

Developmental Disabilities Advisory Committee

Meeting Minutes

October 9, 2024

I. Call to order:

Lorie Regier called to order the regular meetings of the DD Advisory Committee at 10:00 am on Wednesday, November 9, 2024. This meeting was a hybrid meeting via Zoom and at the Department of Health and Human Services, Conference Room P, 5220 South 16th St, Lincoln, NE.

II. Roll call:

The following persons were present:

Advisory Members Present: Dorothy Ackland, Mike Browne, Linda Clemens (arrived at 11:00 AM), Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Martinez (left at noon) Jennifer Miller (arrived at 10:15 AM), Cris Petersen, Lorie Regier, Joe Valenti, Angie Willey (arrived at 10:30 AM), Suzanne Wahlgren (arrived at 10:30 AM)

Advisory Members Absent: Lisa Pruitt, Debbie Salomon, Mark Shriver, Kizzie Vaughn

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

Other individuals present: Alana Schriver – Nebraska Association of Service Providers; Edison McDonald, ARC of Nebraska; Phil Gray; Lori Harder; Nikki Krause; Sam Comfort; Joseph Dondlinger; Rachel Ward; Katherine Rall

III. Approval of Agenda.

- Motion made by Joe Valenti to approve the agenda as presented. Motion seconded by Mike Browne. Motion carried following roll call vote of all members present:
 - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Martinez, Cris Petersen, Joe Valenti.
 - All Opposed: None
 - Abstain from voting: None

IV. Approval of Meeting Minutes:

- Motion made by Mike Browne to amend the minutes correcting the spelling of Lorie Regier's name in the call to order section. Motion seconded by Joe Valenti. Motion carried following roll call vote of all members present.
 - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Martinez, Jennifer Miller, Cris Petersen, Joe Valenti.
 - All Opposed: None
 - Abstain from voting: None

V. Elimination of the Waitlist - Comprehensive Blueprint

- HANDOUT: Home and Community-Based Services Waiver Transformation: "Access for all". Tony Green walked committee members through the handout.

- Key Components of HCBS Waiver Transformation:
 - Katie Becket Expansion - include nursing facility (NF) and intermediate care facility (ICF) level of care (LOC) pathways to eligibility. We have had families that do not need traditional DD Waiver services right now. They just need Medicaid.
 - Non-Waiver Program Growth – Special Healthcare Needs programs integrated into the division in January 2024. Includes programs such as: Lifespan Respite Services Program, Medically Handicapped Children's Program (MCHP).
 - Family Support Waiver (FSW) – to serve 850 children/families – has a \$10,000 budget cap. The department is considering proposing legislative bill to remove the cap of 850 so all children might be able to be served on the Family Support Waiver that need it.
 - Introduction of interRAI - Nebraska is replacing the current Inventory for Client and Agency Planning (ICAP) with these interRAI tools to streamline assessments across the CDD Waiver, DDAD Waiver, and FSW.
 - Growing Provider Capacity - This strategic investment in providers and input from the public is a foundational part of ensuring Nebraska can meet the growing demand for disability services as the HCBS waiver transformation unfolds.
 - Unlocking Waiver Capacity - By utilizing the interRAI tools, DHHS will be better equipped to understand each participant's individual needs, allowing for more accurate waiver placement and timely service provision allowing, for the first time, to remove the capacity limits on the DD waivers. This participant-driven model will enable individuals to move seamlessly through various levels of care as their needs evolve, ensuring they receive appropriate support at every stage of life.
- Supporting Provider network:
 - ARPA Funding has been allocated multiple initiatives such as: supervisor training, workforce stabilization grant payments, and agency vehicle grants.
 - Providers have received an annual rate increase each year since 2016. These rate increases have allowed agency providers to increase average direct support professional wages from \$12.41 to \$16.55 from 2016 to 2022.
- Currently beginning phase 2 of the waitlist elimination project timeline. Some current activities include:
 - Continue with Family Support Waiver offers.
 - Continue with interRAI Pilot project. Conducting concurrent assessments with ICAP and interRAI tool. These assessments will help standardize service plans and inform future waiver budget allocations.
- ACTION ITEM: Committee members are to review and provide feedback/any questions.
- ACTION ITEN: An updated version of the handout to be posted to the [DHHS Eliminating the Developmental Disabilities Waitlist webpage](#).

VI. Elimination of the Waitlist – Policy changes

- HANDOUT: Elimination of Waitlist – Related Policy Changes PowerPoint. Colin Large walked the committee through highlights in PowerPoint.
- ACTION ITEM: Committee members are to review and provide feedback/any questions.
- Comments/discussing items during meeting:
 - Retirement Service:
 - Is 65 years a realistic age for those and how often are they evaluated? Response: it is something we can review and discuss. People are evaluated annually.
 - Slide reads: “Providers are also restricted from involving participants in work or volunteer activities.” This may be too far. I don't want my loved one restricted from doing something if they don't have to be or want to do something. How can we phrase that, so we aren't restricting?
 - Supported Employment:
 - It's critical to mention that what is appropriate for one person might not be appropriate for the next.
 - There is a part of the population that will never work or is never capable of work. They are just never will. I want to be clear that we need to move to a different definition of profound. There is just not anything they can do. Response: We might agree to disagree. We are not requiring that everyone must have a job or stating that everyone can do every job. We want it to be down to choice, opportunity, and dignity to try. If someone wants to work, we want to help them meet that goal.
 - Should not be discouraging people from understanding their limitations. I used to go to work and would come home and it would take hours/days to recover from it. Work is not everything.
 - Division comment: We promote independence. Independence will look different for each person. It isn't a forced workforce.
 - Benefits Counseling - This is so needed. People are in fear of what they might be losing or if they are going to lose funding.
 - Parents as Paid Caregivers:
 - Requiring they be employed by Agency providers, disallow people that are good caregiver - Agency vs. Independent providers.
 - Department asked question: What detriment is it between the provider and Independent. Is it the wage or something else? 1) Wage 2) agency training is monumental.
 - What happens if you live in an area that won't hire you, as in an agency provider doesn't cover your area?
 - I don't know if you can have enough rules to get rid of bad actors. Parents getting paid directly may not be the best policy. Everyone doesn't agree with the agency oversight but walk before you run.

VII. Public Comment:

- Phil Gray, Advocate: Feel like an eligibility worker has an impossible job. There is so much here, there is no way someone can know all of this. With all of the silos, it would be easier to have someone at top and to get them to the correct silo. State Review Team (SRT) – Phil is on the Medicaid Committee, the committee has agreed to review the SRT from there to see if they can find a common ground that would be help. Supported Employment, efforts to allow 14c, it allows sheltered workshops. No one with restrictive ICAP's were reviewed. We have aspirational assumptions. Those aspirations are part of our community. I don't think this is based in reality. Has seen some older data in Vermont and Georgia. Before we determine 14c we need to determine need. Without 14c is misdirected and will cause great disruption in the community. When voted on - 1/3 wanted to terminate. 1/3 didn't want to. Don't come to me to say it should go unless you have data in the place. How many providers operate an 14c in Nebraska? People stopped because there were to many providers. When people go into supported employment. They have to have an exception. Everyone runs out of the ISP process. Should have a better definition of supported employment. 14c is a red line for me. We should know ahead of time what will happen.
- Alana Schriver, Nebraska Association of Service Providers (NASP): Love the idea of eliminating the waitlist. With our current work force issues, don't know if that is realistic. We have a subcommittee; we recently did a weighted average of hiring rate - it is \$15.01. Which means we are far below where we need to be. Would need to increase wages 16% since it's biannual. We can't deny the reality of the workforce shortages. People should be able to do their jobs and work full time. I don't think we can get there without DHHS and other entities.
- Edison McDonald, ARC of Nebraska – Regarding Vocational Rehabilitation, will forward to Dianne DeLair. Appreciate the Department's discussion on retirement services, agrees with Mr. Browne on concerns about age. May need to look at that. Some training resources: DD Council funded the ARC put together some family trainings. They are on our website. Another possible resource is a training module done by the ARC that has follow up quizzes. Which I would think would be helpful to make sure Service coordinators are understanding and can train new people as they come in. There is a cost, but I'm sure I could help you work through it with the ARC. My getter comments come from reading the 1801 pages - DHHS Budget Proposal. Keeping in mind the larger system is important. This isn't just about DD in the Budget Proposal. Want to point out a few items. From the report, modification would eliminate Medicaid optional services (listed multiple survives). Applying a 5% reduction across the board. There are no exclusions under this type. DHHS will tell you this is what will we do if things go bad. Whether Pillion or

Director Green say things, things are getting bad, there are likely going to be need to be cuts. It's been listed as a priority 1. Not just listed but listed as priority one. 424 budget (DD funding) would be declined. The unused funds. Why not use all of those funds? Why not use those funds where they were intended? Concerned it's not in the budget request. Why is it not? Regarding provider rates. I appreciate Director Green and his reporting. He has an important role to support DD. In order to get us adequate rates, we need to be \$22.50. BSDC is in the \$20 range. Last year, the request was to get us around the \$18.00 range. All members and non-members are around \$14.98. Why are these not in the budget. Draft plan seem to be on the right track, and will be helpful in informing the community. However, there is still a lot of work that needs to be done. Back to the budget proposal, this would be taking money from Public Health. This sets us up against Public Health. It is never a good thing to pit our areas against each other. I also want to know how this is going to work. University was part of the elimination announcement. Wants to know if the University know funds for the DD services are going to come out of the university. The political reality will have to fight with the University and public health for sure. We didn't have the votes to begin with last year. I'm really worried about how this is going to work out. We keep hearing this is a new way, that doesn't mean it's better. I'm thinking about the history of the ARC and their role. Part of the reason it is structured how it was. I am very concerned about this plan because it tears down Supports. More things need to be in statutes. If we aren't going to take people out of residential services, let's put it in statute. Things should be in statute and budget request.

- Ric Nelson, ILC - Don't forget the providers. We do seem to feel that we are being left out. 1 thing I will highlight. A priority is technology. In another state, I saw technology come to a screeching halt as soon as it came out, because families were not part of the process. Technology isn't just cameras.

VIII. Committee meeting frequency

- Committee would like to add a meeting November 14, 2024. Will continue frequency discuss at the November meeting. Possible suggestion for consideration from Lorie, meeting monthly for the next 6 months.

IX. Adjournment: Committee meeting ended at 2:15 PM.

Next Meeting:
Thursday, November 14, 2024

Governor's Developmental Disability Advisory Committee
Order of Business
Wednesday, October 9, 2024
10:00 AM – 2:00 PM CT

Conference Room P, 5220 South 16th St, Lincoln, NE

- I. **Call Meeting to Order**
- II. **Roll Call**
- III. **Order of Business:**
Committee action: Motion to approve the Order of Business
- IV. **August Meeting Minutes:**
Committee action: Motion to approve the September 2024 meeting minutes.
- V. **Elimination of the Waitlist Discussion:**
 - a) **Elimination of the Waitlist Plan** – Committee requested a comprehensive written Elimination of the waitlist plan.
 - b) **Related Policy Changes** – Per Nebraska statute 83-1212.05(5) the department is informing the advisory committee of possible proposed system changes to services. These possible policy changes relate to the elimination of the waitlist. *HANDOUT:* Elimination of the Waitlist – Related Policy changes Committee action: Review, discuss, and provide the Division feedback on the proposed changes.
- VI. **Old Business:**
 - a) **Committee meetings length and frequency discussion** - The committee will discuss the possible change to length and frequency and change from meeting every other month back to monthly of the regularly scheduled meetings.
Committee action: Consider motion to change length of meeting and/or cadence of frequency of meetings.
- VII. **New Business:**
 - a) **Criteria for the process of providing information and receiving the response.** Per Nebraska statute 83-1212.05(5): The department shall inform the committee of proposed systemic changes to services for persons with developmental disabilities at least thirty days prior to implementation of the changes so that the advisory committee may provide for a response to the proposed changes. If the director determines that circumstances require implementation of the changes prior to such notice, the department shall inform the advisory committee as soon as possible. The advisory committee, in partnership with the director, shall establish criteria for the process of providing the information and receiving the response. Committee action: Consider a motion to establish criteria for the process and providing the information and receiving responses.
- VIII. **Adjournment**

***Public comment to be heard at Noon (12:00 PM)**

Elimination of Waitlist-Related Policy Changes

August 14, 2024

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Remote Monitoring for Independence

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

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

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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Benefits Counseling

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

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

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

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

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
- 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

▶ 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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