

# ***Developmental Disabilities Advisory Committee***

## Meeting Minutes

August 14, 2024

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

Lorie Regier to call the regular meetings of the DD Advisory Committee on Wednesday, August 14, 2024. This meeting was to be held 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:** Mark Shriver, Kristen Larsen, Debbie Salomon, Lorie Regier, Cris Petersen, Dianne DeLair, Jennifer Hansen, Jennifer Miller, Dorothy Ackland, Joe Valenti

**Advisory Members Absent:** Mike Browne, Linda Clemens, Lisa Pruitt, Kizzie Vaughn, Cathy Martinez, Suzanne Wahlgren, Angela Willey, Christina Zeleski, Stacy Bliss

**DHHS Staff:** Tyla Watson, Jenn Clark, Kristen Smith, Tony Green, Colin Large, Paul Edwards, Jeremy Brunssen

**Meeting Attendees:** Paul Murdock, Liberty Health Care; Townshend Peters, Myers and Stauffers; Jackie George, Myers and Stauffers; Alisha Golec, Myers and Stauffers; Julie Kotchevar, Myers and Stauffers; Phil Gray, Advocate; Alana Schriver, NASP Executive Director; Edison McDonald, ARC of Nebraska

### **III. No Quorum Present.** Quorum required of 11 committee members, 10 present. No Meeting Minutes Taken.

# **Governor's Developmental Disability Advisory Committee**

**Monday, August 14, 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 June Meeting Minutes
- 10:15 a.m.** Electronic Visit Verification (EVV) Medicaid Personal Assistance Services (PAS) and Home and Community-Based Service (HCBS) changes. Discuss recent activities and concerns received regarding the changes. (*HANDOUT: Medicaid Provider Bulletin*)
- 10:35 a.m.** interRAI Assessment Tool Follow-up - Myer and Stauffer presented information on the assessment tool at the June meeting. Myer and Stauffer to provide an update on the interRAI activities since the June meeting. (*HANDOUT: PowerPoint interRAI Assessment Status Update and Reduce Reliance on Congregate Care Preliminary Recommendations*)
- 11:00 a.m.** Congregate Care Report – Myer and Stauffer will be presenting recommendations related to congregate care.
- 12:00 p.m.** Public Comment
- 12:05 p.m.** Lunch/Break
- 12:25 a.m.** Policy changes: Proposed service definition changes for future waiver amendments presented by Colin Large. (*HANDOUT: PowerPoint Elimination of Waitlist- Related Policy Changes*)
- 12:45 p.m.** Subcommittee reports:
- 1) Executive Subcommittee
  - 2) Legislative Subcommittee
  - 3) DD Court-Ordered Custody Act
  - 4) Quality Subcommittee - See Quality Management Plan- Liberty Presentation
- 1:00 p.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](#)). Liberty Health Service to provide a presentation on Incident data, Technical Assistance Program Update, and Onsite Provider Review/Utilization Review. (*HANDOUT: Liberty Presentation 07/17/2024*)

**1:30 p.m.** Developmental Disability (DD) Updates

- a) Waitlist/Elimination Update – Division to provide updated data of those individuals currently on the waitlist (otherwise known as the registry) (*HANDOUT – August Waitlist Data*)
- b) Family Support Waiver (FSW) –Division to provide update on activities surrounding the FSW since the March 13,2024 Meeting.
- c) DD Court-Ordered Custody Act - Division to provide data related to the DD Court-Ordered Custody Act (*HANDOUT – August DDCOCA Statistics*)

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

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

# ***Developmental Disabilities Advisory Committee***

## Meeting Minutes

June 17, 2024

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

Mike Browne called to order the regular meetings of the DD Advisory Committee at 10:00 am on Monday, June 17, 2024. This meeting was a hybrid meeting via Zoom and 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:** Dorothy Ackland, Stacy Bliss, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Martinez, Jennifer Miller, Lorie Regier, Debbie Salomon, Mark Shriver, Joe Valenti, Angie Willey, Christina Zeleski

**Advisory Members Absent:** Linda Clemens, Cris Petersen, Lisa Pruitt, Kizzie Vaughn, Suzanne Wahlgren

**DHHS Staff:** Tyla Watson, Jenn Clark, Colin Large, Brianne Berries

**Meeting Attendees:** Paul Murdock, Liberty Health Care; Nate Panowicz, Executive Director Mosaic; Edison McDonald, Executive Director – ARC of Nebraska; Mikayla Findlay, Legislative Fiscal Office; Phil Gray, Advocate; Ric Nelson, Area Director Mosaic

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

Dorothy Ackland moved to approve the agenda as presented, motion 2<sup>nd</sup> by Debbie Salomon. Motion carried; agenda was approved as presented.

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

Debbie Salomon moved to approve the minutes as presented, 2<sup>nd</sup> by Dorothy Ackland. Motion carried; minutes were approved as presented.

### **V. Developmental Disabilities Updates:**

#### ➤ **Waitlist Elimination Update & Family Support Waiver**

- **HANDOUT:** June 2024 Waitlist Data – DD Advisory Committee
  - 2,799 are currently on the waitlist
  - Family Support Waiver (FSW) – 12 participants on the waiver
    - 475 offers have been made for FSW;
      - ❖ 175 have accepted the offer;
      - ❖ 25 have declined the offer;
      - ❖ 275 have not responded - Department is currently reaching out to those that have not responded with a second letter or via phone if we have a number for them to follow up on offers.
- **FOLLOW UP:** Committee would like to request a monthly update on the service coordination (SC) team. How many SC's positions, how many vacancies, and current caseloads?

- *FOLLOW UP*: Committee would like to request to see the comprehensive implementation plan for ending the waitlist as soon as the first draft is available.

➤ **DD Court-Ordered Custody Act (COCA) Update:**

- HANDOUT: DD Court-Ordered Custody Act Statistics – June 2024
- 39 Active DD COCA Cases- this is a decrease of 2 since last meeting in April.

**VI. Quality Updated – Paul Murdock, Liberty Healthcare**

- Currently working on On-site provider review collaborative workgroups:
  - DD Waiver Workgroup (CDD/DDAD/TBI) scheduled for July 25, August 14, Sept 12, 2024.
  - AD & TBI Workgroup tentatively scheduled for August – October 2024.
- Technical Assistance Program (TAP)
  - Provides training and technical assistance, analyzes data, provides a resource library, provides systematic training
  - Can be used by providers, individuals receiving services, SC's, and families/guardians
- Quarterly Trainings
  - Technical Assistance Program will develop and facilitate 4 quarterly trainings
    - 1<sup>st</sup> Quarter – Preventing Abuse, Neglect, & Exploitation
      - We have seen an uptick in incident reports, currently reviewing.
      - Feedback from Alana Shriver: The definition of abuse and neglect with the removal of “disregard intent to harm” has forced an increase in incident reports. When you are working with people that may not understand their actions cause harm, intent matters. When filling out an incident report, the provider has to look at which definition do you follow, the one based on statute or the one based on liberty’s guidance.
    - 2<sup>nd</sup> Quarter – General Event Report (GER) Resolutions
    - 3<sup>rd</sup> and 4<sup>th</sup> Quarter – TBD based on data from previous quarters.
  - Each training will be presented on multiple occasions and trainings will be recorded/uploaded to the shared webpage.
- Committee suggestion: Liberty should have a Facebook page to post information/updates.

**VII. interRAI Assessment Tool presented by Jackie George & Alisha Goleb**

- HANDOUT: iterRAI Assessment Tools PowerPoint by Myers and Stauffer
- No decisions will be made at this time. We are collecting data using the interRAI tool. To make sure if the division pursues using this tool, that it does not negatively effect people. Currently working out logistics for the pilot term.
- Myer and Stauffer plan to return in August to update on process.

**VIII. Mosaic/Provider Perspective presented by Nate Panowicz & Ric Nelsen**

- HANDOUT: Discover the Possibilities with Mosaic PowerPoint
- Discussion followed
  - How do you see rates sustaining your business? How are you doing in Nebraska vs. other states?

- It's very difficult to compare apple and apple across the states rates because each state has their systems set up different. For example in most states the rate for Group rate is higher than SLP. While it's still higher in Nebraska, the gap is much smaller than most states. Shared Living in Nebraska is fairly robust. Mosaic currently has 3 group homes in Nebraska but we have 40 in Delaware. Delaware does not currently have shared living homes.
- DSP crisis is all across the system/states.
- Getting our DSP pay rate right would be major, getting that rate to 150% of the minimum wage is what we are hoping for and what ANCOR (Federal Network of Providers) recommends.

#### **IX. Meeting Frequency – Mike Browne**

- Committee was asked to consider the frequencies of the meetings. With everything going on such as the Family Support Waiver, ending the waitlist, rate changes, quality report, 60 days since the last meeting has felt long. Do we want to capitalize on the current momentum and change to monthly for at least through the end of the calendar year.
- Committee members asked to share thoughts on this idea. Some comments included were:
  - Time is of the essence. I agree this would be a good idea.
  - When the meetings changed from bi-monthly, it was my understanding the sub-committees would be meeting every other month.
  - During the summer months this may be difficult.
  - Whatever the committee decides, I will make work. This may affect my bandwidth on involvement with the subcommittees
- No motion/action at this time.

#### **X. Subcommittees – Regular report of the Subcommittee:**

- Executive Committee – No Update.
- Quality – Update provided by Mike Browne. Focus is going to be into Liberty Health Program and the Optumas System Evaluation report.
- Legislative – Update provided by Edison McDonald. Committee discussed the upcoming session and how the committee can engage.
- DD Court-Ordered Custody Act (COCA) – Update provided by Dianne DeLair. Committee met and discussed focus. Initially, they would like more information on the process, including questions such as: how do people come into the DD COCA system; where are they generally at within the justice system when they come under the DD COCA? Some next steps are to meet with Department staff to discuss specific cases commitments between 2009-2014.

#### **XI. Open Discussion – anything committee members would like to share with the committee.**

- Dorothy Ackland: Has questions regarding the differences in the DD and AD waiver services. Jennifer Clark offered to speak with Dorothy outside of the meeting to walk her through those questions.

- Jennifer Hansen: The department is currently working to expand Katie Beckett to include children that meet ICF Level of care (DD Waiver Eligibility). Has the Department considered including the Nursing Level of care (AD/TBI Waiver) that would be cover those children in case there would ever be a waitlist on those waivers. Also, I have received feedback for the kids there were on the A&D waiver are no longer meeting the Nursing level of care, would like to know if we still have the reserve slots that would allow them to move to the DD waiver.

## **XII. Public Comments:**

- **Edison McDonald, ARC of Nebraska – Verbal comments** – I would like to thank the department for submitting the Katie Beckett state plan amendment. I would suggest everyone submit public comments supporting this amendment, as we have. Switching to the waitlist. I am frustrated with the lack of clarity. We should have a written plan. In my experience, anytime in business, you are required have a written plan outlining your plan/direction. Not having a plan can lead to confusion. The information being shared in varies meeting has had inconsistencies. I believe that pausing offers on the comprehensive waiver is against state statute/the waiver. Also, this committee is supposed to be notified of changes at least 30 days prior to change. You were not notified of these changes. Also, the comment made that funds were not appropriated for the any waitlist funds, this is not true, there were unused funds from the previous fiscal year and there should be a signification set of funds to cover the comprehensive offers. One of the big questions I've been hearing is the 2% rate increase. Why are SLP's not receiving 2% increase, but all other services are? How does this effect quality vs. quantity? I don't think this committee was made aware of this decision in advance either. On the family support waiver, I find it very disturbing with the number of people that are on the family support waiver is 12. We have had concerns with the roll outs in the past and have tried to let the department roll out this waiver, but this number is not acceptable. Finally, as being here representing advocates, it is always helpful for families having a steady time for public comments, so we know what time to encourage people to come to a meeting to comment. The public comment time was previously set at noon. I would encourage the committee to have the time set.

## **XIII. Adjournment:**

- Motion made by Jennifer Hansen, 2nd by Debbie Salomon to adjourn the meeting. Motion carried; meeting adjourned at 2:16 PM.

Next Meeting:

Wednesday, August 14, 2024  
Conference Room P  
5220 South 16<sup>th</sup> St  
Lincoln, NE



# Nebraska DD Advisory Committee:

interRAI Assessment Status Update  
and Reduce Reliance on Congregate Care  
Preliminary Recommendations

Myers and Stauffer  
August 14, 2024  
10:35 AM – 12:00 PM CDT



**MYERS AND  
STAUFFER** LC  
CERTIFIED PUBLIC ACCOUNTANTS



# Agenda

- interRAI Concurrent Assessment Update
  - *Project Overview*
  - *Engagement Scope*
  - *Timeline*
- Reduce Reliance on Congregate Care (RRCC) Preliminary Recommendations
  - *Findings*
  - *Key Themes*
  - *Recommendations Overview*
  - *Timeline*
- Questions

A person wearing a white lab coat is shown from the chest down, sitting at a desk and writing in a notebook with a pencil. The scene is overlaid with a semi-transparent blue filter. The text 'interRAI Concurrent Assessment Update' is centered over the image in a white, bold, sans-serif font.

# interRAI Concurrent Assessment Update

# Project Overview



DDD is working with Myers and Stauffer to implement the interRAI Intellectual Disabilities (ID) and interRAI Child and Youth Mental Health and Developmental Disabilities (ChYMH-DD) as replacements to the Developmental Index (DI) and Inventory for Client and Agency Planning (ICAP).

DDD currently uses the DI for eligibility determinations and the ICAP for both service planning and budgeting for three DD waivers.

The interRAI ID and ChYMH-DD will modernize Nebraska's assessment practices with person-centered, standardized, and validated results.

# Engagement Scope

Task and Deliverable Number	Description
1	<b>Task:</b> interRAI assessment instrument analysis and modifications.
	<b>Deliverable:</b> Final memo indicating modifications to the interRAI ID and ChYMH-DD tools.
2	<b>Task:</b> Development of policy manual, tip sheets, training, and state regulation/waiver application language for interRAI ID and ChYMH-DD.
	<b>Deliverable:</b> Final policy manuals, tip sheets, and training decks for use with staff.
3	<b>Task:</b> Development of policy/procedures for clinical assessment protocols (CAPs) to inform person-centered planning meetings.
	<b>Deliverable:</b> Final CAPs-specific policy manual, memo documenting train-the-trainer session, and training content.

# Engagement Scope

Task and Deliverable Number	Description
4	<b>Task:</b> Development of budget algorithm and pseudocode for LOC eligibility determinations, to replace Inventory for Client and Agency Planning and Developmental Index.
	<b>Deliverable:</b> Final budget algorithm tool.
5	<b>Task:</b> Concurrent assessment and population impact analysis to determine impacts of transition to interRAI ID and interRAI ChYMH-DD from the DI and ICAP.
	<b>Deliverable:</b> Population impact report.
6	<b>Task:</b> Ongoing technical support.
	<b>Deliverable:</b> As agreed-upon by both parties, prior to commencing work

# interRAI Implementation Timeline

## May – July 2024

- Assessment review and modifications.
- Training and policy development.

## Sept. 2024 – Jan. 2025

- Concurrent assessment period.

## August 2024

- Onsite train-the-trainer sessions.

## Feb. 2025

- Population impact analysis.
- Project close-out.



*Q&A*

A blue-tinted photograph of a meeting table. Several people's hands are visible, pointing at various documents and charts. One document features a line graph with a jagged peak. Another document has a bar chart with four bars of increasing height. A laptop is open on the right side of the table. The overall scene suggests a collaborative work environment.

# Reduce Reliance on Congregate Care: Preliminary Findings



# Findings

1. Two congregate and two non-congregate residential services offered through the Comprehensive Developmental Disabilities (CDD) Waiver.
2. Residential Habilitation currently has three components with limited distinctions.
3. Nebraska's Shared Living model allows contractors to provide 24-hour support to participants.

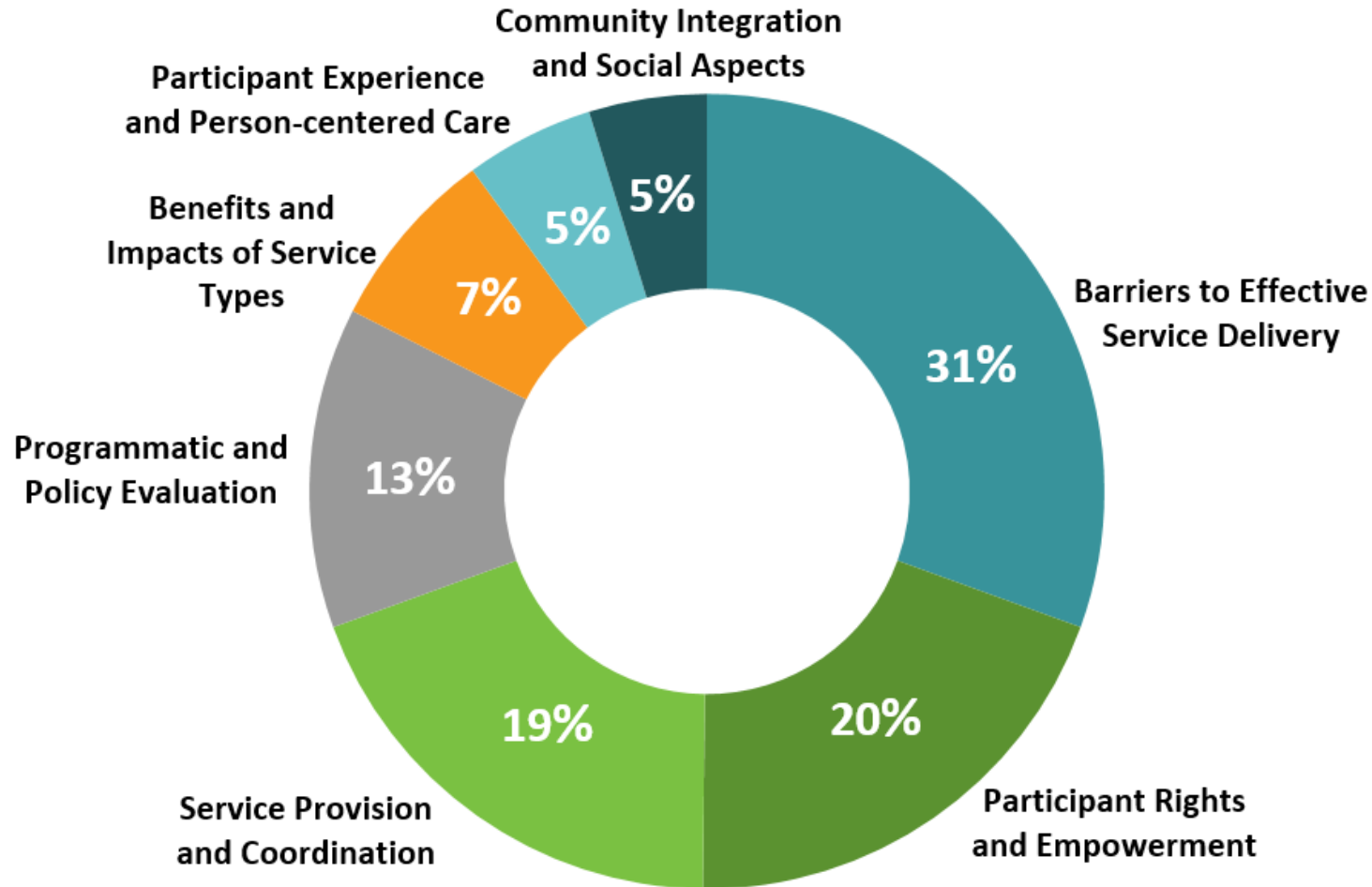
# Findings

4. Prohibitions on guardians and legally-responsible individuals; conflict of interest concerns.
5. Use of the Inventory for Client and Agency Planning (ICAP) assessment for acuity-based rates and budgets.
6. Wide variation in policies governing residential services between Nebraska and peer states.

# Findings

7. Key informants support for additional Shared Living guidance.
8. Support from key informants on availability of a service array.
9. Key informants identified barriers to accessing residential services.

# Thematic Distribution of Spring 2024 Stakeholder Engagement



# Barriers to Independence

Stakeholder feedback revealed five major thematic barriers to independence for participants:

- Limited residential service options.
- Staffing dynamics.
- Reimbursement disparities.
- Misaligned assessment practices.
- Inconsistent person-centered practices.

**“This aversion to independent settings is a systematic hangover of institutional care . . . People are inherently at risk in living environments that are independent, but we can build services and supports around those vulnerabilities rather than taking this broad stroke of preventing those opportunities because it limits experiences for people and the ability to build those skills.” — Provider**

A photograph of a business meeting with a blue overlay. In the center, a person in a white shirt holds a pair of glasses. To the left, another person's hand is visible holding a dark folder. The background is a blurred office setting with papers and a laptop on a desk.

# Recommendations Overview

## Summary of Recommendations

- Strengthen residential service options.
- Staffing policy adjustments.
- Reimbursement methodology adjustments.
- Assessment practice modernization.
- Establish consistent person-centered practices.

# Strengthen Residential Service Options

1. Separate the three components of Residential Habilitation into distinct waiver services with separate service definitions, provider requirements, and rates.
2. Create a children and youth-specific out-of-home residential service to include criteria for accessing the setting and clear definitions of the offered supports for children to build adaptive skills necessary for future independent living and during periods of acute crisis.
3. Allow participants to access qualified intermittent services when receiving Shared Living. Intermittent services will provide wraparound supports for participants and will help to reinforce Shared Living contractors serving individuals with complex or multiple needs.



# Strengthen Residential Service Options - Continued

4. Provide guidance to participants, service coordinators, families, and guardians on recommended services to meet specific supervision, medical, and behavioral needs based on the funding tier of the participant.
5. Enhance DDD policies and guidance to residential service providers to ensure compliance with the Home and Community-Based Services (HCBS) settings rule requirements.
6. Deliver proactive statewide guidance and oversight to Shared Living agency providers and contractors to define best practice application of the Shared Living model, the types of supports the service provides, staffing limitations, and scope limitations for Shared Living.

# Strengthen Residential Service Options - Continued

7. Establish additional certification requirements for Shared Living contractors to allow for additional oversight of the service.
8. Review quality oversight practices implemented by DDD to determine if there are potential discrepancies and redundancies in the quality oversight strategy.
9. Add Remote Technology as a new waiver service to increase participants' opportunity for independence.

# Proposed Residential Service Array

## Continuous Home

Requires License and Certification.

Three or more participants.  
Provider controlled setting.

Continuous Home providers are shift staff, agency employees and do not reside with the participant.

Medical and behavioral training requirements.

Continuous home providers can be non-legally responsible relatives.

Reimbursed on a daily tiered rate structure (current tier structure).

Services Provided by Continuous Home Staff:

- Adaptive skill development of daily living activities.
- Inclusive community activities.
- Transportation.
- Social and leisure skill development.
- Personal care.
- Health maintenance activities.
- Up to 24 hour supervision.
- Protective oversight.

## Host Home

Requires License and Certification.

Two or less participants.  
Provider controlled setting.

Host Home providers are agency employees and reside in the home with the participant.

Medical and behavioral training requirements.

Host home providers can be non-legally responsible relatives.

Reimbursed on a daily tiered rate structure (current tier structure).

Services provided by Host Home Staff:

- Adaptive skill development of daily living activities.
- Inclusive community activities.
- Transportation.
- Social and leisure skill development.
- Personal care.
- Health maintenance activities.
- Up to 24 hour supervision.
- Protective oversight.

## Shared Living

Requires provider certification.

Two or less participants.  
Provider controlled setting.

Shared living contractor provides intermittent supervision and ADL and IADL supports.

Intermittent wraparound supports are made available, based on acuity needs.

Shared Living providers are agency contracted staff and reside within the home with the participant.

Providers can be non-legally responsible relatives.

Reimbursed on a daily tiered rate structure (current Basic-High tiers).

Services provided by Shared Living Staff:

- Adaptive skill development of daily living activities.
- Inclusive community activities.
- Transportation.
- Social and leisure skill development.
- Personal care.
- Intermittent supervision.

## Supported Family Living

Three or less participants.  
Family controlled setting.

Family provides natural supports.

Itinerant staff provides intermittent supervision and ADL and IADL support (less than 70 hours per week).

Can include remote supports.

Itinerant staff are agency employed providers, independent individual.

Providers can be non-legally responsible relatives.

Reimbursed on a weekly rate structure (requires development).

Services provided by itinerant staff:

- Adaptive skill development of daily living activities.
- Inclusive community activities.
- Transportation.
- Social and leisure skill development.

## Independent Living

Three or less participants.  
Participant controlled setting.

Itinerant staff provides intermittent supervision and ADL and IADL support (less than 70 hours per week).

Can include remote supports.

Itinerant staff are agency employed providers or independent individual.

Providers can be non-legally responsible relatives.

Reimbursed on a weekly rate structure (requires development).

Services provided by itinerant staff:

- Adaptive skill development of daily living activities.
- Inclusive community activities.
- Transportation.
- Social and leisure skill development.

Congregate

Non-Congregate

# Staffing Policy Adjustments

10. Develop guidance on allowable personal relationships between participants, guardians, and providers for each residential service.
11. Provide enhanced resources to participants during person-centered planning conversations on individuals considered “family” and what constitutes a “personal relationship.”

# Staffing Policy Adjustments - Continued

12. Establish a provider code of conduct, and require annual review, attestation, and disclosure of any potential conflicts of interest between provider agencies, provider employee or contractor, guardian, and participants.
13. Conduct additional scrutiny and offer advocacy support to participants as an administrative oversight activity during person-centered planning meetings where conflicts of interest do exist.

# Reimbursement Methodology Adjustments

14. Re-evaluate the rate and reimbursement structures for residential services to ensure alignment with the restructuring of the current Residential Habilitation service, and to ensure rates for non-congregate services are sufficient to support the more independent service models.
15. Consider alternative rate structures to support delivery of the intermittent, independent services, like Independent Living and Supported Family Living.

# Assessment Practice Modernization

16. Replace the ICAP with the interRAI interRAI-ID and the interRAI interRAI ChYMH-DD.
17. Revise reimbursement and budget tier criteria, should DDD implement the interRAI tools.

# Establish Consistent Person-Centered Practices

18. Establish person-centered practices, and apply practices throughout the assessment and service plan development process by leveraging participant experiences and Charting the LifeCourse materials.
19. Develop policies and procedures focused on minimizing the disruptions of residential service transitions for participants, including:
  - Reviewing the notification period for when service providers change.
  - Documenting maintenance of participant's current schedule and supports.
  - Encouraging continued participation in the participant's established community.



# Establish Consistent Person-Centered Practices - Continued

20. Evaluate adding additional community integration activities for waiver participants of all ages, including retirement age to support social inclusion and independent skill building.
21. Extend transportation services outside of typical business hours to provide additional autonomy to participants in accessing their communities and exploring options for independent living.
22. Establish or refine transparency standards and procedures for stakeholder participation when issuing guidance.

# RRCC Timeline

## May 2024

- Submitted draft report delivered to DDD for review.

## Aug. – Dec. 2024

- Draft report updates with DDD revisions and summer 2024 focus group feedback.

## August 12 – 15, 2024

- Summer stakeholder focus group sessions.

## Jan. 2025

- Final report due to DDD.



# Elimination of Waitlist-Related Policy Changes

August 14, 2024

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# Supporting Independence

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# Remote Monitoring for Independence

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ALL ICF Waivers- CDD, DDAD, FSW

Remote Support leverages technology to allow providers to assist participants from another location through live, two-way communication. This setup enables providers to monitor participants' health and safety using real-time data from sensors and alerts, without being physically present. The goals of Remote Support include promoting independence, increasing self-determination, and fostering self-reliance and confidence, thereby reducing the need for paid staff in home and community activities. Remote Supports are not intended for surveillance; electronic support systems, such as on-demand video or web cameras, are used only when requested by the individual and identified in their person-centered plan (PCP). Full consent from the individual and their guardian is required for the use of Remote Support technology, and consent can be revoked at any time.

Remote Support includes Consultation, Equipment, and Service Delivery.

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# Health Maintenance Monitoring

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ALL ICF Waivers- CDD, DDAD, FSW

Health Maintenance Monitoring involves the ongoing checking of a participant's physical health. This includes monitoring personal health and collecting medical data to improve the management, care, and support for chronic medical conditions. The goal is to identify any changes or concerns early, allowing for prompt intervention and prevention of serious health complications. Health professionals provide education, support, and guidance on effectively managing conditions by teaching participants or guardians how to monitor symptoms, follow treatment plans, and make lifestyle modifications to maintain their health and well-being.

Remote Support includes Consultation, Equipment, and Service Delivery.

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# Retirement Service

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## CDD and DDAD Waivers

Adult Day Retirement is a non-habilitative service designed for individuals aged 65 and older, focusing on meaningful day activities in the participant's home. It provides active support to foster independence, including assistance with daily living activities, health maintenance, and supervision. Unlike habilitation services, Adult Day Retirement does not involve training goals or strategies and offers limited opportunities for community engagement due to the participants' age, health issues, and limitations.

Providers are also restricted from involving participants in work or volunteer activities.

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# Supporting Employment

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# Benefits Counseling

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## CDD and DDAD Waivers

Benefits Counseling informs participants about pathways to achieving individualized integrated employment or self-employment, leading to increased economic self-sufficiency through various work incentives. This service alleviates fears related to seeking and maintaining employment by providing accurate, individualized assessments. It offers comprehensive information on available work incentives for essential benefit programs, including SSI, SSDI, Medicaid, Medicare, housing subsidies, and food stamps. Benefits Counseling includes three service delivery options: Benefits Education, which introduces participants to their benefits and available work incentives; Benefits Planning, which provides a detailed analysis of current benefits and earnings with a plan to maintain supports while working; and Benefits Management, which offers problem-solving and advocacy support for participants experiencing changes in benefits, income, or resources.

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# Employment Exploration

## CDD and DDAD Waivers

Employment Exploration is a time-limited service, completed within thirty days, designed to help individuals make informed choices about pursuing individualized integrated employment or self-employment. It includes career exploration activities to identify specific interests, aptitudes, and transferable skills through uniquely arranged business tours, informational interviews, and job shadows tailored to each participant's interests and skills. This service also provides introductory education on work incentives for publicly funded benefits (e.g., SSI, SSDI, Medicaid) and Supported Employment services, ensuring the participant and their legal guardian or family understand and support the decision to pursue employment. The service involves approximately forty hours of activity, documented in detail, and culminates in a written report summarizing the process and outcomes.

Employment Exploration adheres to person-centered planning principles and helps align employment outcomes with the participant's overall goals documented in their Individualized Service Plan (ISP). It is not a prerequisite for Supported Employment services under the waiver.

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# Non-Service Changes

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## CDD and DDAD Waivers

We are exploring modifications to the inclusion of Supported Employment hours within the 35-hour day service limit. This could involve either fully exempting these hours or including them at a prorated rate. Our goal is to enhance flexibility and support for individuals pursuing integrated employment.

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# Supporting Participant Needs

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# Services and Supports Changes

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## Comprehensive Developmental Disabilities (CDD) Waiver

### Residential Habilitation Unbundling

- Shared Living (limit placements to age 19+ after July 1, 2025)
- Continuous Home (limit placements to age 19+ after July 1, 2025)
- Host Home (limit placements to age 19+ after July 1, 2025)
- Youth Continuous Home (under 19)

### Remove Electronic Visit Verification (EVV) Requirement

- Medical In-Home Habilitation
- Behavioral In-Home Habilitation

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# Expand Participant Support Network

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## All ICF Waivers

We are considering expanding payments to Parents of Minor Children and Guardians who are the spouse, adult child, or other relative of the participant when employed by an Agency Provider, to address current workforce challenges and better support both participants and providers.

These changes may lead to adjustments in the application of the Parental Portion to more accurately reflect and compensate for the ordinary care responsibilities undertaken by Parents and Guardians of Minor Children. This approach aims to enhance support for those providing essential care while also alleviating workforce shortages in the care sector.

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# Level of Care Assessment

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## All ICF Waivers

- Updates to the Waiver Criteria including Level of Care Assessment to move towards a standardized assessment tool
  - Developmental Index → interRAI ID (Adults) & interRAI ChYMh-DD (Youth)
  - Additional information DD Waitlist Elimination website: [dhhs.ne.gov/Pages/DD-Wait-List.aspx](http://dhhs.ne.gov/Pages/DD-Wait-List.aspx)
- The interRAI assessments were selected for their alignment with Nebraska's LOC criteria and their utility for person-centered planning and needs assessment.

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# Other Changes

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## ▶ Statutes

- Request changes to Neb Rev Stat 68-1530 to remove Family Support Waiver participant limitations

## ▶ Regulations

- Regulation updates to 403 NAC 1-6 (still in Draft based on proposed waiver changes)
- Regulation updates to 404 NAC 2-4 (still in Draft based on proposed waiver changes)

## ▶ DD Policy

- Updates to chapters 1-9
- Still in Draft based on proposed waiver changes

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# Colin Large

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[dhhs.ne.gov](http://dhhs.ne.gov)

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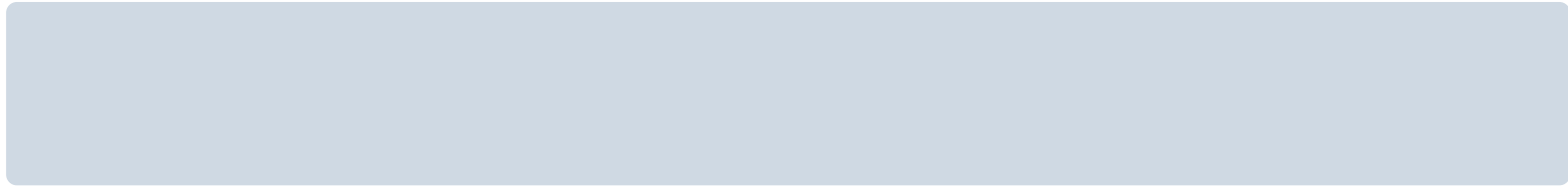


# DD Advisory

July 17, 2024

# Topics

- Incident Data
- Technical Assistance Program Update
- Onsite Provider Review/Utilization Review

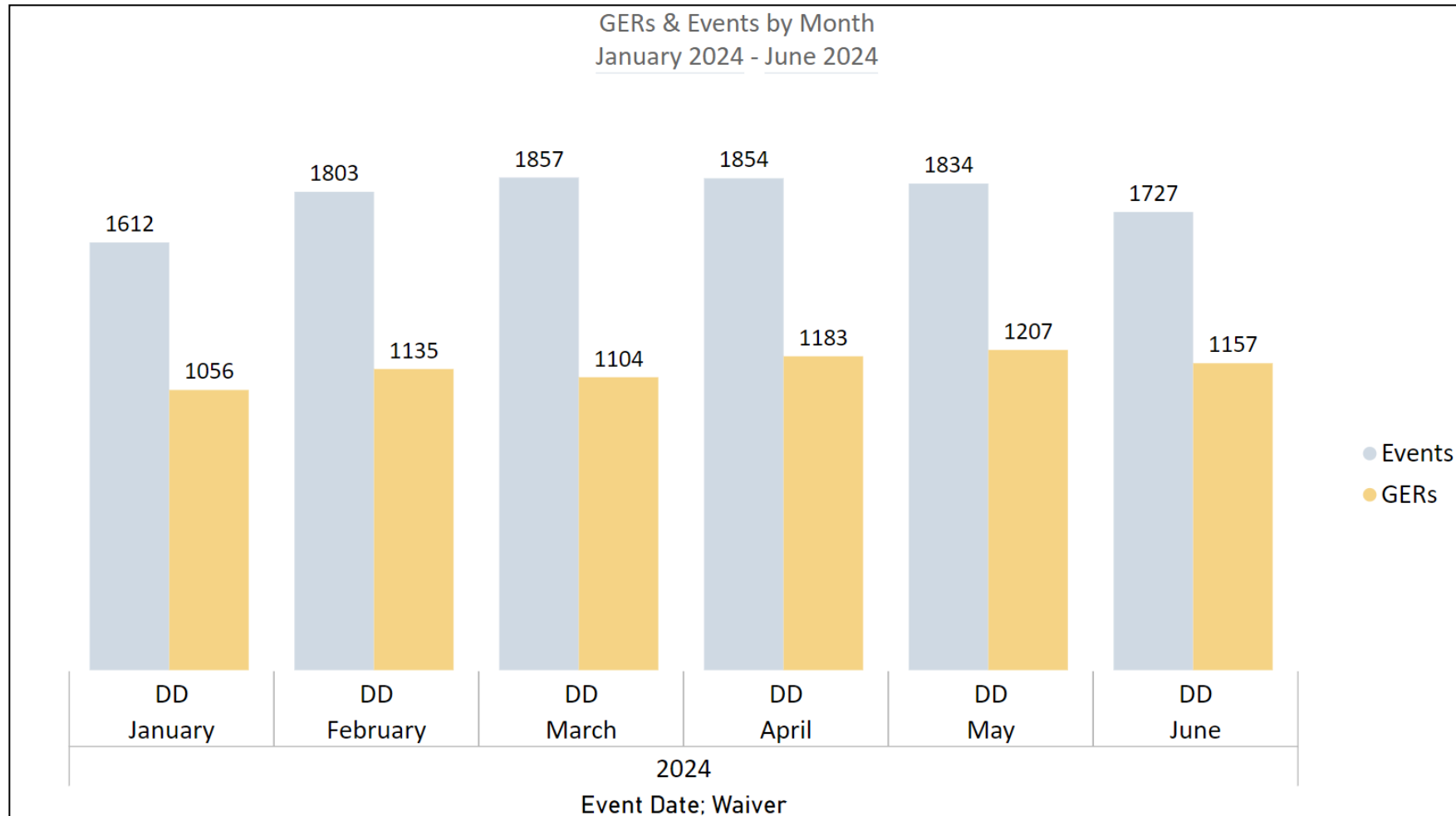


# Incident Data 2024



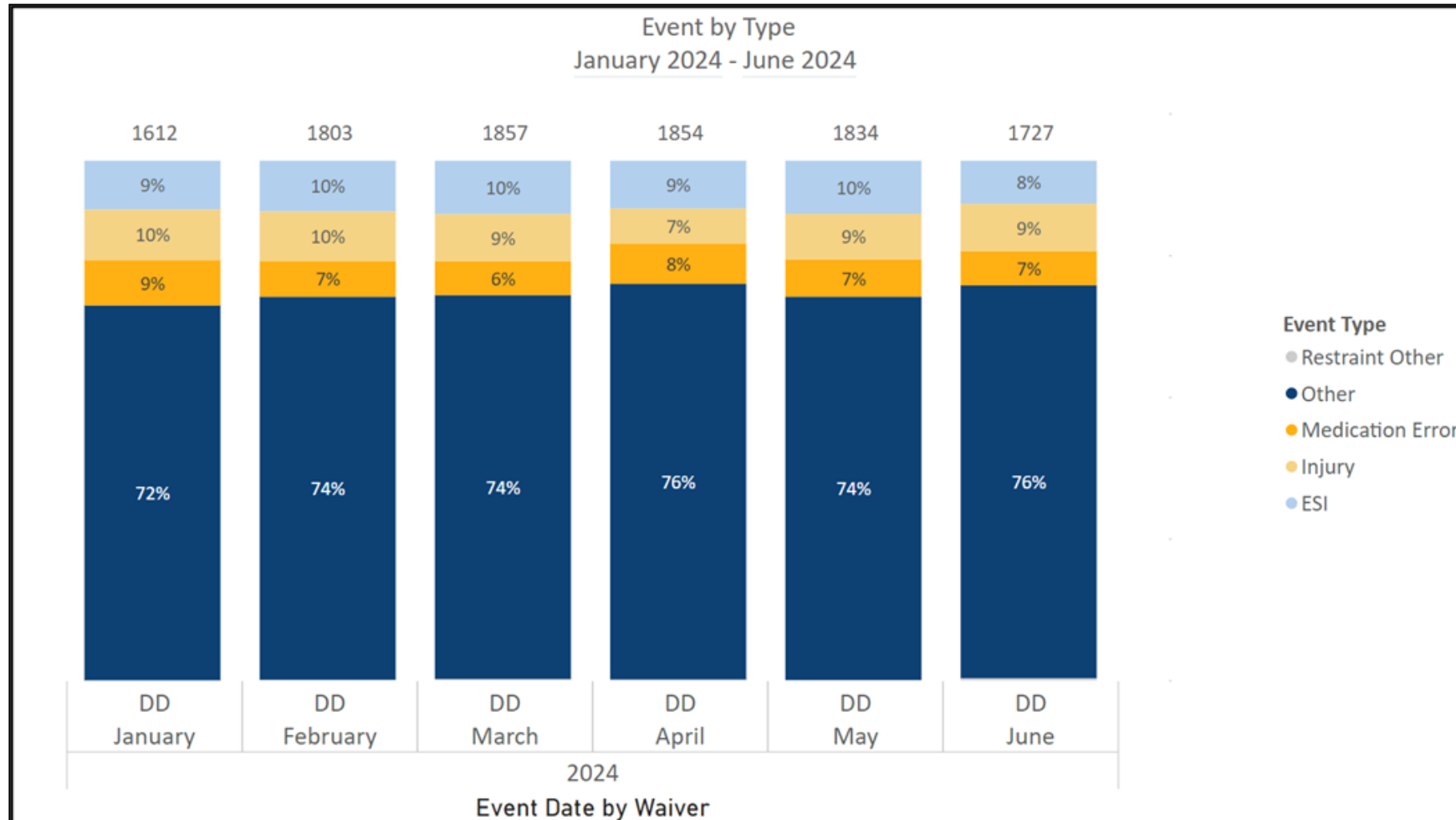


# Incident Reports





# Incident Types





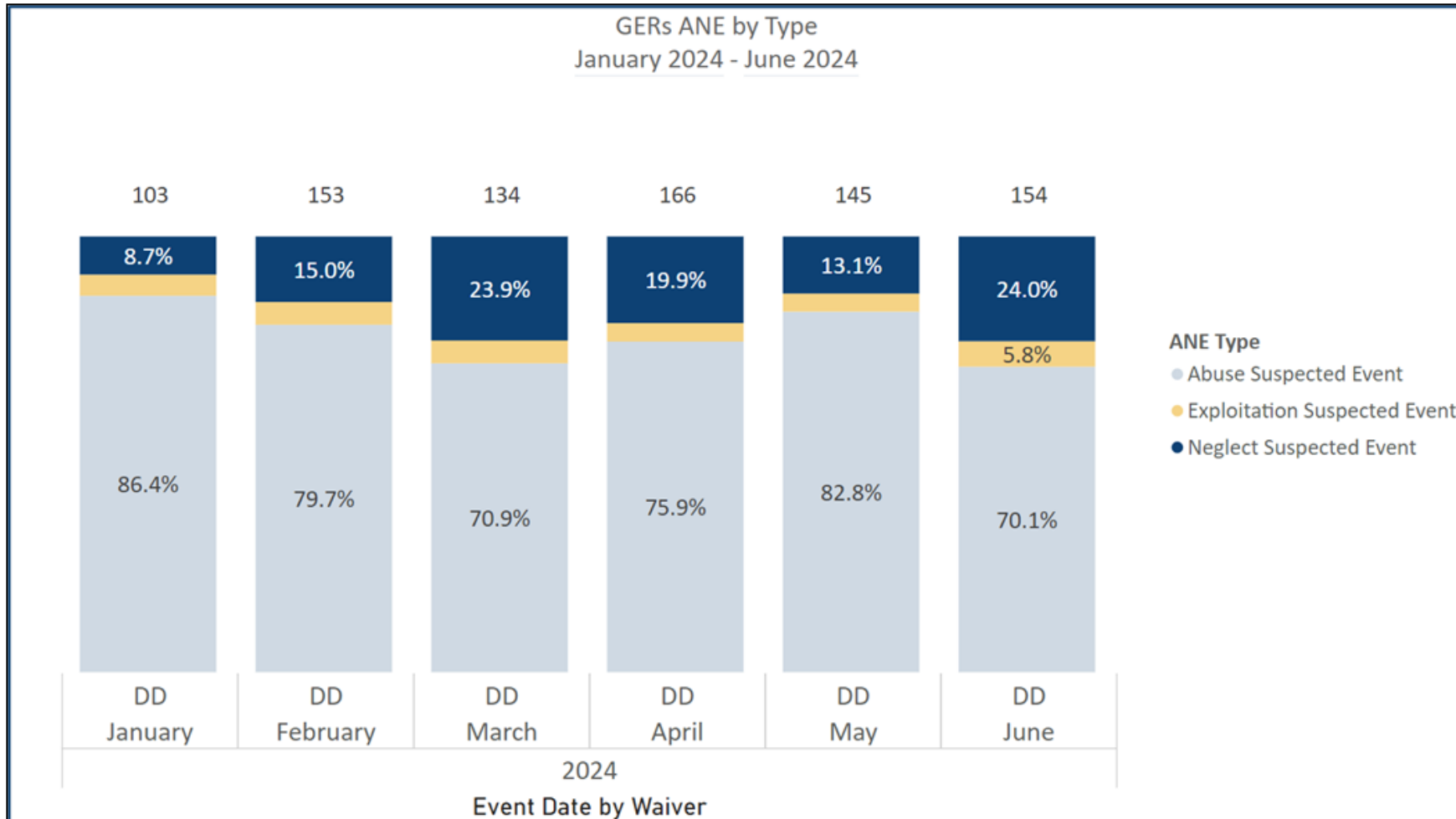
# “Other” Incidents

Total CDD/DDAD Other Events January 2024 - June 2024												
Year	2024											
Month	January		February		March		April		May		June	
Other Event Type	Events	%	Events	%	Events	%	Events	%	Events	%	Events	%
Unplanned Hospitalization	253	22%	278	21%	291	21%	299	21%	305	23%	270	21%
Misconduct/Possible Criminal Activity	179	15%	208	16%	210	15%	254	18%	251	19%	232	18%
Behavioral Issue	175	15%	220	17%	277	20%	220	16%	199	15%	191	15%
Abuse/Neglect/Exploitation.	110	9%	162	12%	139	10%	170	12%	153	11%	165	13%
Emergency Services: Police	93	8%	124	9%	113	8%	107	8%	126	9%	119	9%
Property Damage	67	6%	56	4%	80	6%	71	5%	79	6%	59	5%
Emergency Services: Ambulance	51	4%	67	5%	70	5%	71	5%	61	5%	62	5%
AWOL/Missing Person	33	3%	52	4%	39	3%	46	3%	39	3%	37	3%
Communicable Disease.	58	5%	29	2%	32	2%	13	1%	2	0%	2	0%
Fall with Significant Injury	27	2%	21	2%	18	1%	27	2%	8	1%	23	2%
Fatal Five	21	2%	14	1%	23	2%	20	1%	20	1%	20	2%
Swallowing Inedibles	26	2%	26	2%	12	1%	15	1%	18	1%	14	1%
Vehicular Accident	16	1%	18	1%	7	1%	17	1%	30	2%	9	1%
Fall without Significant Injury	13	1%	11	1%	13	1%	17	1%	14	1%	14	1%
Displacement due to Emergency/Natural Disaster	9	1%	3	0%	1	0%	8	1%	3	0%	44	3%
Choking/Potential Choking	10	1%	9	1%	5	0%	7	0%	12	1%	11	1%
PRN Psychotropic Use	2	0%	12	1%	14	1%	4	0%	9	1%	9	1%
Infestation	8	1%	5	0%	6	0%	12	1%	11	1%	4	0%
Prohibited Practice	5	0%	7	1%	7	1%	12	1%	8	1%	5	0%
Emergency Services: Fire Department	3	0%	2	0%	8	1%	12	1%	2	0%	9	1%
Suicide Attempt	4	0%	5	0%	7	1%	10	1%	3	0%	7	1%
<b>Total</b>	<b>1163</b>	<b>100%</b>	<b>1329</b>	<b>100%</b>	<b>1372</b>	<b>100%</b>	<b>1412</b>	<b>100%</b>	<b>1353</b>	<b>100%</b>	<b>1306</b>	<b>100%</b>





# Abuse/Neglect/Exploitation Incidents





# **Technical Assistance Program Update**





# Technical Assistance Program

- 1<sup>st</sup> Training – Identifying and Responding to Abuse/Neglect/Exploitation
  - August 6<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup>.
- 2nd Training – Incident Remediation – Completion of the Resolution
  - Dates: To be determined – September/October/November
- Additional quarterly trainings currently under data review.
  
- 1 request received for DD waivers to date
  - Proposals for advertisement of the TAP program upcoming
  - Referrals and Reminders of the program through Mortality, Critical Incident Management, and Human and Legal Rights Advisory



# **Onsite Provider Review/Utilization Review Update**





# Onsite Provider Review/Utilization Review

## Onsite Provider Review

- Collaborative workgroup will begin July 25, 2024
  - Additional meetings in September and October
- Pilot to begin after finalization of Workgroup Recommendations
  - Anticipated late 2024

## Utilization Review

- Anticipated development start of early 2025.



## Division of Developmental Disabilities Advisory Committee Registry Statistics (As of 8/1/24)

Current Registry Numbers		Gender	
Total:	2,848	Female:	987 / 35%
		Male:	1,867 / 65%

Active Waiver Numbers	
Waiver	Number of Participants
Comprehensive Developmental Disabilities (CDD)	4,838
Developmental Disabilities Adult Day (DDAD)	473
Family Support Waiver (FSW)	38
Traumatic Brain Injury (TBI)	19
Aged and Disabled (AD)	8,345

Medicaid Eligibility While on Registry	
Eligible:	2,311 / 81%
Non-Eligible – Children (under 19 years):	460 / 16%
Non-Eligible – Children (19-22 years):	77 / 3%

### Services Received While on the Registry

Aged & Disabled:	521/ 18%
TBI Waiver:	0 / 0%
FSW – Family Support Waiver:	38/ 4%
DDAD - Day Waiver:	413 / 14%
DD Service Coordination Only:	414 / 15%
Total - Receiving Services:	1,385 / 49%

### Current Age of Participants on Registry

Age:	Total by Age:	Total by Age with A&D Waiver while on Registry:
0-5 yrs	271	76
6-10 yrs	476	97
11-15 yrs	439	105
16-18 yrs	324	46
19-21 yrs	446	67
22-50 yrs	836	113
51 +	56	17
Child Total	1,510	324
Adult Total:	1,338	197
<b>Total:</b>	<b>2,848</b>	<b>521</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	22
40-59 yrs	8
60+ yrs	0
	<u>41</u>

#### COUNTY OF COMMITMENT

Buffalo	1
Butler	1
Cass	1
Cheyenne	1
Colfax	2
Dodge	1
Douglas	6
Gage	1
Jefferson	0
Johnson	1
Lancaster	8
Madison	5
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	3
2012	0
2013	0
2014	2
2015	1
2016	4
2017	2
2018	1
2019	6
2020	5
2021	5
2022	7
2023	2
2024	2
	<u>41</u>

#### Services Before DDCOCA

None	21
SC Only	7
Day Services	1
CDD	11
LRC	1
	<u>41</u>

#### FUNDING

CDD	37
DDAID	4
DDAID - Not	
Med. Elgble	0
	<u>41</u>



**To:** All Providers Participating in the Nebraska Medicaid Program  
**From:** Matthew Ahern, Interim Director *MLA*  
**Date:** July 10, 2024  
**Re:** Attention All PAS and HCBS Waiver (AD, DDAD, CDD, TBI, FSW) Providers:  
Upcoming Changes to EVV

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This provider bulletin is being issued to notify all Nebraska Medicaid Personal Assistance Service (PAS) and Home and Community-Based Service (HCBS) providers that changes are being made to the Electronic Visit Verification (EVV) system to ensure that Nebraskans get the services they need.

In 2020, Nebraska Medicaid announced that PAS and HCBS Providers were required to use the EVV system for their billing as of January 2021. Recent audit findings show that providers have not complied with the regulations outlined in Nebraska Administrative Code (NAC) titles [403](#), [404](#), [471](#), and [480](#).

The audit determined that providers are out of compliance with the state and federal regulations that establish that the caregiver was with the client completing services. Claims can only be submitted for payment when the caregiver follows these requirements to substantiate their presence with the client.

Per the [21<sup>st</sup> Century Cures Act](#), all Providers participating in the Medicaid program who render Personal Care Services (PCS) or Home Health Services (HHCS) are required to use the EVV system.

In this bulletin, Providers are defined as Agency Providers, Independent Providers, and Caregivers.

## Changes to Expect Effective August 14, 2024

- Effective August 14, 2024, Manual Claims will no longer be allowed.
- Effective August 14, 2024, PAS and HCBS EVV claims will not be paid if:
  - The Provider does not use location services (GPS) during their visit or an approved alternative method such as a landline Interactive Voice Response (IVR);
  - The Provider does not start or end an EVV visit at the scheduled location and within the allowed GEO-FENCE radius;
  - The Recipient/Legal Representative signatures are not recorded in the EVV application during each visit; or,
    - The Provider can not sign on behalf of the Recipient.
  - The Provider does not follow State and Federal regulations.

These requirements also apply to claims submitted by Alternative EVV Vendors. If you utilize an Alternative EVV Vendor please contact your Vendor to ensure compliance.

The information in this bulletin updates Provider Bulletin [17-09](#).

## Provider Resources

Information on using the EVV system including provider training, stakeholder meetings, informational materials, and service codes can be found online at: <https://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>.

Online training and additional resources are available at no cost on Nebraska Medicaid's website at: <https://dhhs.ne.gov/Pages/EVV-Provider-Training.aspx>. Providers can also access training on Netsmart's website at: <https://mobilecaregiverplus.com/training/>.

Provider information on using the EVV system for PAS services can be found online at: <https://dhhs.ne.gov/Pages/Personal-Care-Services.aspx>.

Provider information on using the EVV system for HCBS services can be found online at: <https://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Services-Provider-Information.aspx>.

Provider Bulletins, such as this one, are posted on the DHHS website at <https://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

If you have questions regarding this bulletin, please email [DHHS.MedicaidFA-EVV@Nebraska.gov](mailto:DHHS.MedicaidFA-EVV@Nebraska.gov).