

# ***Developmental Disabilities Advisory Committee***

## **Meeting Minutes**

**March 13, 2024**

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

Lorie Regier called to order the regular meetings of the DD Advisory Committee at 10:08 am on Wednesday, February 14, 2024. This meeting was 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:** Mike Browne, Mark Shriver, Kristen Larsen, Suzanne Wahlgren, Debbie Salomon, Lorie Regier, Cris Petersen, Dianne DeLair, Angela Willey, Christina Zeleski, Dorothy Ackland (Virtual)

**Advisory Members Absent:** Linda Clemens, Lisa Pruitt, Margaret Huss, Jennifer Hansen, Stacy Bliss, Jennifer Miller, Kizzie Vaughn

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

**Meeting Attendees:** Paul Murdock, Liberty Health Care; Joe Valenti, Advocate; Ric Nelson, Area Director Mosaic; Nate Panowicz, Executive Director Mosaic

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

Debbie Salomon moved to approve the agenda as presented, 2<sup>nd</sup> by Dianne DeLair, Agenda. Role call vote complete. Approved by all members present. Motion carried agenda approved as presented.

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

Correction to the minutes - Cris Petersen's name was misspelled under role call section of the February minutes; Mike Browne made a motion to approve as amended correcting the spelling on Cris's name. Role call vote completed. Abstained: Debbie Salomon. All other members present voted to approve minutes as amended.

### **V. Legislative Update**

➤ Legislative Bill 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.

○ Bill is currently being discussed on the Legislative floor. Prog 038 (DD Aid) – program that funds services - was already approved in current biennium budget to get an additional 2% increase in funding on 7/1/24.

○ Waivers have to be renewed every 5 years. A piece of that renewal is that we have to assess the adequacy of our rates to assure an adequate network. Part of this will now include reviewing providers cost reports. This includes looking at funds going to direct service vs. administrative costs.

○ Every service rate build-up gets an Admin percentage, Management & Supervision percentage, Direct care percentage, Training percentage etc.

- Nebraska does not prescribe what providers do with their rate increases. Some states do. Every state tackles this differently.
- Committee members have heard that providers are closing group homes.
  - This doesn't necessarily mean the system is collapsing. Sometimes when a change is made, such as a group home is closing, that is a business model choice being made by a provider to move to an SLP.
  - An SLP is not always the best fit. Committee feel some people may be better served in a group home or an Intermediate care Facility (ICF).
- If you pay the provider/direct support a living wage you are going to get a long term commitment. As a parent, that's what you want. That living wage is important.
- Everyone wants this tackled. It needs to be talked in a larger system delivery system. All caretaking roles (home health, direct care etc..) are struggling nationally with low compensation.
- 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.
  - Currently expecting an amendment to have this committee be removed from the elimination list.
  - *FOLLOW UP*: Tyla Watson to send a notification to the committee when the amendment comes out.
- Legislative Bill 1025 - Currently in the revenue committee and at this time it hasn't been prioritized.
- Legislative Bill 1007 – State plan amendment to authorization went out of committee and went to General file.
- ARPA funds: There are multiple pots of ARPA funding. One of those pots is specific to Home and Community Based Services – this is the one that we have been funding the mini grants.
  - Grants that closed last week included:
    - Vehicle Modifications
    - Charting the life course
    - Emergency safety intervention to provide opportunity for any provider not currently using Mandt to train.

## **VI. Developmental Disabilities Updates:**

### **➤ Registry of Need Update**

- HANDOUT: Registry Statistics March 13, 2024
  - 2,704 are currently on the registry this is an increase of 65 since February 2024 meeting;
- The Division has seen is rise of people receiving the Aged and Disabled (AD) waiver and will be submitting an amendment to reflect that movement.
- Approximately 20 providers have completed the Traumatic Brain Injury training.
- Division recently made 2024 Graduate offers. 125 offers, 70 accepted, 7 declined, and 48 waiting on response - a second letter has been sent out.

- **DD Court-Ordered Custody Act (COCA) Update:**
  - HANDOUT: DD Court-Ordered Custody Act Statistics – March 13, 2024;
  - 41 Active DD COCA Cases this is 1 less than was reported in February 2024.
  
- **Family Support Waiver – Jenn Clark provided an update on activities since March 1, 2024:**
  - 150 letter offers have been sent out.
  - 1 person has accepted the offer.
  - Received 20 responses yesterday, they are being reviewed today.
  - Two providers trainings completed. Information and a recording of the training is available on the Family Support Waiver [website](#).
    - 211 Providers attended training for the family support waiver. Attendees included:
      - Day Cares
      - DD Providers
      - A&D Providers
    - Approximately 20 providers have started processes to get approved to provide the Family Support Waiver.
  - Division is currently in the process of hiring additional staff to help support the Family Support Waiver:
    - 44 Service Coordinators
    - 5 Supervisors
    - 1 Service Administrator
  
- **Feedback requested from the committee by Tony Green:**
  - Tony asked the Committee to begin thinking about how the Division could operationalize needed services. Specifically, should group home/Shared Living be available to all assessed Tier levels?
    - Currently all budgets on the Comp DD Waiver have amounts that allow for the purchase of a group home/SLP. Even if participants needs are in the lowest Tier (Basic), but they could reasonably live in Independent Living, they can choose a more costly Group Home model, as a desirable services versus one that is need based.
    - Some States create a limitation in the 24/7 residential service that can only be accessed when a specific variable is present.
    - What is the committees ideas on remote/virtual supports as opposed to direct staffing?
  - Previous recommendations to DD have been to move to the InterRAI suite of assessments, similar to the AD Waiver. This too could be used as a ICF Level of Care, Objective Assessment Process for Budgets and a tool identifying when out of home placement is warranted/necessary. What are the committee's thoughts on certain characteristics needing to be present before receiving highest cost service?
  - As we think about system reform and creating a system to meet everyone's needs, what thoughts do you have about that concept? What questions do you have?

## VII. Public Comment:

- **Joe Valenti, Parent/Advocate** – Regarding what Tony was saying, I think he was saying, that there may be a system of qualification to get comprehensive services. Not to be answered today, but for thought sake. I would ask, how would a provider such as Sheltering Tree fit into that model? How much is the Government responsible to support individuals?  
Rates don't necessarily equate to wages. I ran a business. My problem with all of the bills that raise rates is they just go to the provider, the Direct Support Professionals should be receiving raises in wages.  
We had group homes and now we are moving to Shared living providers. This is seen as the better model currently but what happens when that SLP ends. The Trauma that someone must be shifted from one family to another family. We need to be careful that we aren't trying to solve a problem with another problem.  
What happens to our aging DD populations? Nursing homes aren't always the right place for them. Strong possibility that BSDC might be able to be a good assisted living option to help this populations.  
If someone doesn't need to be in services at the highest rate. On a given day I think my son should be living at home, on another day there is no way. There is trauma and guilt on any given day on what we are doing for our families.  
Request that we add Public Comment to the end of the meeting to allow for additional or a chance to comment on anything discussed later in the meeting.
- **Nate Panowicz, Executive Director Mosaic** – A lot of good questions and conversation. The question Tony asked is a loaded question. As a provider there will always be the question are we supporting this person in the best way. Sometimes we over support and we have to have those conversations about pulling back. Sometimes that conversation is easy and works, and other times we get questions such as is this about staffing. Sometimes it is about staffing. We are always asking if we are providing the right level of support with dignity, respect, safety, dignity of risk. Something I would note: In our personal lives we are more and more focused on technology. We should be looking at how the people we work with us technologies. This committee is asking really great questions. These are all difficult topics. Thank you.
- **Ric Nelson, Area Director Mosaic** - I don't necessarily think the questions are loaded. These are big questions. Something to explore. I would encourage the committee to think about is the reality of the workforce shortage and to consider what the workforce will look like in the future. We are in the baby boomer phase. There are less and less people to fill the jobs. I would support any movement on help with Technology. There are amazing technologies that have changed the world as we know it. There are beds that can monitor your heart rate. We have watches and phones the have our medical information in them all the time. Thank you for allows us to come and listen.

## VIII. Old Business:

- **Subcommittees:** The Executive committee has narrowed down the list of subcommittees to Executive Committee, Quality, Legislative, and DD Court-Ordered Custody Act. Motion made by Debbie Salomon with a 2<sup>nd</sup> by Dorothy to approve the list of subcommittees. Role call vote taken. Approved by all members present. Motion carried.

Committee members were asked to volunteer for which committees they would like to be part of.

*FOLLOW UP:* Members not present are asked to let Lorie know which committee they would prefer to be part of.

- **Executive Committee** – Chair of the Sub-committee will automatically become a member of the Executive Committee they (Membership, Onboarding, ect...) Lorie Regier, Mark Browne, Kristen Larsen, Cris Petersen, Dianne DeLair
  - **Quality** - (System Evaluation Report, Liberty, Quality Management) – Mike Browne (Chair), Kristen Larsen, Mark Shriver, Debbie Salomon, Suzie Wahlgren
  - **Legislative** – Cris Petersen (Chair), Dorothy Ackland, Angie Willey, Kristen Larsen, Christina Zeleski
  - **DD Court-Ordered Custody Act** – Dianne DeLair (Chair), Debbie Salomon, Mark Shriver, Stacy Bliss
- **Future Meeting Dates:** Motion made by Mike Browne and 2<sup>nd</sup> by Dorothy Ackland to change frequency of future meetings following the April meeting to every other month instead of monthly. Role call vote taken. Approved by all members present. Motion carried.
    - Wednesday, April 10, 2024
    - Wednesday, June 12, 2024
    - Wednesday, August 14, 2024
    - Wednesday, October 9, 2024
    - Wednesday, December 11, 2024
    - Wednesday, February 12, 2024

## IX. Members Open Discussion:

Christina Zeleski: Would like everyone to be heard and be able treated the same as everyone else.

Dorothy Ackland: Asked that the Division consider doing a survey to confirm the training documents we have are plain language so everyone can understand.

### Next Meetings:

Wednesday, April 10, 2024  
Conference Room P  
5220 South 16<sup>th</sup> St  
Lincoln, NE

**Governor's Developmental Disability Advisory Committee**  
**Wednesday, March 13, 2024**  
**10:00 AM – 2:00 PM**  
**In-Person**  
**Conference Room P, 5220 South 16<sup>th</sup> St, Lincoln, NE**

**Order of Business**

- 10:00 a.m.** Call to Meeting Order & Roll Call
- 10:05 a.m.** Review/consider motion to approve the Order of Business
- 10:10 a.m.** Review/ consider motion to approve the February 14, 2024 Draft Meeting Minutes (*HANDOUT – 2.14.24 Draft meeting minutes: Attachment 1*)
- 10:15 a.m.** Legislative Update – Division to provide an update on bill or amendments that the division is tracking.
- 10:40 p.m.** Developmental Disability (DD) Updates
- a) Registry of Needs – Division to provide updated data of those individuals currently on the registry (*HANDOUT – Registry of Need March 1, 2024: Attachment 2*)
  - b) DD Court-Ordered Custody Act - Division to provide data related to the DD Court-Ordered Custody Act (*HANDOUT – DD Court-Ordered Custody Act Statistics: Attachment 3*)
  - c) Family Support Waiver (FSW) – Waiver approved by CMS March 1, 2024. Division to provide update on activities surrounding the FSW since the February Meeting.
- 11:00 a.m.** Quality Management Plan - 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](#)).
- a) Discuss the Quality Initiatives Fact Sheet shared at the February 14, 2024 meeting. (*HANDOUT – Quality Initiatives Fact Sheet: Attachment 4*)
  - b) Human Legal Rights Update and Overview
- 12:00 p.m.** Public Comments
- 12:05 p.m.** Lunch/Break
- 12:25 a.m.** Old Business
- a) Committee Priorities & Subcommittees
    - I. The committee to consider priorities and decide which topics they would like to focus on with subcommittees. List of possible subcommittees to begin conversation are below:
      - i. Legislative
      - ii. DD Court-Ordered Custody Act
      - iii. Quality (Liberty, Provider Training, etc.)
      - iv. System Evaluation
      - v. Membership/Onboarding New Members
      - vi. Access Final Rule
    - II. Consider motion to establish subcommittees.

- 1:35 p.m.** New Business
- I. Future meeting dates
    - a. Committee to consider frequency/time of meeting.
    - b. Consider a motion to update meeting dates.

**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



**Division of Developmental Disabilities  
Advisory Committee  
Registry Statistics  
(As of 3/1/24)**

Current Registry Numbers:		Gender:	
Total:	2,704 (increase of 65)	Female:	935 / 35%
		Male:	1,769 / 65%

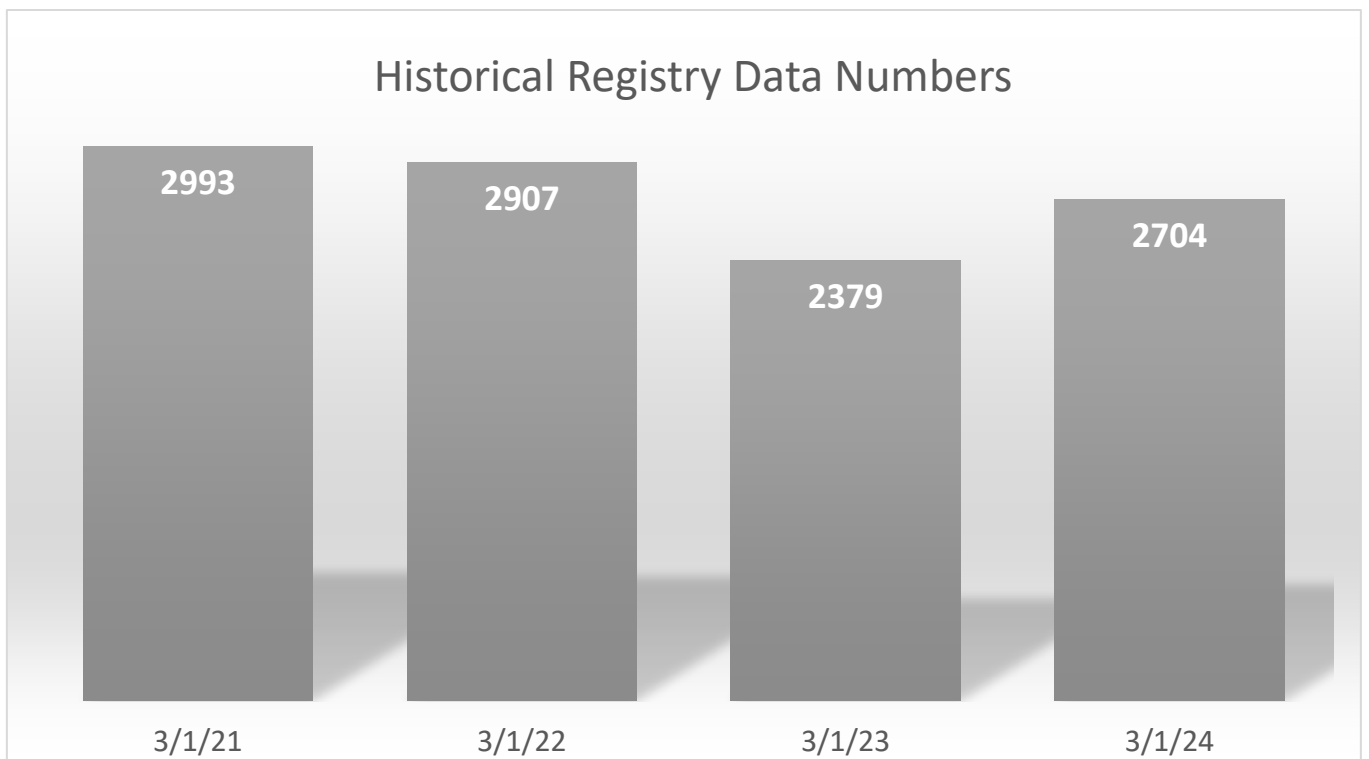
Active Waiver Numbers	
Waiver	Number of Participants:
Comprehensive Developmental Disabilities (CDD)	4,842
Developmental Disabilities Adult Day (DDAD)	431
Traumatic Brain Injury (TBI)	17
Aged and Disabled (AD)	7,832

Medicaid Eligibility While on Registry:	
Eligible:	2,198 / 81%
Non-Eligible – Children (under 19 years):	418 / 16%
Non-Eligible – Children (19-22 years):	88 / 3%

Services Received While on the Registry:	
Aged & Disabled:	483 / 18%
TBI Waiver:	0 / 0%
DDAD - Day Waiver:	373 / 14%
DD Service Coordination Only:	352 / 13%
Total - Receiving Services:	1,208 / 45%



Current Age of Participants on Registry:		
Age:	Total by Age:	Total by Age with A&D Waiver while on Registry:
0-5 yrs	247	72
6-10 yrs	414	76
11-15 yrs	422	96
16-18 yrs	304	42
19-21 yrs	461	76
22-50 yrs	800	105
51 +	56	16
Child Total	1,387	286
Adult Total:	1,317	197
<b>Total:</b>	<b>2,704</b>	<b>483</b>



## DD ADVISORY COMMITTEE

### DD Court-Ordered Custody Act Statistics

#### GENDER

Female	6
Male	35
	<u>41</u>

#### CURRENT AGE

19-24 yrs	11
25-39 yrs	21
40-59 yrs	9
60+ yrs	0
	<u>41</u>

#### 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	1
Phelps	1
Platte	1
Sarpy	6
Saunders	2
Scottsbluff	1
Washington	1
	<u>41</u>

#### YEAR OF COMMITMENT

2009	1
2010	0
2011	4
2012	0
2013	0
2014	2
2015	1
2016	4
2017	2
2018	1
2019	6
2020	6
2021	5
2022	7
2023	2
	<u>41</u>

#### Services Before DDCOCA

None	21
SC Only	7
Day Services	2
CDD	11
	<u>41</u>

#### FUNDING

CDD	38
DDAID	3
DDAID - Not Med. Elgble	0
	<u>41</u>

# 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

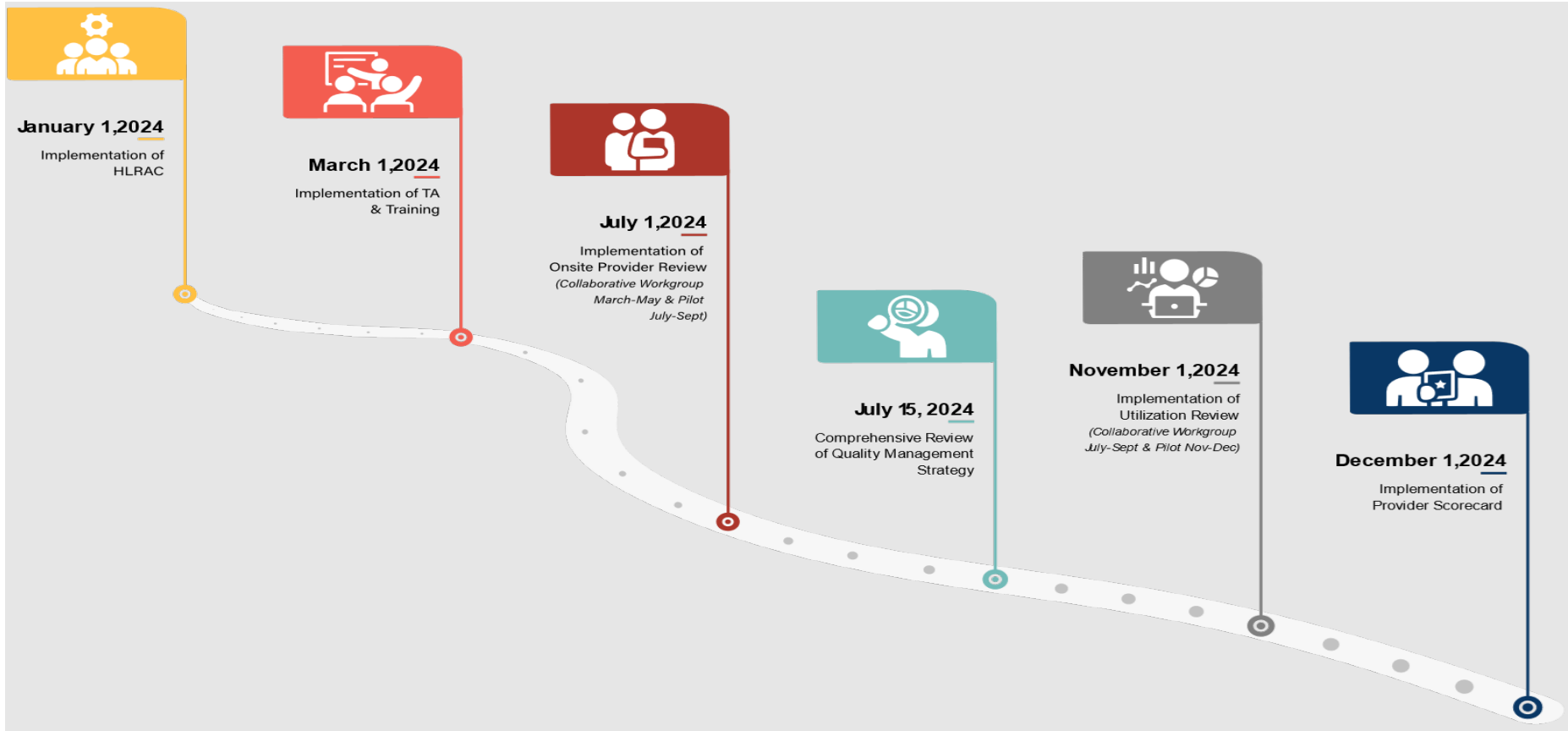
DDD	Other DHHS Entities	Liberty
<p>DHHS has contracted with Liberty HealthCare (QIO) to assist with the implementation of Quality Initiatives to improve the effectiveness, efficiency, and Quality of services to participants in Nebraska.</p> <p>DDD collaborates with Liberty on the development of the Quality 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

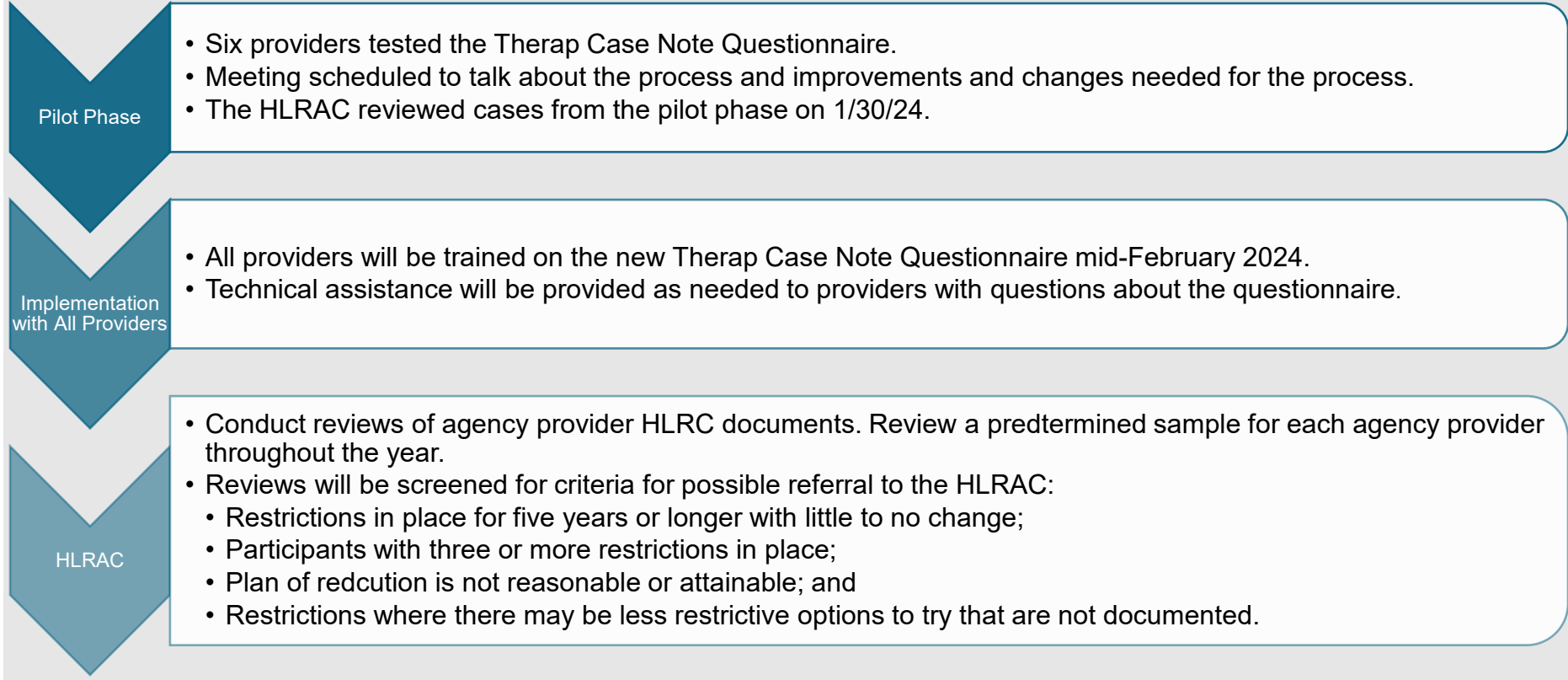
DDD	Other DHHS Entities	Liberty
<p>A QI teammate co-chairs the HLRAC Committee (Liberty Supported Initiative).</p> <p>Compliance issues identified through Liberty's review of provider HLRC records are referred to the QI team for follow-up and resolution.</p> <p>Recommendations for system improvement 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.

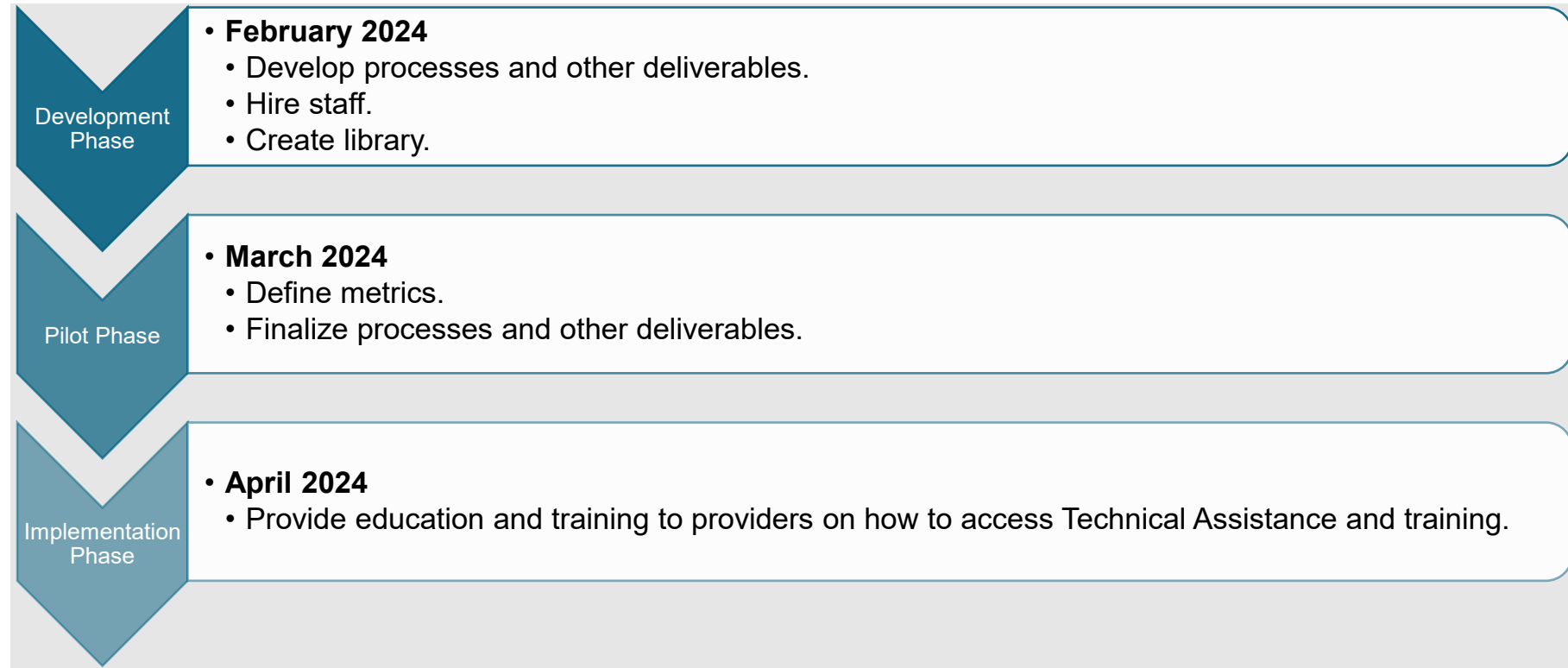
### Goal

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

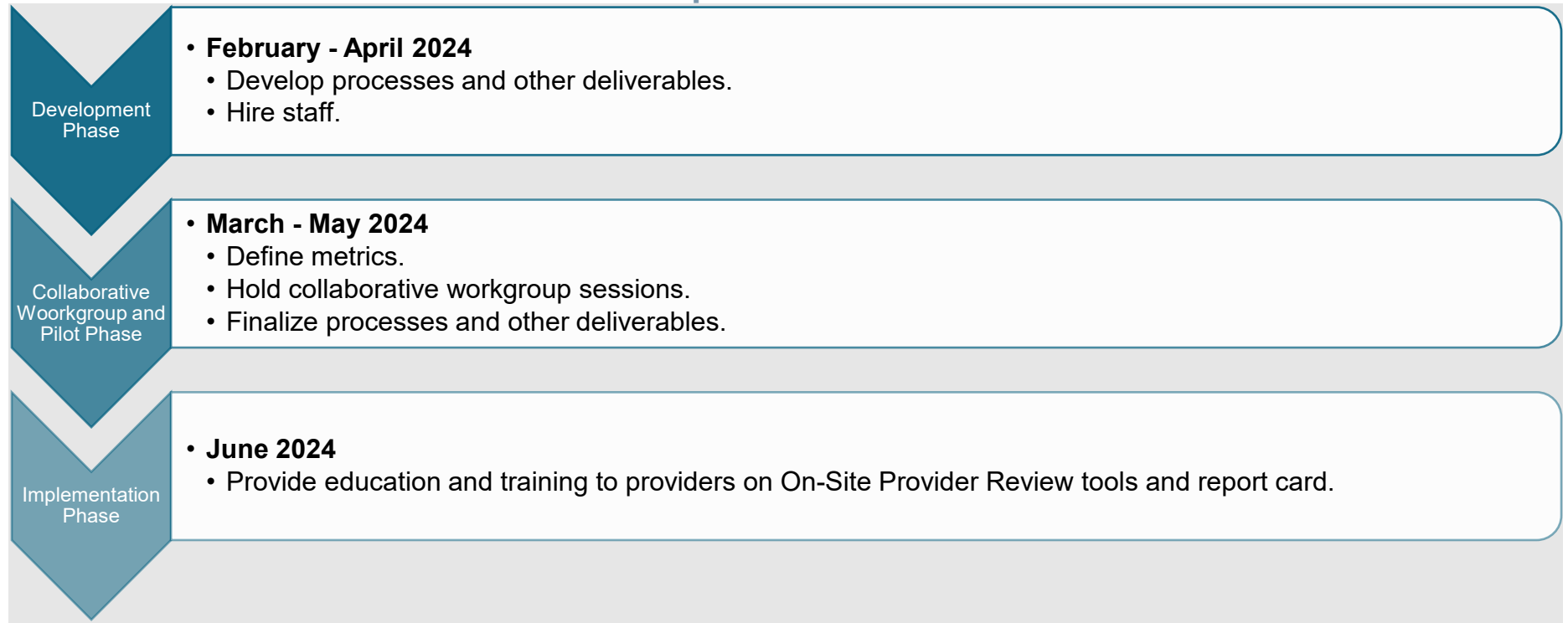
DDD	Other DHHS Entities	Liberty
<p>DDD will collaborate with Liberty to develop and implement the Onsite Provider Review processes and tools and Provider Report Card.</p> <p>The Quality team performs onsite assessments of compliance with the HCBS Final Settings Rule. These onsite assessments may contribute 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

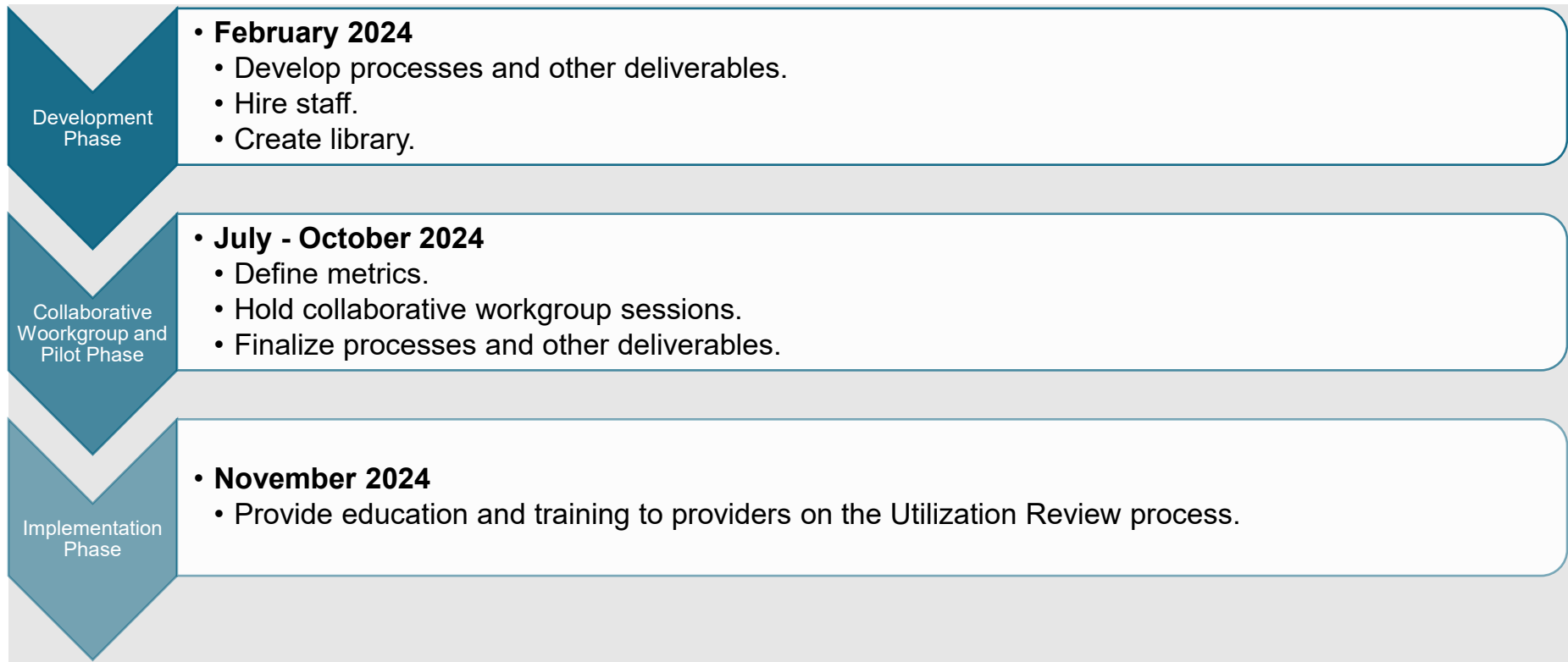
DDD	Other DHHS Entities	Liberty
<p>Service Coordination develops individual budgets, service authorizations, and service plans, and monitors ongoing budget utilization on an individual basis.</p> <p>The Quality team will collaborate with Liberty to develop and implement the Utilization reviews, and address 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



# ***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, Chris 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 Chris 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

DRAFT