shall consist of the Chairperson and Vice Chairperson and any persons designated by the Chairperson. The Chairperson may call the Executive Committee together at his or her discretion. Chairs of subcommittees will be appointed by the Chairperson and will be members of the executive committee for the duration of the subcommittee's tenure.

**ARTICLE VI - Meetings**

Section 1:

Meetings of the Committee shall be held at least quarterly.  
The time  
and place shall be determined by the Committee.

Section 2:

Meetings shall be held in such a manner as to meet the requirements of the Nebraska Public Open Meeting Law.

Section 3:

~~The Chairperson shall provide for a notice of time, date, place, and an agenda for all meetings.~~

The time, date, and location of the next meeting should be determined prior to adjournment of the preceding meeting and documented in the minutes. Within thirty days, but not less than seven days prior to the next meeting, the Division shall send a reminder and meeting agenda to each Committee member at his/her last known requested address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the state website.

Section 4:

Official minutes shall be taken by a secretary provided by the State Agency and all records and files shall be kept in the office of the State Agency.



Section 5:

The Committee members shall be reimbursed for actual and necessary expenses incurred in carrying out their duties as provided in Nebraska Revised Statutes Sections 81-1174 to 81.1177 for state employees.

**ARTICLE VII - Committees**

The **Chairperson** may appoint such committees as they deem necessary or desirable to carry out its responsibilities. Except as otherwise provided in these Bylaws, the Chairperson shall name the members and **Chairperson** of all committees.

**ARTICLE VIII - Amendments**

These Bylaws may be altered, amended or repealed and new Bylaws adopted by a majority vote of Committee members at any regular meeting of the Committee and following written notice to all members at least two weeks prior to such meeting. Such changes shall be consistent with requirements set forth in Nebraska State Statute 83-1.201, and any appropriate federal legislation.

All alterations, amendments, or new Bylaws adopted by the Committee are subject to the approval of the Director of the Developmental Disabilities Division of the Department of Public Institutions.

**ARTICLE IX - Date of Effectiveness**

Section 1:

The date of effectiveness of these Bylaws shall be ...J=u=laa.y 1=S.., 1994.

February 14th, 2024

ADVISORY COMMITTEE ON DEVELOPMENTAL DISABILITIES

Membership:

~~-At least one third of the membership shall be families of persons with developmental disabilities~~

~~-At least one third of the membership shall be persons with developmental disabilities~~

~~-No more than one third of the membership shall be elected officials or interested community persons~~

~~-Total membership shall not exceed fifteen (15) members~~

~~-Members shall be appointed for staggered terms of three years~~

~~-The Governor shall appoint the Chairperson~~